Effective for dates of service on or after April 1, 2013, refer to: https://www.bcbsal.org/providers/policies/careCore.cfm

Name of Policy:
Magnetic Resonance Imaging (MRI) of the Abdomen and Pelvis

Policy #: 199
Category: Radiology

Latest Review Date: February 2013
Policy Grade: A

Background/Definitions:
As a general rule, benefits are payable under Blue Cross and Blue Shield of Alabama health plans only in cases of medical necessity and only if services or supplies are not investigational, provided the customer group contracts have such coverage.

The following Association Technology Evaluation Criteria must be met for a service/supply to be considered for coverage:

1. The technology must have final approval from the appropriate government regulatory bodies;
2. The scientific evidence must permit conclusions concerning the effect of the technology on health outcomes;
3. The technology must improve the net health outcome;
4. The technology must be as beneficial as any established alternatives;
5. The improvement must be attainable outside the investigational setting.

Medical Necessity means that health care services (e.g., procedures, treatments, supplies, devices, equipment, facilities or drugs) that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury or disease or its symptoms, and that are:

1. In accordance with generally accepted standards of medical practice; and
2. Clinically appropriate in terms of type, frequency, extent, site and duration and considered effective for the patient’s illness, injury or disease; and
3. Not primarily for the convenience of the patient, physician or other health care provider; and
4. Not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient’s illness, injury or disease.
**Description of Procedure or Service:**
Magnetic resonance imaging (MRI) uses a magnetic field, radio waves and a computer to create detailed image slices (cross sections). MRI technology produces better soft-tissue images than X-rays, which allow the physician to accurately evaluate different types of body tissue as well as distinguish normal, healthy tissue from diseased tissue. In some cases, the radiologist requests a contrast agent (dye) to improve the quality of the images.

The patient is positioned on the scanning table headfirst with arms at the side. The scanning table slides into the magnet, covering the whole body. During the scan patients do not feel anything, but they hear intermittent humming, thumping, clicking and knocking sounds.

MRI of the abdomen and pelvis is used to evaluate disease of the liver, spleen, pancreas, gallbladder, kidneys, adrenals, bladder, lymphatic and vascular systems of the abdomen and pelvis, and male and female reproductive organs.

**Policy**
**Effective for dates of service on or after April 1, 2013, refer to:**
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*Magnetic resonance imaging (MRI) of the abdomen and pelvis are separate and distinct procedures, each with its own indications.* Combined studies of the abdomen and pelvis would not meet medical criteria for coverage except for clinical conditions requiring such a combination, i.e., multiple metastases involving abdominal and pelvic structures.

**MRI of Abdomen**
**Effective for dates of service on or after August 1, 2009 through March 31, 2013:**
**MRI of the abdomen meets** Blue Cross and Blue Shield of Alabama’s medical criteria for coverage for the following conditions:
- Hepatic, renal, pancreatic or other abdominal mass or abscess
- Known or suspected adrenal disease
- Hemochromatosis
- Suspected cirrhosis
- Pancreatitis
- Allergy to iodinated contrast material in patient meeting coverage criteria for abdominal computed tomography (CT)
- Findings on CT requiring further evaluation
- Acute hepatitis
- Staging of cancer
- Evaluation of metastases
- Suspected aneurysm
- Suspected dissection of aorta
- Neuroendocrine tumor

*Proprietary Information of Blue Cross and Blue Shield of Alabama*
Medical Policy #199
**Effective for dates of service October 1, 2006 through July 31, 2009:**

MRI of the abdomen meets Blue Cross and Blue Shield of Alabama’s medical criteria for coverage for the following conditions:

- Hepatic, renal, pancreatic or other abdominal mass or abscess
- Known or suspected adrenal disease
- Hemochromatosis
- Suspected cirrhosis
- Pancreatitis
- Allergy to iodinated contrast material in patient meeting coverage criteria for abdominal computed tomography (CT)
- Findings on CT requiring further evaluation
- Acute hepatitis
- Staging of cancer
- Evaluation of metastases
- Suspected aneurysm
- Suspected dissection of aorta

**MRI of Pelvis**

**Effective for dates of service on or after April 12, 2011 through March 31, 2013:**

MRI of the pelvis meets Blue Cross and Blue Shield of Alabama’s medical criteria for coverage for the following conditions:

- Pelvic mass detected by other means
- Adenomyosis
- Endometriosis
- Suspected congenital anal, vaginal or uterine deformity
- Cryptorchidism
- Known pelvic tumor for staging or restaging after therapy
- Evaluation before or after uterine artery embolization
- Evaluation before or after uterine myomectomy
- Urethral diverticulum
- Suspected sacroiliitis
- Evaluation of metastases
- Suspected aneurysm
- Suspected dissection of aorta
- Lumbosacral plexopathy
- Defecography or pelvic floor dysfunction when surgery is planned
- Suspected conditions related to the boney pelvis
- Ultrasound conformation of fetal anomaly
- Known or suspected hip injury,
  - displaced femoral neck fracture,
  - non-displaced femoral neck fracture,
  - acetabular labral tear,
  - tendonitis or tendinosis which has not responded to at least 4 weeks of conservative treatment or worsens during treatment
Effective for dates of service August 1, 2009 through April 11, 2011:
MRI of the pelvis meets Blue Cross and Blue Shield of Alabama’s medical criteria for coverage for the following conditions:
- Pelvic mass detected by other means
- Adenomyosis
- Endometriosis
- Suspected congenital anal, vaginal or uterine deformity
- Cryptorchidism
- Known pelvic tumor for staging or restaging after therapy
- Evaluation before or after uterine artery embolization
- Evaluation before or after uterine myomectomy
- Urethral diverticulum
- Suspected sacroiliitis
- Evaluation of metastases
- Suspected aneurysm
- Suspected dissection of aorta
- Lumbosacral plexopathy
- Defecography
- Suspected conditions related to the boney pelvis
- Ultrasound conformation of fetal anomaly
- Known or suspected hip injury,
  - displaced femoral neck fracture,
  - acetabular labral tear,
  - tendonitis or tendinosis which has not responded to at least 4 weeks of conservative treatment or worsens during treatment

Effective for dates of service October 1, 2006 through July 31, 2009:
MRI of the pelvis meets Blue Cross and Blue Shield of Alabama’s medical criteria for coverage for the following conditions:
- Pelvic mass detected by other means
- Adenomyosis
- Endometriosis
- Suspected congenital anal, vaginal or uterine deformity
- Cryptorchidism
- Known pelvic tumor for staging or restaging after therapy
- Evaluation before or after uterine artery embolization
- Evaluation before or after uterine myomectomy
- Urethral diverticulum
- Suspected sacroiliitis
- Evaluation of metastases
- Suspected aneurysm
- Suspected dissection of aorta
Blue Cross and Blue Shield of Alabama does not approve or deny procedures, services, testing, or equipment for our members. Our decisions concern coverage only. The decision of whether or not to have a certain test, treatment or procedure is one made between the physician and his/her patient. Blue Cross and Blue Shield of Alabama administers benefits based on the members' contract and corporate medical policies. Physicians should always exercise their best medical judgment in providing the care they feel is most appropriate for their patients. Needed care should not be delayed or refused because of a coverage determination.

**Key Points:**
MRI provides detailed pictures of soft tissues without obstruction by bone. It is often used to clarify findings from previous x-ray studies or CT scans. It can show or demonstrate wide areas of the abdomen and pelvis from multiple viewpoints.

MRI can evaluate certain organ functions. It clearly shows lymph nodes and blood vessels, and is a noninvasive imaging method for evaluation of blood flow. It can distinguish tumors from normal tissues and can provide information for the staging of abdominal and pelvic tumors. MRI is sometimes used to avoid the dangers of angiography, repeated exposure to radiation, or for patients who cannot receive iodinated contrast dye.

MRI is more accurate than a CT scan or other tests for certain conditions but less accurate for others. The function of the small and large bowel (intestines) is not readily visible. MRI is considered safer for pregnant women than x-rays or CT scans because it does not use ionizing radiation. Magnetic resonance and radiofrequency pulses are not associated with cancer or fetal malformations.

**Key Words:**
Magnetic resonance imaging, MRI

**Approved by Governing Bodies:**
FDA approved
In 2006, the Food and Drug Administration (FDA) issued a Public Health Advisory to healthcare professionals regarding Nephrogenic Systemic Fibrosis or Nephrogenic Fibrosing Dermopathy (NSF/NFD) which may occur in patients with moderate to end-stage kidney disease after they have a MRI or Magnetic resonance angiography (MRA) with a gadolinium-based contrast agent.

First identified in 1997, NSF/NFD is almost exclusively found in patients with renal failure and acidosis. Patients with this condition develop fibrosis of the skin and connective tissues throughout the body. The skin thickening may inhibit flexion and extension of joints, resulting in contractures. In addition, patients may develop widespread fibrosis in other organs. A skin biopsy is necessary to make a definitive diagnosis. The disease is progressive and may be fatal. Its cause is unknown.
Patients who receive gadolinium-containing contrast agents should be aware of the following possible signs and symptoms of NSF/NFD and advised to seek medical attention if these occur: swelling and tightening of the skin; difficulty extending the joints of arms, hands, legs, and feet; weakness, reddened or darkened areas on the skin; burning or itching of the skin; and deep bone pain in the hips and ribs.

Physicians should be cautious regarding the use of gadolinium-containing contrast imaging agents, especially at high doses, in patients with moderate to end-stage renal failure.

**Benefit Application:**
Coverage is subject to member’s specific benefits. Group specific policy will supersede this policy when applicable.

ITS: Home Policy provisions apply
BellSouth/AT&T contracts: No special consideration
FEP contracts: Special benefit consideration may apply. Refer to member’s benefit plan.
Wal-Mart: Special benefit consideration may apply. Refer to member’s benefit plan.

**Pre-certification requirements:**
**Effective for dates of service on or after November 1, 2007:**
Required when ordered by a provider in a Blue Cross and Blue Shield of Alabama’s Preferred or Participating Network for a patient covered by Blue Cross and Blue Shield of Alabama who will receive outpatient imaging services(s) from a Preferred Medical Doctor (PMD) or Preferred Radiology Participating (PRP) provider.

**Exceptions to the Alabama PMD and PRP pre-certification requirement:** NASCO, Wal-Mart, Blue Advantage, Flowers Foods, Inc., FEP.

In addition to the above Blue Cross and Blue Shield of Alabama PMD/PRP Network requirement, some self-insured national account groups may require pre-certification for all MRIs **effective for dates of service on or after January 1, 2009**. Please confirm during your benefit verification process if a pre-certification is required.

Reviews to verify accuracy of pre-certification information will be conducted.

**Coding**
CPT codes:

- **72195** Magnetic resonance (e.g., proton) imaging, pelvis; without contrast material(s)
- **72196** Magnetic resonance (e.g., proton) imaging, pelvis; with contrast material(s)
- **72197** Magnetic resonance (e.g., proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences
Magnetic resonance (e.g., proton) imaging, abdomen; without contrast material(s)

Magnetic resonance (e.g., proton) imaging, abdomen; with contrast material(s)

Magnetic resonance (e.g., proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences

References:


Policy History:
Medical Policy Group, June 2006 (2)
Medical Policy Administration Committee, July 2006
Available for comment July 28-August 16, 2006
Medical Policy Group, August (2)
Medical Policy Committee, August 2006
Available for comment August 17-September 1, 2006
Medical Policy Group, September 2006 (2)
Medical Policy Administration Committee, September 2006
Available for comment September 2-October 16, 2006
Medical Policy Group, November 2006 (2)
Medical Policy Administration Committee, January 2007
Available for comment January 12-February 25, 2007
Medical Policy Group, September 2007 (2)
Medical Policy Administration Committee, October 2007
Available for comments October 23-December 6, 2007
Medical Policy Group, December 2008 (2)
Medical Policy Group, February 2009 (4)
Medical Policy Administration Committee, March 2009
Available for comment March 18-May 1, 2009
Medical Policy Group, July 2009 (2)
Medical Policy Administration Committee, August 2009
Available for comment August 10-September 23, 2009
Medical Policy Group, April 2011 (2)
Medical Policy Administration Committee, April 2011
Available for comment April 13 – May 30, 2011
Medical Policy Group, February 2013 (4): Updated policy with link to CareCore National © medical policies effective April 1, 2013
Medical Policy Administration Committee, March 2013
Available for comment February 15 through March 31, 2013
Medical Policy Group, November 2013 (2): Updated link to CareCore National ©

This medical policy is not an authorization, certification, explanation of benefits, or a contract. Eligibility and benefits are determined on a case-by-case basis according to the terms of the member’s plan in effect as of the date services are rendered. All medical policies are based on (i) research of current medical literature and (ii) review of common medical practices in the treatment and diagnosis of disease as of the date hereof. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment.

This policy is intended to be used for adjudication of claims (including pre-admission certification, pre-determinations, and pre-procedure review) in Blue Cross and Blue Shield’s administration of plan contracts.