

## 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