

**Provider Checklist-Outpatient -Imaging**

**Checklist: Computed Tomography (CT) Brain  
(CPT Codes: 70450, 70460, 70470, 76380)**

Describe all that apply:

Indicate acute onset persistent neurologic Sx/findings (suspected stroke/CVA) **WITH** duration (hours existing) **INCLUDING:**

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

Indicate follow-up study post stroke/CVA

Indicate new transient neurologic Sx/findings (suspected TIA) **INCLUDING:**

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

Indicate suspected subarachnoid hemorrhage (SAH) **AND** describe symptoms

Indicate **NEW OR CHRONIC** headache **WITH** MRI not feasible **AND** Sx/findings

Indicate Seizure **WITH** New onset **AND** MRI not feasible OR Seizure disorder by Hx **WITH** MRI not feasible **AND** Seizures refractory to anticonvulsant medication **AND** response to medications

Indicate Head trauma with the following symptoms applicable

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/

Indicate CNS infection **AND** if suspected infection in immunocompetent host **WITH** MRI not feasible

**AND** new/worsening CNS Sx/findings

Indicate follow-up of intracranial abscess **WITH** new/worsening CNS Sx/findings **INCLUDING**

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

**AND** follow-up assessment during **AND** after Rx completed

Indicate follow-up of primary brain tumor **WITH** new/worsening CNS Sx/findings **AND/OR**

periodic assessment

Indicate CNS evaluation for brain metastases **WITH** the following:

Initial staging  
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 **WITH** Prior CT/MRI positive **AND** New/worsening CNS Sx/findings

Indicate 1200 Follow-up of AVM and MRI not feasible

Indicate 1300 Post intracranial procedure/craniotomy/craniectomy **WITH**  
New/worsening CNS Sx/findings **AND** Follow-up assessment

Indicate follow-up post CNS shunt placement **WITH** new/worsening CNS Sx/findings  
**AND/OR**  
periodic assessment

Indicate suspected CNS involvement **WITH** systemic disease and MRI not feasible, if  
applicable

Indicate non-acute onset mental status changes **WITH** MRI not feasible **AND** Sx/findings,  
Depression screening completed, Lab results nondiagnostic for etiology of mental status  
change, **AND** Urine drug/toxicology screen results

Indicate Suspected normal pressure hydrocephalus **WITH** Sx/findings, Normal pressure  
hydrocephalus by Hx with new/worsening CNS Sx/findings **OR** Suspected obstructive  
hydrocephalus **WITH** Sx/findings **AND** Risk Factors

Indicate Suspected subdural hematoma **WITH** Sx/findings **AND** Risk Factors