

Regence

Medicare Advantage Policy Manual

Policy ID: M-RAD49

Positional Magnetic Resonance Imaging (MRI)

Published: 04/01/2024

Next Review: 02/2025

Last Review: 02/2024

Medicare Link(s) Revised: 04/01/2024

IMPORTANT REMINDER

The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member, including care that may be both medically reasonable and necessary.

The Medicare Advantage medical policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and Centers of Medicare and Medicaid Services (CMS) policies and manuals, along with general CMS rules and regulations. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of a specific CMS coverage determination for a requested service, item or procedure, the health plan may apply CMS regulations, as well as their Medical Policy Manual or other applicable utilization management vendor criteria developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Some services or items may appear to be medically indicated for an individual, but may be a direct exclusion of Medicare or the member's benefit plan. Medicare and member EOCs exclude from coverage, among other things, services or procedures considered to be investigational (experimental) or cosmetic, as well as services or items considered not medically reasonable and necessary under Title XVIII of the Social Security Act, §1862(a)(1)(A). In some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services. Members, their appointed representative, or a treating provider can request coverage of a service or item by submitting a pre-service organization determination prior to services being rendered.

DESCRIPTION

Positional magnetic resonance imaging (MRI) is an imaging technique which allows imaging of a patient in various positions, including sitting and standing. This technology is currently being investigated for use in the diagnosis of patients with position-dependent back pain. Positional MRI is also referred to as standing, seated, weight bearing, vertical, or upright MRI.

MEDICARE ADVANTAGE POLICY CRITERIA

CMS Coverage Manuals*	None
National Coverage Determinations (NCDs)*	See References ⁽¹⁾

NCD guidelines state all other uses of MRI or MRA for which CMS has not specifically indicated coverage or non-coverage continue to be eligible for coverage through individual local MAC discretion. Positional or upright MRIs are not addressed within this NCD.

Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles*	<i>MRI and CT Scans of the Head and Neck</i>	LCD L35175
	<i>Lumbar MRI</i> A positional MRI is not addressed but states Medicare does not provide additional payment for multiple MRI's (reclining, standing). Bill for one unit of the MRI service.	LCD L37281

Medical Policy Manual

Medicare coverage guidance is not available for positional or upright MRIs. Therefore, the health plan's medical policy is applicable.

For **all other indications not addressed by Medicare guidelines above (e.g., cervical, thoracic, knee, etc.):**

- ✓ Positional Magnetic Resonance Imaging (MRI), Radiology, [Policy No. 49](#) (see "NOTE" below)

NOTE: If a procedure or device lacks scientific evidence regarding safety and efficacy because it is investigational or experimental, the service is noncovered as not reasonable and necessary to treat illness or injury. ([Medicare IOM Pub. No. 100-04, Ch. 23, §30 A](#)). According to Title XVIII of the Social Security Act, §1862(a)(1)(A), only medically reasonable and necessary services are covered by Medicare. In the absence of a NCD, LCD, or other coverage guideline, CMS guidelines allow a Medicare Advantage Organization (MAO) to make coverage determinations, applying an **objective, evidence-based process, based on authoritative evidence.** ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)). The Medicare Advantage Medical Policy - Medicine Policy No. M-149 - provides further details regarding the plan's evidence-assessment process (see Cross References).

POLICY GUIDELINES

REQUIRED DOCUMENTATION

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome:

- All medical records and pertinent documentation of the member's medical condition, and indication being treated, including history and physical.

REGULATORY STATUS

Several MRI systems have 510(k) marketing clearance from the U.S. Food and Drug Administration (FDA) as open or total body systems for positional MRI scans, including but not limited to the Upright™ MRI (formerly Stand Up MRI™, FONAR Corporation).

CROSS REFERENCES

[Investigational \(Experimental\) Services, New and Emerging Medical Technologies and Procedures, and Other Non-Covered Services](#), Medicine, Policy No. M-149

REFERENCES

1. NCD for Magnetic Resonance Imaging (220.2) (*This reference can be found on the [Medicare Coverage Database](#) website*)

CODING

NOTE: There is no specific code for positional MRI, which should be reported with an unlisted procedure code such as 76498.

Codes	Number	Description
-------	--------	-------------

CPT	76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)
-----	-------	--

HCPCS	None	
-------	------	--

***IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.