

### MRI of Thoracic 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	
72146	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, thoracic; without contrast material	
72147	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, thoracic; with contrast material	
72157	Magnetic resonance (e.g., proton) imaging, spinal canal and contents without contrast material followed by contrast material and further sequences; thoracic	
1.	Does the patient have:	
2.	Abnormal imaging study where MRI was required or recommended (e.g., fracture or destructive bone lesion)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	X-ray or CT showing bone destruction OR abnormality?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Is this a pediatric patient < 18 years of age with concern of congenital anomaly (birth defect)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Pain > 6 weeks with no other symptoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Upper back pain WITH neurologic symptoms (e.g. upper extremity muscle weakness, numbness and tingling with sensation loss, abnormal reflexes of upper extremities)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Upper back pain WITH history of cancer spreading to other body parts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	SEVERE upper back pain not relieved with changes in body position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	SEVERE upper back pain 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
10.	SEVERE upper back pain 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
11.	Trauma (injury) with neurologic symptoms – patient of any age (e.g. upper extremity muscle weakness, numbness and tingling with sensation loss, abnormal reflexes of upper extremities)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Prior spinal surgery WITH suspected complication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Symptoms of demyelinating disorder (impaired sensation, movement or mental status due to damage to the lining surrounding the nerves), myelopathy (bladder/bowel difficulties)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Upper back pain (only) with normal X-ray/CT and ANY: fever; elevated white blood cell count (WBC); history of IV drug abuse; history of immunosuppression (transplant, radiation therapy, chemotherapy, steroid medication, HIV, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Is the MRI being ordered for a patient with multiple sclerosis to evaluate spinal lesions/plaques and/or to assess the treatment plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Is the MRI being ordered to rule out multiple sclerosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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