



MONTANA HEALTHCARE PROGRAMS NOTICE

September 18, 2018

Outpatient Hospital, Critical Access Hospital, IDTF, Physician, and Mid-Level Providers

REVISED

CT of the Brain Radiology

This notice was originally issued March 14, 2018.

CLARIFICATION

1. Prior authorization is only required when headache is the **sole or primary** diagnosis.
2. If there is another primary diagnosis identified, (underlying etiology or other reason for the study such as transient ischemic attack, ischemic stroke, subarachnoid hemorrhage, seizures, cerebral venous thrombosis, head injury, brain tumor or metastasis, or central nervous system infection) prior authorization **should not** be requested. Claims for CT of the Head and/or MRI of the brain for any condition other than headache can be submitted directly to Conduent.
3. If your claim is denied and you believe InterQual criteria has been satisfied, you may request a clinical review by faxing the claim **with supporting medical documentation** to MPQH at 877-443-2580 (long distance) or 406-513-1923 (local), or mailing to 3404 Cooney Drive, Helena, MT 59602.
4. Mountain – Pacific will provide a determination within 10 business days of their receipt of a prior authorization or clinical review request.
5. Malaise, fatigue and weakness are considered not covered. A prior authorization request for any of these diagnoses is not appropriate.
6. Requests for prior authorization of other imaging services will be considered inappropriate and returned to the requester.

Effective for dates of service on or after April 1, 2018, the Department will adopt the InterQual clinical criteria for Computed Tomography (CT) of the Brain (CPT 70450, 70460, and 70470). Providers are required to ensure the service provided meets InterQual criteria. CT of the Brain will continue to be reimbursed by Montana Healthcare programs for a majority of clinically appropriate diagnoses, see table below. Medical records do not need to be submitted with the claim, however the records must reflect the medical necessity of the service.

| Description |
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| Absence epileptic syndrome, intractable |
| Absence epileptic syndrome, not intractable |
| Acute cerebrovascular insufficiency |
| Altered mental status |
| Arnold-Chiari syndrome with hydrocephalus |
| Arnold-Chiari syndrome with spina bifida |
| Arnold-Chiari syndrome with spina bifida and hydrocephalus |
| Arteriovenous malformation of cerebral vessels |
| Bacterial meningitis |

| Description |
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| Bacterial meningoenzephalitis and meningomyelitis |
| Benign neoplasm of cranial nerves |
| Benign neoplasm of the brain |
| Carotid artery syndrome |
| Cerebellar (nontraumatic) and posterior fossa hemorrhage of newborn |
| Cerebral atherosclerosis |
| Cerebral hemorrhage due to birth injury |
| Cerebral infarction due to embolism of cerebral arteries |
| Cerebral infarction due to embolism of unspecified carotid artery embolism of unspecified carotid artery |
| Cerebral infarction due to embolism of unspecified vertebral artery |
| Cerebral infarction due to thrombosis of cerebral arteries |
| Cerebral infarction due to thrombosis of unspecified vertebral artery |
| Cerebral infarction due to unspecified occlusion or stenosis of cerebral arteries |
| Cerebral infarction due to unspecified occlusion or stenosis of precerebral arteries |
| Cerebral ischemia |
| Concussion, initial encounter |
| Congenital cerebral cysts |
| Congenital herpes viral infection |
| Congenital hydrocephalus |
| Contusion and laceration of cerebrum, initial encounter |
| Contusion, laceration, and hemorrhage of brainstem, initial encounter |
| Contusion, laceration, and hemorrhage of cerebellum, initial encounter |
| Delirium due to know physiological condition |
| Dementia in other disease classified elsewhere |
| Epidural hemorrhage, initial encounter |
| Epilepsy, unspecified |
| Epileptic seizures related to external causes, not intractable |
| Epileptic spasms |
| Generalized idiopathic epilepsy and epileptic syndromes, not intractable |
| Generalized idiopathic epilepsy and epileptic syndromes, with status epilepticus |
| HIV |
| Huntington's disease |
| Hydrocephalus |
| Intracerebral (nontraumatic) hemorrhage of newborn |
| Intracranial (nontraumatic) hemorrhage of newborn, unspecified |
| Intracranial abscess and granuloma |
| Intracranial and intraspinal phlebitis and thrombophlebitis |
| Localization-related (focal)(partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable |
| Localization-related (focal)(partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable |
| Localization-related (focal)(partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable |
| Localization-related (focal)(partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable |
| Malignant neoplasm of brain |

| Description |
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| Megalocephaly |
| Meningitis |
| Microcephaly |
| Neonatal cerebral depression |
| Neonatal coma |
| Neoplasm of uncertain behavior of the brain |
| Neoplasm of uncertain behavior of the spinal cord |
| Neoplasm of unspecified behavior of the brain |
| Neuroleptic induced parkinsonism |
| Nontraumatic intracerebral hemorrhage |
| Nontraumatic subarachnoid hemorrhage |
| Open wound to the head, initial encounter |
| Other and unspecified nontraumatic intracranial hemorrhage |
| Other atypical virus infections of the central nervous system |
| Other cerebrovascular disease |
| Other cerebrovascular vasospasm and vasoconstriction |
| Other drug induced secondary parkinsonism |
| Other epilepsy, intractable, without status epilepticus |
| Other epilepsy, not intractable, without status epilepticus |
| Other generalized epilepsy and epileptic syndromes, intractable |
| Other generalized epilepsy and epileptic syndromes, not intractable |
| Other lack of coordination |
| Other malformations of cerebral vessels |
| Other secondary parkinsonism |
| Other specified congenital malformations of the brain |
| Other specified intracranial injuries, initial encounter |
| Other transient cerebral ischemic attacks and related syndromes |
| Other viral encephalitis |
| Other viral infections of the central nervous system |
| Parkinson's disease |
| Post-viral fatigue syndrome |
| Pulmonary cryptococcosis |
| Sarcoidosis of other sites |
| Secondary malignant neoplasm of the brain |
| Spina bifida with hydrocephalus |
| Stereotyped movement disorder(s) |
| Subarachnoid hemorrhage due to birth injury |
| Subdural hemorrhage due to birth injury |
| Symptomatic neurosyphilis |
| Systemic lupus erythematosus, organ or system involvement unspecified |
| Transient cerebral ischemic attack |
| Traumatic cerebral edema, initial encounter |
| Traumatic hemorrhage of cerebrum, initial encounter |
| Traumatic subarachnoid hemorrhage, initial encounter |
| Traumatic subdural hemorrhage, initial encounter |
| Unspecified convulsions |
| Unspecified dementia |

| Description |
|--|
| Unspecified intracranial injury, initial encounter |
| Unspecified intracranial laceration and hemorrhage due to birth injury |
| Unspecified viral encephalitis |
| Unspecified viral infection of the central nervous system |
| Vascular dementia |
| Vascular headache, not elsewhere specified |
| Vertebro-basilar artery syndrome |
| Vestibular neuronitis, bilateral |
| Viral meningitis |

A prior authorization is required when a CT of the brain is ordered for a headache or malaise/fatigue. Please fax prior authorization requests to MPQH at (877) 443-2580 (long-distance) or (406) 513-1923 (local), or mail to 3404 Cooney Drive, Helena, MT 59602.

All other conditions are considered not covered. If your claim is denied and you believe InterQual criteria has been satisfied, fax the claim with supporting medical documentation to MPQH at (877) 443-2580 (long-distance) or (406) 513-1923 (local), or mail to 3404 Cooney Drive, Helena, MT 59602.

Contact Information

If you have any questions, please contact:

Outpatient PPS Hospital Program Officer – (406) 444-7018

Critical Access Hospital Program Officer – (406) 444-4834

Physician/Mid-Level Program Officer – (406) 444-3995

[For additional information, contact Montana Provider Relations at \(800\) 624-3958 or \(406\) 442-1837 or email \[MTPRHelpdesk@conduent.com\]\(mailto:MTPRHelpdesk@conduent.com\).](#)

[Visit the Montana Healthcare Programs Provider Information website at www.medicaidprovider.mt.gov.](http://www.medicaidprovider.mt.gov)