**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