

Positional Magnetic Resonance Imaging (MRI)

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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.

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 the Centers of Medicare and Medicaid Services (CMS) policies, when available. 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 CMS guidance for a requested service or procedure, the health plan may apply their Medical Policy Manual or MCG™ criteria, both of which are developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Medicare and EOCs exclude from coverage, among other things, services or procedures considered to be investigational, cosmetic, or not medically necessary, and 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.

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 coverage eligibility for all uses of MRI not specifically addressed as covered or non-covered by CMS are determined by individual local contractor

discretion. Positional or upright MRIs are not addressed within the NCD.

Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles (LCAs)*

Positional or upright MRIs are not addressed within LCD for *MRI and CT Scans of the Head, Brain, and Neck* (L35175). The LCD for *Lumbar MRI* (L37281) briefly addresses standing MRIs. This LCD does not address medical necessity, but it instructs to bill for a single lumbar MRI even when the MRI is taken in multiple positions. Since this infers an upright lumbar MRI may be reimbursable, for **lumbar MRI only**, a positional or standing MRI may be considered medically necessary for Medicare Advantage. Only **one** lumbar MRI CPT code per session will be allowed reimbursement, regardless of the number of positions (images) taken during the session. Reimbursement in addition to that single MRI CPT code will not be allowed.

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 non-lumbar indications (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 and New and Emerging Medical Technologies and Procedures](#), Medicine, Policy No. M-149

REFERENCES

1. NCD for Magnetic Resonance Imaging ([220.2](#))

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