



MONTANA HEALTHCARE PROGRAMS NOTICE

September 18, 2018

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

REVISED

MRI Brain with Contrast 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 Magnetic Resonance Imaging (MRI) of the Brain with contrast (CPT 70551, 70552, and 70553). Providers are required to ensure the service provided meets InterQual criteria. MRI 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.

Descriptions
Absence epileptic syndrome, intractable
Absence epileptic syndrome, not intractable
Arhinencephaly
Arnold-Chiari syndrome with hydrocephalus
Arnold-Chiari syndrome with spina bifida
Arnold-Chiari syndrome with spina bifida and hydrocephalus

Descriptions
Arteriovenous malformation of cerebral vessels
Bacterial meningitis
Bacterial meningoencephalitis and meningomyelitis
Benign neoplasm of cranial nerves
Benign neoplasm of the brain
Carotid artery syndrome
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 unspecified vertebral artery
Cerebral infarction due to unspecified occlusion or stenosis of precerebral arteries
Concussion, initial encounter
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
Hallervorden-Spatz disease
Holoprosencephaly
Huntington's disease
Hydrocephalus
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

Descriptions
Meningitis
Multiple sclerosis
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 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 reduction deformities of brain
Other secondary parkinsonism
Other specified degenerative diseases of basal ganglia
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
Postviral fatigue syndrome
Presence of cerebrospinal fluid drainage device
Progressive supranuclear ophthalmoplegia
Pulmonary cryptococcosis
Sarcoidosis of other sites
Secondary malignant neoplasm of the brain
Spina bifida with hydrocephalus
Stereotyped movement disorder(s)
Striatonigral degeneration
Symptomatic neurosyphilis
Transient cerebral ischemic attack

Descriptions
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
Unspecified intracranial injury, initial encounter
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
Visual hallucinations

A prior authorization is required when a MRI of the brain is ordered for a headache or malaise/fatigue. Please fax the 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, please 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 and 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 \[www.medicaprovider.mt.gov\]\(http://www.medicaprovider.mt.gov\).](http://www.medicaprovider.mt.gov)