**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 ≥ 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

 ≥ 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(12x109/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 ≥ 1 wk

 Neuroleptic Rx ≥ 1 wk

 Benzodiazepine Rx ≥ 1 wk

 Anticholinergic Rx ≥ 1 wk

 Hydroxyzine Rx ≥ 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