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MRI of the Lumbar Spine

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	
72148	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, lumbar; without contrast material	
72149	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, lumbar; with contrast material	
72158	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, lumbar; without contrast material followed by contrast material and further sequences	
1.	Does the patient have:	
2.	LBP with MILD neurologic symptoms* AND not responsive to conservative measures (acetaminophen or non-steroidal anti-inflammatory drugs [NSAIDs], limiting activities that aggravate symptoms, physical therapy) > 4 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	LBP with MILD neurologic symptoms* AND worsening clinical symptoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	LBP with MILD neurologic symptoms* AND loss of motor strength (muscle weakness in the legs)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	LBP with MAJOR neurologic symptoms**?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	LBP with any of the following: fever; elevated WBCs; unexplained weight loss; history of IV drug or steroid abuse, osteoporosis, lumbar spine surgery; immunosuppression (transplant, radiation, chemotherapy, steroid medications, HIV, etc.); age > 70?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	SEVERE LBP not relieved with changes in body position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	SEVERE LBP that interferes with completion of activities of daily living (e.g., not able to go to work or may be able to work but needs to take frequent breaks due to pain)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	SEVERE LBP WITH failure of conservative treatment, for AT LEAST 3 DAYS, of (unless contraindicated OR not tolerated) BOTH an appropriate non-steroidal anti-inflammatory drug AND an opiate drug (e.g., morphine, codeine, oxycodone, hydrocodone, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Abnormal prior imaging study? MRI recommended.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Significant spine trauma, with symptoms: any age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Mild spine trauma with symptoms: age > 70?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Is the patient a pediatric patient (under 18 years old) with congenital anomaly (birth defect)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Is the MRI being ordered for multiple sclerosis (confirmed diagnosis; not to rule out the diagnosis) to evaluate spinal lesions/plaques and/or to assess the treatment plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Is this imaging procedure being performed to rule out cancer, to rule out metastasis or for ongoing cancer surveillance (monitoring) of a previously identified cancer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	* Mild neurologic symptoms: numbness & tingling, with/without radiating pain (sciatica)	
17.	** Major neurologic symptoms: loss of motor strength, foot drop, loss of bowel or bladder function	

***CPT codes, descriptions and two-digit numeric modifiers only are copyright 2012 American Medical Association. All rights reserved.