



Utilization Management
Phone: 1-877-284-0102 Fax: 1-800-510-2162

MRA of Head and/or Neck Precertification Review

Date: _____ Reference #: _____ (provided after initial review)
A Utilization Management representative will fax you a reference number by the next business day after receiving this completed form. This reference number does not indicate an approval or denial of benefits, but only proof that the Plan has been notified. This information will be forwarded to the Plan's Managed Care Department. If you have any questions, please call Healthlink at 1-877-284-0102.

Provider Information

Provider Name: _____
 Address: _____
 Phone: _____
 Fax: _____

Patient Information

Patient Name: _____
 ID Number: _____
 Patient DOB: _____
 Address: _____
 Phone: _____

Ordering Physician Information

Ordering Physician Name: _____
 Address: _____
 Phone: _____
 Fax: _____
 TIN: _____

Treatment Information

Primary Diagnosis: _____
 Diagnosis (ICD-9) Code: _____
 Primary Procedure: _____
 Procedure (ICD-9) Code: _____
 Date of Procedure: _____
 Place of Service (include name, address and phone): _____

Is request related to an accident? YES NO

If yes, please indicate date and type of injury: _____

Does patient have known or suspected diagnosis of the following:

- Aneurysm YES NO
- Arteriovenous Malformation YES NO

Is there known or suspected subarachnoid, subdural, intracerebral hemorrhage? YES NO

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.

Has there been trauma? YES NO

Has there been cerebral aneurysm? YES NO

Is there recent onset of "worst headache of life"? YES NO

Is there an alteration in cognitive status? YES NO

Is there any neurological defect (e.g. loss of vision)? YES NO

Is MRA of Head to determine site of bleeding? YES NO

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? YES NO

Is MRA of Head for pre- or post-procedure planning for percutaneous vascular intervention for aneurysms?
 YES NO

Is MRA of Head for pre- or post-procedure planning for percutaneous vascular intervention for Arteriovenous Malformations? YES NO

Is MRA follow-up for?

 Known AVM YES NO

 Known non-ruptured intracranial aneurysm YES NO

 Recent CVA YES NO

Does patient have known diagnosis of suspected Stenosis? YES NO

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, please describe: _____

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 dysarthria none

positional vertigo 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):

Not Applicable Vascular abnormalities associated with sickle cell disease in children

Congenital anomalies Vasculitis

Dissection Vasculopathy, including fibromuscular dysplasia

Dural arteriovenous fistula Venous thrombosis (including dural venous sinus thrombosis) or compression

Intramural hematoma Other, please specify _____

Traumatic vascular injury _____

Suspected thrombosis (venous or arterial) of the major vessels _____

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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 YES NO

Preoperative planning to define the vascular supply of intracranial or glomus tumors YES NO

Evaluation of suspected dural sinus obstruction or invasion YES NO

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

Sudden onset of headaches associated with exertion or positional changes YES NO

Pulsatile tinnitus in individuals with signs or symptoms suggestive of a vascular lesion YES NO

Is MRA of Head for other vascular conditions?

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

Additional Comments

Provider Contact Information

Contact Person: _____

Title: _____

Phone: _____

Fax: _____