



Utilization Management
Phone No.: 1-877-284-0102 Fax No.: 1-800-510-2162

MRA of Head and Neck

Date: Notification # (provided after initial review)
A Utilization Management representative will fax you a notification number by the next business day after receiving this completed form.

Provider Information

Provider's Name:
Address
Phone No. Fax: (Required)

Patient's Information

Patient's Name:
ID Number Patient's DOB:
Address
Height Weight Daytime Phone No.

Ordering Physician's Information

Ordering Physician's Name:
Address
Phone: Fax:
TIN:

Treatment Information

Procedure:
CPT Code:
Date of Procedure:
Place of Service:
If related to an accident, please indicate date, type and site:

ANEURYSM AND ARTERIOVENOUS MALFORMATION:

- Aneurysm
Arteriovenous Malformation
Is there known or suspected subarachnoid, subdural, intracerebral hemorrhage
Has there been trauma
Has there been cerebral aneurysm
Is there recent onset of "worst headache of life"?
Is there an alteration in cognitive status?
Is there any neurological defect (e.g. loss of vision)
Is MRA of Head to determine site of bleeding?
Is MRA of Head for pre- or post-operative surgical planning of the resection of AVMs or aneurysms when the results may alter member management?
Is MRA of Head for pre- or post-procedure planning for percutaneous vascular intervention for aneurysms or AVMs
Is MRA Follow-up for:
Known AVM
Known non-ruptured intracranial aneurysm
Recent CVA

SUSPECTED STENOSIS OR OCCLUSION OF EITHER OF THE FOLLOWING:

Is MRA of Neck to evaluate for extracranial carotid arteries causing transient ischemic attack (TIA) and cerebral vascular accident YES NO
Has other imaging been completed YES NO

If yes, what were results _____

Will MRA of Neck alter member management YES NO
Is MRA of Neck to evaluate for vertebrobasilar arteries in individuals with symptoms highly suggestive of vertebrobasilar syndrome YES NO

SYMPTOMS (check all that apply):

binocular vision loss positional vertigo dysarthria diplopia

Will MRA alter member management YES NO
Is MRA of Head for other Vascular conditions YES NO

OTHER VASCULAR CONDITIONS (check all that apply):

Congenital anomalies Vascular abnormalities associated with sickle cell disease
 Dissection in children
 Dural arteriovenous fistula Vasculitis
 Intramural hematoma Vasculopathy, including fibromuscular dysplasia
 Traumatic vascular injury Venous thrombosis (including dural venous sinus
 Suspected thrombosis (venous or arterial) of the thrombosis) or compression
major vessels
 Congenital anomalies of the carotid and vertebrobasilar circulations (please specify) _____

Postoperative evaluation of carotid endarterectomy associated with new signs or symptoms YES NO

EVALUATION OF TUMORS

Preoperative evaluation of blood supply to tumors, such as carotid artery (e.g., glomus tumor) YES NO

Known or Suspected Stenosis or Occlusion of either of the following:
Stenosis or occlusion of intracranial carotid and cerebral arteries YES NO
Stenosis or occlusion of vertebrobasilar arteries in individuals with symptoms highly suggestive of vertebrobasilar syndrome YES NO

Please list symptoms, (e.g. binocular vision loss, [positional] vertigo, dysarthria, diplopia): _____

Will MRA of Head results alter member management YES NO

Is MRA of Head for Evaluation of the following tumors:

- | | | |
|--|------------------------------|-----------------------------|
| Evaluation of cerebral arteriovenous neoplasm, hemangioma | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Preoperative planning to define the vascular supply of intracranial or glomus tumors | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Evaluation of suspected dural sinus obstruction or invasion | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Is MRA of Head for evaluation of the following Signs or Symptoms

- | | | |
|--|------------------------------|-----------------------------|
| Sudden onset of headaches associated with exertion or positional changes | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Pulsatile tinnitus in individuals with signs or symptoms suggestive of a vascular lesion | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Is MRA of Head for other vascular conditions

Congenital anomalies of the carotid and vertebrobasilar circulations (please specify) _____

Additional Comments:

Contact Information

Contact Person _____

Phone No.: _____ Fax No.: _____

Staff Signature/Title: _____ Date: _____

Benefits depend upon the eligibility of the patient at the time of admission, subject to all other Plan limitations, pre-admission review requirement and prior related claims. Verification of eligibility and description of benefits are based upon the information we have on file and does not guarantee payment.