

## Provider Checklist-Outpatient -Imaging

### **Checklist: Magnetic Resonance Imaging (MRI) Brain (CPT Codes: 70551, 70552, 70553, 70554, 70555)**

All Indications [**\*One has to be present**]

**\*Acute onset persistent neurologic Sx/findings (suspected stroke/CVA) ♦ [Both have to be present]**

Sx/findings [**One has to be present**]

- Sensory deficit
- Motor deficit
- Language deficit
- Cognitive dysfunction of unknown etiology
- Visual impairment
- Altered level of consciousness
- Vertigo with headache/central nystagmus

Symptom onset [**One has to be present**]

- ≤ 3 hrs and CT not feasible
- > 3 hrs

**\*Follow-up study post stroke/CVA [One has to be present]**

- Anticoagulation planned
- New/worsening CNS Sx/findings ♦

**\*New transient neurologic Sx/findings (suspected TIA) ♦ [One has to be present]**

- Sensory deficit
- Motor deficit
- Language deficit
- Cognitive dysfunction of unknown etiology
- Visual impairment
- Vertigo with headache/central nystagmus

**\*Headache [One has to be present]**

- Papilledema by PE

New headache [**One has to be present**]

- Age  $\geq$  50 and no Hx of headaches
- Focal neurologic finding by PE
- Headache with syncope by Hx
- Mental status changes by Hx/PE
- Absent venous pulsations by funduscopic exam
- Headache onset with exertion/Valsalva maneuver by Hx
- Headache causes awakening from sleep by Hx

Chronic headache [**One has to be present**]

- Focal neurologic finding by PE
- Headache with syncope by Hx
- Mental status changes by Hx/PE
- Worsening of previously stable chronic headache by Hx

\*Seizure [**One has to be present**]

New onset seizure ♦

Seizures refractory to anticonvulsant medication [**All have to be present**]

- Increased seizure activity with therapeutic blood levels of anticonvulsant  $\geq$  12 wks since initiation of anticonvulsant Rx
- No concurrent seizure-provoking medications

\*Head trauma ♦ [**Both have to be present**]

Sx/findings [**One has to be present**]

- Retrograde/anterograde amnesia
- LOC by Hx/PE
- Mental status changes by Hx/PE
- Vomiting
- Focal neurologic finding by PE
- Headache by Hx
- Seizure by Hx/PE
- Coagulopathy by Hx
- Skull fracture by PE/x-ray

CT not feasible/nondiagnostic for etiology of Sx/findings

\*CNS infection (gadolinium contrast recommended) [**One has to be present**]

Suspected infection in immunocompetent host ♦ **[Both have to be present]**  
New/worsening CNS Sx/findings **[One has to be present]**

- 1 Focal neurologic finding by PE
- 2 Headache by Hx
- 3 Photophobia
- 4 Meningismus
- 5 Mental status changes by Hx/PE
- 6 Seizure by Hx/PE

Associated findings **[One has to be present]**

- 1 Temperature > 100.4 F(38.0 C)
- 2 WBC > 12,000/cu.mm(12x10<sup>9</sup>/L)

Suspected infection in immunocompromised host ♦ **[One has to be present]**

- Focal neurologic finding by PE
- Atypical headache by Hx
- Mental status changes by Hx/PE
- Seizure by Hx/PE

Follow-up assessment

\*Follow-up of intracranial abscess (gadolinium contrast recommended) **[One has to be present]**

New/worsening CNS Sx/findings ♦ **[One has to be present]**

- Focal neurologic finding by PE
- Vomiting
- Headache by Hx
- Mental status changes by Hx/PE
- Seizure by Hx/PE

Follow-up assessment during Rx  
Follow-up assessment after Rx completed

\*Follow-up of primary brain tumor (gadolinium contrast recommended) **[One has to be present]**

New/worsening CNS Sx/findings ♦  
Periodic assessment

\*Single brain tumor by CT (gadolinium contrast recommended)

\*CNS evaluation for brain metastases (gadolinium contrast recommended) [**One has to be present**]

Initial staging [**One has to be present**]

Sarcoma  
Melanoma  
Small cell lung cancer

New CNS Sx/findings and known cancer elsewhere ♦  
Follow-up assessment during radiation Rx/chemotherapy with prior positive CT/MRI  
Follow-up assessment after radiation Rx/chemotherapy completed with prior positive CT/MRI  
Known brain metastasis [**Both have to be present**]

Prior CT/MRI positive  
New/worsening CNS Sx/findings ♦

\*Follow-up of AVM (Arteriovenous Malformation)

\*Post intracranial procedure/craniotomy/craniectomy [**One has to be present**]

New/worsening CNS Sx/findings ♦  
Follow-up assessment

\*Suspected CNS involvement with systemic disease [**One has to be present**]

Systemic lupus erythematosus (SLE)/vasculitis  
HIV  
Sarcoidosis (gadolinium contrast recommended)

\*Multiple sclerosis (MS) [**One has to be present**]

Suspected MS [**One has to be present**]

Clinically isolated syndrome (gadolinium contrast recommended) [**One has to be present**]

- 1 Optic neuritis by Hx/PE
- 2 Ophthalmoplegia
- 3 Transverse myelitis by Hx/PE

CNS deficit not in dermatomal/peripheral nerve distribution and other etiologies excluded [**One has to be present**]

- 1 Sensory deficit
- 2 Motor dysfunction

Loss of coordination and other etiologies excluded

Known MS with new/worsening symptoms (gadolinium contrast recommended)

\*Acoustic neuroma/cerebellar pontine angle tumor (gadolinium contrast recommended)  
[**One has to be present**]

Suspected acoustic neuroma/cerebellar pontine angle tumor [**Both have to be present**]

Unilateral hearing loss/tinnitus with ear normal by PE  
Findings [**One has to be present**]

- 1 Asymmetric neural hearing loss by audiometry
- 2 Abnormal acoustic reflex testing
- 3 Roll-over by phonetically balanced word testing

Follow-up known acoustic neuroma [**One has to be present**]

6 mos from diagnosis/annual follow-up  
Post radiosurgery/surgical excision

\*Vestibular neuronitis [**All have to be present**]

Vertigo with associated Sx/findings [**One has to be present**]

Nausea/vomiting  
Nystagmus  
Postural instability

Ear normal by PE  
Continued/worsening vertigo after Rx [**Two have to be present**]

Antihistamine Rx  $\geq$  1 wk  
Neuroleptic Rx  $\geq$  1 wk  
Benzodiazepine Rx  $\geq$  1 wk  
Anticholinergic Rx  $\geq$  1 wk  
Hydroxyzine Rx  $\geq$  1 wk

\*Nonacute onset mental status changes [**All have to be present**]

Sx/findings [**One has to be present**]

Memory loss by Hx/PE  
Confusion/disorientation by Hx/PE  
Behavioral disturbance by Hx/PE  
Deterioration in intellectual function by Hx/PE

Depression screening completed

Lab results nondiagnostic for etiology of mental status change [**All have to be present**]

Na  $>$  128 mEq/L(128 mmol/L)  
Glucose  $>$  60 and  $<$  400 mg/dL(3.33 and  $<$  22.20 mmol/L)  
BUN  $<$  80 mg/dL(28.6 mmol/L)  
Ca  $<$  11 mg/dL(2.75 mmol/L)  
TSH normal  
LFTs/ammonia nondiagnostic for etiology of mental status  
B12 normal  
RPR negative/not indicated

Urine drug/toxicology screen [**One has to be present**]

Negative  
Not indicated

\*Suspected cerebral venous thrombosis [**Both have to be present**]

Headache with associated Sx/findings [**One has to be present**]

Papilledema by PE  
Focal neurologic finding by  
Mental status changes by Hx/  
Seizure by Hx/PE

Finding [**One has to be present**]

Hypercoagulable

Skull fracture over dural sinus  
Calvarial mass  
Infection [**One has to be present**]

- 1 Sinusitis
- 2 Otitis media

**\*Hydrocephalus [One has to be present]**

Suspected normal pressure hydrocephalus [**One has to be present**]

Urinary incontinence  
New onset dementia  
Apraxic gait

Normal pressure hydrocephalus by Hx with new/worsening CNS Sx/findings ♦  
Suspected obstructive hydrocephalus [**Both have to be present**]

Sx/findings [**One has to be present**]

- 1 Headache by Hx
- 2 Mental status changes by Hx/PE
- 3 Papilledema by PE
- 4 Impaired coordination/ataxia by PE
- 5 Focal neurologic finding by PE
- 6 Seizure by Hx/PE

Risk factor [**One has to be present**]

- 1 AVM/aneurysm by Hx
- 2 SAH/intraventricular hemorrhage by Hx
- 3 Meningitis
- 4 Hydrocephalus by Hx

**\*Movement disorder [One has to be present]**

Suspected Huntington's chorea and genetic testing not feasible/refused  
Progressive ataxia of undetermined etiology

**\*Preoperative assessment stereotactic introduction, subcortical electrodes/stereotactic lesion creation**