

List of Clinical Indications for MRI scans



MRI – Clinical Indications

The following list of Clinical Indications is for guidance purposes only and is effective 1st July 2021.

We recommend that if members are referred for an MRI scan and they have any query about cover, they should telephone Vhi Healthcare to confirm that the scan is eligible for benefit.

CODE	DESCRIPTION
7041	MRI of Head, includes orbits, (including MRA if performed)

Conditions of Payment for procedure code 7041

Benefit for procedure code 7041 is only available for the following clinical indications:

Ind. Code	Clinical Indication
91	<i>For exclusion, further investigation or monitoring of tumour of the brain or meninges</i>
92	<i>For exclusion, further investigation or monitoring of skull base or orbital tumour</i>
93	<i>For exclusion, further investigation or monitoring of acoustic neuroma</i>
42	<i>For exclusion, further investigation or monitoring of pituitary tumour - in the case of females with elevated prolactin levels, MRI benefit is only allowable following repeated testing and exclusion of the presence of macroprolactin and there continues to be significant hyperprolactinaemia</i>
94	<i>For exclusion, further investigation or monitoring of inflammation of the brain or meninges</i>
95	<i>For exclusion, further investigation or monitoring of encephalopathy</i>
44	<i>For exclusion, further investigation or monitoring of encephalitis</i>
37	<i>For exclusion, further investigation or monitoring of suspect leukodystrophies</i>
45	<i>For exclusion, further investigation or monitoring of ENT problems – following consultation with a Consultant Radiologist</i>
96	<i>For exclusion, further investigation or monitoring of demyelinating disease of the brain</i>
97	<i>For exclusion, further investigation or monitoring of congenital malformation of brain or meninges</i>
98	<i>For exclusion, further investigation or monitoring of venous sinus thrombosis</i>
180	<i>Screening of intracranial aneurysm in the following high risk individuals: - Positive family history, defined as two or more first degree relatives with subarachnoid haemorrhages</i>
422	<i>Screening of intracranial aneurysm in the following high risk individuals: - Patients with polycystic kidney disease</i>
99	<i>For further investigation or monitoring of head trauma</i>
101	<i>For further investigation or monitoring of epilepsy</i>
102	<i>For further investigation or monitoring of stroke</i>
47	<i>For further investigation or monitoring of post operative follow-up after brain surgery</i>
135	<i>MRA for exclusion or further investigation of stroke</i>
136	<i>For exclusion or further investigation of vertebral artery dissection</i>
137	<i>MRA for exclusion or further investigation of intracranial aneurysm</i>
138	<i>MRA for exclusion or further investigation of intracranial arteriovenous malformation</i>
139	<i>MRA for exclusion or further investigation of venous sinus thrombosis</i>

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Note: Procedure codes 7041 and 7042 are not claimable with each other

CODE	DESCRIPTION
7042	MRI for Ophthalmic Indications

Conditions of Payment for procedure code 7042

Benefit for procedure code 7042 is only available for the following clinical indications:

Ind. Code Clinical Indication

- 49 For further investigation of suspected intra-orbital or visual pathway lesions
- 103 For further investigation of dysthyroid eye disease
- 104 For further investigation of diplopia

Note: Procedure codes 7042 and 7041 are not claimable with each other

7047	MRI of the Musculoskeletal System
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Conditions of Payment for procedure code 7047

Benefit for procedure code 7047 is only available for the following clinical indications:

Ind. Code Clinical Indication

- 117 For exclusion, further investigation or monitoring of tumour arising in bone or other connective tissue
- 118 For exclusion, further investigation or monitoring of infection arising in bone or other connective tissue
- 119 For exclusion, further investigation or monitoring of osteonecrosis, recurrent multifocal osteomyelitis, or Langerhans cell histiocytosis
- 181 For exclusion, further investigation or monitoring of sacro-iliac joints in the following circumstances:
(a) There is a suspicion of the presence of ankylosing spondylitis and (b) Patients have negative or inconclusive plain radiography films of the sacro-iliac joints and (c) Patients are HLA B27 positive
- 72 For further investigation or monitoring of slipped upper femoral epiphysis
- 121 For further investigation or monitoring of post inflammatory or post traumatic epiphyseal fusion in a person under 16 years of age
- 122 For further investigation or monitoring of complex cases of juvenile dermatomyositis or juvenile idiopathic arthritis
- 123 For further investigation or monitoring of Gaucher's disease
- 124 For diagnosis of juvenile dermatomyositis by guiding biopsy
- 920 For exclusion, further investigation or monitoring of metastatic disease in paediatric oncology patients under 16 years of age

7074	MRI for exclusion, further investigation and monitoring of derangement of one knee and supporting structures
7075	MRI for exclusion, further investigation and monitoring of derangement of both knees and supporting structures

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Conditions of Payment for procedure codes 7074 and 7075 (below and overleaf)

Benefit for procedure code 7074 and 7075 is only available for the following clinical indications:

Ind. Code	Clinical Indication
773	<i>Acute pain secondary to trauma in the presence of an effusion without fracture on x-ray</i>
774	<i>Suspected unstable knee with history of knee locking or positive McMurray test on examination</i>
775	<i>Suspected stable meniscus tear following treatment with analgesia and physiotherapy and activity modification for at least 4 weeks in the presence of persistent joint effusion or history of locking</i>
776	<i>Suspected cruciate ligament injury with a history of knee giving way and grade II-III instability (medial laxity of between 5 and 11mm) on examination</i>
777	<i>Suspected multi-ligamentous or lateral collateral ligament injury when there is grade II-III instability</i>
778	<i>Suspected medial collateral ligament injury with grade II-III instability despite treatment with brace and activity modification for at least 6 weeks</i>
779	<i>Other knee conditions of unknown aetiology when there are both symptoms and signs that suggest a significant underlying injury and when knee x-ray is non-diagnostic for the aetiology of the underlying condition</i>

Note: Procedure codes 7074 and 7075 are not claimable with each other

7076	MRI for exclusion, further investigation and monitoring of derangement of the ankle and supporting structures
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Condition of Payment for procedure code 7076

Benefit for procedure code 7076 is only available for the following clinical indication:

Ind. Code	Clinical Indication
433	<i>Benefit is payable for scanning of derangement of ankle and supporting structures only</i>

Note: Procedure codes 7076 and 7080 are not claimable with each other

7080	MRI for exclusion, further investigation and monitoring of derangement of both ankles and supporting structures
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Condition of Payment for procedure code 7080

Benefit for procedure code 7080 is only available for the following clinical indication:

Ind. Code	Clinical Indication
556	<i>Benefit is payable for scanning of derangement of ankles and supporting structures only</i>

Note: Procedure codes 7080 and 7076 are not claimable with each other

7077	MRI for exclusion, further investigation and monitoring of derangement of the shoulder and supporting structures
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Condition of Payment for procedure code 7077

Benefit for procedure code 7077 is only available for the following clinical indication:

Ind. Clinical Indication

Code

434 Benefit is payable for scanning of derangement of shoulder and supporting structures only

Note: Procedure codes 7077 and 7085 are not claimable with each other

7085	MRI for exclusion, further investigation and monitoring of derangement of both shoulders and supporting structures
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Condition of Payment for procedure code 7085

Benefit for procedure code 7085 is only available for the following clinical indication:

Ind. Clinical Indication

Code

561 Benefit is payable for scanning of derangement of shoulders and supporting structures only

Note: Procedure codes 7085 and 7077 are not claimable with each other

7078	MRI for exclusion, further investigation and monitoring of derangement of an elbow and supporting structures
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Condition of Payment for procedure code 7078

Benefit for procedure code 7078 is only available for the following clinical indication:

Ind. Clinical Indication

Code

435 Benefit is payable for scanning of derangement of elbow and supporting structures only

Note: Procedure codes 7078 and 7083 are not claimable with each other

7083	MRI for exclusion, further investigation and monitoring of derangement of both elbows and supporting structures
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Condition of Payment for procedure code 7083

Benefit for procedure code 7083 is only available for the following clinical indication:

Ind. Clinical Indication

Code

562 Benefit is payable for scanning of derangement of elbow joints and supporting structures only

Note: Procedure codes 7083 and 7078 are not claimable with each other

7079	MRI for exclusion, further investigation and monitoring of derangement of hand and/or wrist joint(s) and supporting structures, unilateral
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Condition of Payment for procedure code 7079

Benefit for procedure code 7079 is only available for the following clinical indication:

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Ind. Code	Clinical Indication
436	<i>Benefit is payable for scanning of derangement of hand/wrist joint(s) and supporting structures only</i>

Note: Procedure codes 7079 and 7084 are not claimable with each other

7084	MRI for exclusion, further investigation and monitoring of derangement of hand and/or wrist joints and supporting structures, bilateral
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Condition of Payment for procedure code 7084

Benefit for procedure code 7084 is only available for the following clinical indication:

Ind. Code	Clinical Indication
563	<i>Benefit is payable for scanning of derangement of hand/wrist joints and supporting structures only</i>

Note: Procedure codes 7084 and 7079 are not claimable with each other

7086	MRA of carotid or vertebral artery
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Conditions of Payment for procedure code 7086

Benefit for procedure code 7086 is only available for the following clinical indications:

Ind. Code	Clinical Indication
923	<i>For investigation of suspected cerebrovascular accident in children under 16 years of age</i>
599	<i>For exclusion or further investigation of vertebral artery dissection</i>
564	<i>Pre-operative MRA of carotid artery when an interventional procedure or surgery is planned</i>

7067	MRI for paediatric cardiac congenital anomalies for infants and children under 16 years of age
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Condition of Payment for procedure code 7067

Benefit for procedure code 7067 is only available for the following clinical indication:

Ind. Code	Clinical Indication
310	<i>Paediatric cardiac congenital anomalies for infants and children under 16 years of age</i>

Note: Benefit for procedure code 7067 may be claimed by Consultants with appropriate fellowship training in congenital cardiovascular magnetic resonance imaging.

7056	MRI of Abdomen/Pelvis
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Conditions of Payment for procedure code 7056

Benefit for procedure code 7056 is only available for the following clinical indications:

Ind. Code	Clinical Indication
924	Defecating MRI proctography for investigation of faecal incontinence, on referral by consultant gastroenterologist or colorectal surgeon
158	Characterisation of equivocal liver or pancreatic lesion, or enteric duplication cyst, identified on ultrasound or CT scan
182	Placenta Accreta / Percreta
183	Adenomyosis - Pre-procedural planning for uterine artery embolisation for fibroids
185	Assessment of fistulae/abscesses/strictures in patients with established Crohn's disease following discussion with a multi-disciplinary team
371	Assessment of liver lesions in patients with known malignant disease for potential liver resection
130	For pre-operative evaluation of perineal abscess
131	For pre-operative evaluation of perineal fistula
74	For pre-operative evaluation of assessment of the inferior vena cava in patients with known solid renal tumour
132	For pre-operative evaluation of MR urography (MRU) in patients with urographic contrast allergy
133	For pre-operative evaluation of MR urography in pregnancy or in children under 16 years of age
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601	Post surgical MRI following uterine artery embolisation for fibroids
602	Further investigation of adrenal masses identified on CT scanning Further investigation of complex/indeterminable/solid renal parenchymal masses
607	Re-staging or surveillance in children under 16 years of age following treatment for solid organ malignancy

- Notes: (i) Procedure codes 7056 and 7057 are not claimable with each other
(ii) Procedure codes 7056 and 7044 are not claimable with each other

7057	Magnetic resonance cholangiopancreatography (MRCP)
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Condition of Payment for procedure code 7057

Benefit for procedure code 7057 is only available for the following clinical indication:

Ind. Code	Clinical Indication
134	For further investigation of pancreatic and/or biliary pathology where conventional imaging has not revealed the definitive diagnosis, or the patient is under 16 years of age, and ERCP is considered undesirable

Note: Procedure codes 7057 and 7056 are not claimable with each other

7058	MRI (including MRA if performed) for exclusion or further investigation of lymphatic/vascular abnormality in a child under 16 years of age or patient with a previous anaphylactic reaction to an iodinated contrast medium
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Condition of Payment for procedure code 7058

Benefit for procedure code 7058 is only available for the following clinical indication:

Ind. Code Clinical Indication

140 *For exclusion or further investigation of lymphatic/vascular abnormality in a child under 16 years of age or patient with a previous anaphylactic reaction to an iodinated contrast medium*

Note: Procedure code 7058 is not claimable with any other MRI code

7044	Magnetic Resonance Angiography (MRA) for renal artery stenosis
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Conditions of Payment for procedure code 7044

Benefit for procedure code 7044 is only available for the following clinical indications:

Ind. Code Clinical Indication

142 *For exclusion of renal artery stenosis post renal transplant*

143 *For exclusion of renal artery stenosis in patients with refractory hypertension requiring multiple therapies, or in patients with documented renal insufficiency in whom renal vascular disease is being considered and in whom angioplasty and stenting is being considered*

Note: Procedure codes 7044 and 7056 are not claimable with each other

7068	Magnetic Resonance Angiography (MRA) for exclusion or further investigation of obstruction of the superior vena cava, inferior vena cava or a major pelvic vein
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Condition of Payment for procedure code 7068

Benefit for procedure code 7068 is only available for the following clinical indication:

Ind. Code Clinical Indication

141 *For exclusion or further investigation of obstruction of the superior vena cava, inferior vena cava or a major pelvic vein*

Note: Procedure code 7068 is not claimable with procedure codes 7061, 7062 & 7063

7069	Magnetic Resonance Angiography (MRA) for exclusion or further investigation of peripheral arteries to determine the presence and extent of peripheral arterial disease in lower extremities
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Condition of Payment for procedure code 7069

Benefit for procedure code 7069 is only available for the following clinical indication:

Ind. Code Clinical Indication

178 *For exclusion or further investigation of peripheral arteries to determine the presence and extent of peripheral arterial disease in lower extremities*

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7059	MRI of Breast
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Conditions of Payment for procedure code 7059

Benefit for procedure code 7059 is only available for the following clinical indications:

Ind. Code	Clinical Indication
186	<i>For the detection of breast cancer – where mammogram and/or ultrasound are negative for pathology but there continues to be a high index of clinical suspicion (e.g. in persons with inherited BRCA1 and BRCA2 mutations)</i>
204	<i>For pre operative evaluation of patients with invasive lobular carcinoma</i>
205	<i>For pre operative evaluation of patients with multi-focal or multi-centric disease</i>
603	<i>To rule out intra-capsular implant rupture following assessment by a breast or plastic surgeon, where breast ultrasound is equivocal or non-diagnostic</i>
604	<i>For the detection of suspected occult breast cancer in patients with a positive axillary lymph node from an unknown primary where mammogram and/or ultrasound are negative</i>
605	<i>To assess exact extent of breast cancer to determine optimal type of breast surgery prior to neoadjuvant chemotherapy</i>
606	<i>To assess exact extent of breast cancer to determine optimal type of breast surgery following neoadjuvant chemotherapy</i>

7061	MRI of Body
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Conditions of Payment for procedure code 7061

Benefit for procedure code 7061 is only available for the following clinical indications:

Ind. Code	Clinical Indication
366	<i>Staging for rectal cancer</i>
367	<i>Staging for prostate cancer</i>
368	<i>Staging for cervical cancer</i>
369	<i>Staging for endometrial cancer</i>

Note: Procedure code 7061 is not claimable with procedure codes 7092, 7058, 7062, 7063, 7064 & 7068

7062	MRI of Body for further investigation and monitoring of malignant soft tissue tumours (other than those tumours provided for under code 7061), for diagnosis and staging
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Condition of Payment for procedure code 7062

Benefit for procedure code 7062 is only available for the following clinical indication:

Ind. Code	Clinical Indication
144	<i>For further investigation or monitoring of malignant soft tissue tumours for diagnosis and staging</i>

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Note Procedure code 7062 is not claimable with procedure codes 7092, 7058, 7061, 7063, 7064 & 7068

7063	MRI of Body for further investigation of congenital uterine or anorectal abnormality
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Condition of Payment for procedure code 7063

Benefit for procedure code 7063 is only available for the following clinical indication:

Ind. Code	Clinical Indication
145	For further investigation of congenital uterine or anorectal abnormality

Note: Procedure code 7063 is not claimable with procedure codes 7092, 7058, 7061, 7062, 7064 & 7068

7092	MRI multiparametric prostate
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Condition of Payment for procedure code 7092

Benefit for procedure code 7092 is only available for the following clinical indication:

Ind. Code	Clinical Indication
1004	Multi-parametric MRI for first-line investigation of suspected clinically localised prostate cancer in the setting of a raised PSA > 3ng/ml and/or an abnormal digital rectal examination (DRE)
879	Multi-parametric MRI prior to repeat biopsy in the presence of an elevated PSA and previous negative systematic prostate biopsy

Note: Procedure code 7092 is not claimable with procedure codes 7061, 7062, 7063, 7064, 7068 & 7058

7064	MRI for other exceptions
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Condition of Payment for procedure code 7064

Benefit for procedure code 7064 is only available for the following clinical indication:

Ind. Code	Clinical Indication
87	As notified to Vhi Insurance and agreed by the Medical Director of Vhi Insurance

Note: Procedure code 7064 is not claimable with any other MRI code (with the exception of procedure code 7066 below).

7066	MRI Contrast Enhancement (claimable with the above codes when contrast enhancement is required)
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Note: Only professional fee benefit is applicable for MRI procedure code 7066

7046	MRI of spine for further investigation and monitoring of cervical radiculopathy, neck pain, spinal cord abnormality or spinal stenosis
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Conditions of Payment for procedure code 7046

Benefit for procedure code 7046 is only available for the following clinical indications:

Ind. Code	Clinical Indication
423	<i>Absent or reduced sensation on clinical examination</i>
424	<i>Absent or reduced reflexes</i>
425	<i>Muscle wasting</i>
513	<i>Severe intractable arm pain where symptoms have been present for more than 6 weeks</i>
514	<i>Cervical radicular pain persisting for greater than 6 weeks when decompression surgery is being considered following referral by a Consultant recognised by Vhi Insurance</i>
515	<i>Axial neck pain persisting for greater than 3 months following referral by a Consultant recognised by Vhi Insurance</i>
429	<i>Reduced power on physical examination</i>
518	<i>For exclusion, further investigation or monitoring of tumour of the CNS or meninges</i>
519	<i>For exclusion, further investigation or monitoring of inflammation of the CNS or meninges</i>
520	<i>For exclusion, further investigation or monitoring of demyelinating disease</i>
521	<i>For exclusion, further investigation or monitoring of spinal cord compression (acute)</i>
522	<i>For exclusion, further investigation or monitoring of congenital malformations of the spinal cord, cauda equina or meninges</i>
523	<i>For exclusion, further investigation or monitoring of syrinx – congenital or acquired</i>
524	<i>For exclusion, further investigation or monitoring of myelopathy</i>
525	<i>For further investigation or monitoring of previous spinal surgery</i>
526	<i>For further investigation or monitoring of trauma</i>
527	<i>For investigation of any cause of spinal disease in pregnancy</i>
1070	<i>Spinal infection, known or suspected</i>
1071	<i>Further investigation or monitoring of scoliosis</i>

- (i) *For procedure code 7046, full details of all relevant symptoms and neurological signs that support the clinical indication for which the MRI scan is being requested must be provided on the claim form*
- (ii) *Procedure codes 7046 and 7088 are not claimable with each other*

Note: New clinical indications 1070 & 1071 for procedure code included with effect 24th September 2021

7082	MRI of spine for further investigation and monitoring of thoracic radiculopathy, mid back pain, spinal cord abnormality or spinal stenosis
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Conditions of Payment for procedure code 7082

Benefit for procedure code 7082 is only available for the following clinical indications:

Ind. Code	Clinical Indication
574	<i>Absent or reduced sensation on clinical examination</i>
575	<i>Absent or reduced reflexes</i>
576	<i>Muscle wasting</i>
565	<i>Severe intractable arm pain where symptoms have been present for more than 6 weeks</i>
566	<i>Thoracic radicular pain persisting for greater than 6 weeks when decompression surgery is being considered following referral by a Consultant recognised by Vhi Insurance</i>
567	<i>Thoracic back pain persisting for greater than 3 months following referral by a Consultant recognised by Vhi Insurance</i>

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- 568 *Reduced power on physical examination*
- 528 *For exclusion, further investigation or monitoring of tumour of the CNS or meninges*
- 529 *For exclusion, further investigation or monitoring of inflammation of the CNS or meninges*
- 530 *For exclusion, further investigation or monitoring of demyelinating disease*
- 531 *For exclusion, further investigation or monitoring of spinal cord compression (acute)*
- 532 *For exclusion, further investigation or monitoring of congenital malformations of the spinal cord, cauda equina or meninges*
- 533 *For exclusion, further investigation or monitoring of syrinx – congenital or acquired*
- 534 *For exclusion, further investigation or monitoring of myelopathy*
- 535 *For further investigation or monitoring of previous spinal surgery*
- 536 *For further investigation or monitoring of trauma*
- 537 *For investigation of any cause of spinal disease in pregnancy*
- 1070** ***Spinal infection, known or suspected***
- 1071** ***Further investigation or monitoring of scoliosis***

Notes:

- (i) *For procedure code 7082, full details of all relevant symptoms and neurological signs that support the clinical indication for which the MRI scan is being requested must be provided on the claim form*
- (ii) *Procedure codes 7082 and 7088 are not claimable with each other*

Note: New clinical indications 1070 & 1071 for procedure code 7082 included with effect 24th September 2021

7054	MRI of spine for further investigation and monitoring of lumbar radiculopathy, low back pain, spinal cord abnormality or spinal stenosis
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Conditions of Payment for procedure code 7054 (below and overleaf)

Benefit for procedure code 7054 is only available for the following clinical indications:

Ind. Code	Clinical Indication
577	<i>Absent or reduced sensation on clinical examination</i>
578	<i>Absent or reduced reflexes</i>
579	<i>Muscle wasting</i>
580	<i>Severe intractable leg pain where symptoms have been present for more than 6 weeks</i>
570	<i>Lumbar radicular pain persisting for greater than 6 weeks when decompression surgery is being considered following referral by a Consultant recognised by Vhi Insurance</i>
581	<i>Axial lumbar spine pain for greater than 3 months <u>following referral by a Consultant</u> recognised by Vhi Insurance</i>
571	<i>Reduced power on physical examination</i>
540	<i>For exclusion, further investigation or monitoring of tumour of the CNS or meninges</i>
541	<i>For exclusion, further investigation or monitoring of inflammation of the CNS or meninges</i>
542	<i>For exclusion, further investigation or monitoring of demyelinating disease</i>
543	<i>For exclusion, further investigation or monitoring of spinal cord compression (acute)</i>
544	<i>For exclusion, further investigation or monitoring of congenital malformations of the spinal cord, cauda equina or meninges</i>
517	<i>For exclusion, further investigation or monitoring of syrinx – congenital or acquired</i>
569	<i>For exclusion, further investigation or monitoring of myelopathy</i>

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- 572 For further investigation or monitoring of previous spinal surgery
- 573 For further investigation or monitoring of trauma
- 538 For investigation of any cause of spinal disease in pregnancy
- 1070 Spinal infection, known or suspected**
- 1071 Further investigation or monitoring of scoliosis**
- 1072 Spondylolysis**
- 1073 Ankylosing spondylitis or other seronegative spondyloarthritis (to monitor disease activity and response to treatment)**

Notes:

- (i) For procedure code 7054, full details of all relevant symptoms and neurological signs that support the clinical indication for which the MRI scan is being requested must be provided on the claim form
- (ii) Procedure codes 7054 and 7088 are not claimable with each other

Note: New clinical indications 1070, 1071, 1072 & 1073 for procedure code 7054 included with effect 24th September 2021

7088	MRI of whole spine, (cervical, thoracic and lumbar); for further investigation and monitoring of combined upper and lower limb radiculopathy or combined upper and lower limb neurological signs, spinal cord compression (in the setting of known bone metastasis or polytrauma) or spinal cord abnormality
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Conditions of Payment for procedure code 7088

Benefit for procedure code 7088 is only available for the following clinical indications:

Ind. Clinical Indications

Code

- 582 Absent or reduced sensation on clinical examination
- 583 Absent or reduced reflexes
- 584 Muscle wasting
- 585 Severe intractable pain where symptoms have been present for more than 6 weeks
- 586 Radicular pain persisting for greater than 6 weeks when decompression surgery is being considered following referral by a Consultant recognised by Vhi Insurance
- 587 Axial spine pain for greater than 3 months following referral by a Consultant recognised by Vhi Insurance
- 588 Reduced power on physical examination
- 589 For exclusion, further investigation or monitoring of tumour of the CNS or meninges
- 590 For exclusion, further investigation or monitoring of inflammation of the CNS or meninges
- 591 For exclusion, further investigation or monitoring of demyelinating disease
- 592 For exclusion, further investigation or monitoring of spinal cord compression (acute)
- 593 For exclusion, further investigation or monitoring of congenital malformations of the spinal cord, cauda equina or meninges
- 594 For exclusion, further investigation or monitoring of syrinx – congenital or acquired
- 595 For exclusion, further investigation or monitoring of myelopathy
- 596 For further investigation or monitoring of previous spinal surgery
- 597 For further investigation or monitoring of trauma
- 598 For investigation of any cause of spinal disease in pregnancy
- 1070 Spinal Infection, known or suspected**
- 1071 Further investigation or monitoring of scoliosis**