

Radiology Questionnaire

MRI of the Brain

Providers can expedite a request by submitting a prior authorization request through e-referral and completing the appropriate questionnaire. If all questions are answered, e-referral will determine the status of the case based on the provider's response. If the case pends and BCN cannot authorize it, BCN will contact the provider for additional clinical information.

Code	Description
*70551	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material
*70552	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); with contrast material
*70553	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material followed by contrast material and further sequences
If symptoms are sudden, severe onset headache, noncontrast CT is the test of choice. If you still desire MRI of the brain, please call 1-800-392-2512.	
1.	Does the patient have:
2.	An abnormal neurological evaluation, where a neurology or neurosurgical specialist has requested an MRI study? <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	History of old head trauma, with symptoms (i.e. headache, confusion, speech difficulty, vision difficulty, poor coordination, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Suspicion of brain infection or inflammation, with documented new-onset clinical symptoms (fever, neck stiffness, headache, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	History of cancer, with new or increasing clinical symptoms (difficulty walking, vision problems, confusion, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No
6.	New onset seizures or known seizures with increasing frequency and severity? <input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Progressive neurological deficits, with worsening of neurological symptoms (i.e. unable to speak, loss of balance, weakness, poor ability to think, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No
8.	New onset mental status changes (e.g. confusion, disorientation, problem communicating, memory loss) OR new onset OR progression of abnormal behaviors or psychiatric symptoms (e.g. severe anxiety, depression, hallucinations, paranoia)? <input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Hearing loss with abnormal evaluation by a specialist (e.g. ENT, otolaryngologist, neurologist)? <input type="checkbox"/> Yes <input type="checkbox"/> No
10.	History of immunosuppression (i.e. organ or bone marrow transplant, radiation, chemotherapy, cortisone medication, HIV, etc), now with documented new-onset neurological symptoms (mental status or visual field changes, motor/gait disturbances, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Documented symptoms of or re-evaluation of known multiple sclerosis (visual/speech abnormalities, gait/motor disturbances, numbness and tingling, muscle weakness, loss of coordination)? <input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Neuroendocrine abnormalities with documented symptoms (change in menstruation, nipple discharge, excess sweating, paralysis, excessive thirst and urination, nausea, fatigue, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Signs of hydrocephalus or a ventricular shunt (placed previously to relieve pressure from extra spinal fluid in the brain) that needs follow-up? <input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Prior imaging study which requires MRI evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Suspicion of OR history of vascular or other abnormality of the brain (e.g. aneurysm, AVM (arterio-venous malformation), blood clot, fistula)? <input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Lab evidence of a pituitary abnormality? <input type="checkbox"/> Yes <input type="checkbox"/> No



**Blue Care
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17.	An MRA (magnetic resonance angiogram) procedure being performed at the same time as the brain MRI?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	An MRI request for evaluation before or after neurosurgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Symptoms of a movement disorder (e.g. Parkinson's) or dementia or developmental delay?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Is the patient a pediatric patient (age under 18 years old): developmental delay or congenital anomaly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the test for the patient is not approved and you think the patient needs the test, please call 1-800-392-2512.		
References:		
ACR Practice Guidelines and Technical Standards 2008.		
ACR Appropriateness Criteria, Sept. 2007.		

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