



## Kaiser Foundation Health Plan of Washington

### Clinical Review Criteria High-End Imaging Site of Care Medical Policy

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### Criteria

#### For Medicare Members

This policy does not apply to Medicare members.

#### For Non-Medicare Members

A high-tech imaging service (i.e., MRI, MRA, CT, CTA, PET, PET CT) must meet applicable medical necessity criteria for coverage. When coverage criteria are met for the requested imaging procedure, this coverage policy is used to help determine the medical necessity of the requested site of care for ambulatory, non-emergent imaging.

A high-tech imaging procedure in a *hospital-based* imaging department or facility is considered medically necessary for an individual with **ANY** of the following indications:

- Less than 13 years of age (PET scan less than 17 years of age)
- Requires obstetrical observation
- Requires perinatology services
- Imaging related to transplantation services at an approved transplantation facility
- Patient is enrolled in an approved clinical trial and trial protocol requires imaging to be done at this site
- Known contrast allergy and use of that contrast agent is planned
- There are no other appropriate alternative sites for the individual to undergo the imaging procedure for **ANY** of the following reasons:
  - A covered surgery or procedure will be performed at a specific hospital and pre-operative or pre-procedure imaging must be done at the same hospital, as the image is an integral component of the procedure and the protocol is unique to the institution or image interpretation requires specialized Radiology expertise not routinely available outside the hospital setting. This is not common. Examples would include epilepsy surgery where ablation of specific areas is planned; or pre TAVR insertion in certain geographies; breast reconstruction involving deep flaps that require unique imaging protocols and specialized Radiology expertise to identify vascular supply. There must be documentation of a medically necessary reason the images cannot be performed at a freestanding facility and transmitted to the hospital and/or surgeon for pre op planning or in the OR.
  - To maintain continuity within an episode of care, hospital-based imaging is medically necessary when performed within 6 weeks of a hospital-based operation or procedure and non-hospital-based imaging is not available in the same care delivery system (e.g., drain management)
  - Moderate or deep sedation or general anesthesia is required for the imaging procedure and freestanding facility providing such sedation is not available
  - Equipment for the size of the individual is only available at a hospital-based imaging facility
  - Individual has a documented diagnosis of claustrophobia requiring open magnetic resonance imaging which is not available in a freestanding facility; or
  - Imaging outside the hospital-based imaging department or facility is expected to adversely impact or delay care.
  - The patient has a pacemaker that requires coordination, monitoring, and a code team onsite during the MRI, which are not available at a nearby freestanding site\*

All other high-tech radiology (imaging) procedures at a hospital-based imaging department or facility are considered not medically necessary (including but not limited to pre-procedural planning for elective procedures, robotic assisted surgeries, etc.). In the absence of one of the above circumstances, it would be expected that non hospital-based locations would be used, such as a clinic or free-standing imaging centers. Hospital-based imaging departments may be authorized if there is no appropriate geographically accessible free-standing imaging center.

\*Kaiser Permanente can provide this at multiple sites

**If requesting these services, please send the following documentation to support medical necessity:**

- Last 6 months of clinical notes from requesting provider &/or specialist

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

## Background

Hospital-based advanced radiologic imaging procedures are generally more appropriate for individuals whose health status necessitates the availability of more supportive care for the minimization of the risks associated adverse health events.

Certain high-risk medical conditions can necessitate the need for an anesthesiologist to be present during the advanced radiologic imaging for individuals including neonates and children. Children can require specialized pediatric equipment including smaller anesthetic tools such as endotracheal tubes and monitoring equipment. Conversely, large individuals or those with claustrophobia may also require specialized equipment which could include an open magnetic resonance imaging (MRI) as opposed to a traditional MRI scanner.

Examples of advanced radiologic imaging include computed tomography, computed tomography angiography, magnetic resonance imaging, magnetic resonance angiography.

## Applicable Codes

**Considered Medically Necessary when criteria in the applicable policy statements listed above are met:**

### Computed Tomography (CT) and Computed Tomographic Angiography (CTA)

CPT® or HCPC Codes	Description
70450	Computed tomography, head or brain; without contrast material
70460	Computed tomography, head or brain; with contrast material(s)
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing
70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material
70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)
70482	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections
70486	Computed tomography, maxillofacial area; without contrast material
70487	Computed tomography, maxillofacial area; with contrast material(s)
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections
70490	Computed tomography, soft tissue neck; without contrast material
70491	Computed tomography, soft tissue neck; with contrast material(s)

<b>70492</b>	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections
<b>70498</b>	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing
<b>71250</b>	Computed tomography, thorax, diagnostic; without contrast material
<b>71260</b>	Computed tomography, thorax, diagnostic; with contrast material(s)
<b>71270</b>	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections
<b>71271</b>	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)
<b>71275</b>	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing
<b>72125</b>	Computed tomography, cervical spine; without contrast material
<b>72126</b>	Computed tomography, cervical spine; with contrast material
<b>72127</b>	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections
<b>72128</b>	Computed tomography, thoracic spine; without contrast material
<b>72129</b>	Computed tomography, thoracic spine; with contrast material
<b>72130</b>	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections
<b>72131</b>	Computed tomography, lumbar spine; without contrast material
<b>72132</b>	Computed tomography, lumbar spine; with contrast material
<b>72133</b>	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections
<b>72191</b>	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing
<b>72192</b>	Computed tomography, pelvis; without contrast material
<b>72193</b>	Computed tomography, pelvis; with contrast material(s)
<b>72194</b>	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections
<b>73200</b>	Computed tomography, upper extremity; without contrast material
<b>73201</b>	Computed tomography, upper extremity; with contrast material(s)
<b>73202</b>	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections
<b>73206</b>	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing
<b>73700</b>	Computed tomography, lower extremity; without contrast material
<b>73701</b>	Computed tomography, lower extremity; with contrast material(s)
<b>73702</b>	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further section
<b>73706</b>	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing
<b>74150</b>	Computed tomography, abdomen; without contrast material
<b>74160</b>	Computed tomography, abdomen; with contrast material(s)
<b>74170</b>	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections
<b>74174</b>	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing
<b>74175</b>	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing
<b>74176</b>	Computed tomography, abdomen and pelvis; without contrast material
<b>74177</b>	Computed tomography, abdomen and pelvis; with contrast material(s)
<b>74178</b>	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions
<b>75571</b>	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium

<b>75572</b>	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)
<b>75573</b>	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)
<b>75574</b>	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)
<b>75635</b>	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing
<b>76380</b>	Computed tomography, limited or localized follow-up study
<b>S8092</b>	Electronic beam computed tomography (also known as ultrafast CT, cine CT)

**Magnetic Resonance Angiography (MRA)**

<b>CPT® or HCPC Codes</b>	<b>Description</b>
<b>70544</b>	Magnetic resonance angiography, head; without contrast material(s)
<b>70545</b>	Magnetic resonance angiography, head; with contrast material(s)
<b>70546</b>	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences
<b>70547</b>	Magnetic resonance angiography, neck; without contrast material(s)
<b>70548</b>	Magnetic resonance angiography, neck; with contrast material(s)
<b>70549</b>	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences
<b>72159</b>	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)
<b>71555</b>	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)
<b>74185</b>	Magnetic resonance angiography, abdomen, with or without contrast material(s)
<b>72198</b>	Magnetic resonance angiography, pelvis, with or without contrast material(s)
<b>73225</b>	Magnetic resonance angiography, upper extremity, with or without contrast material(s)
<b>73725</b>	Magnetic resonance angiography, lower extremity, with or without contrast material(s)
<b>C8900</b>	Magnetic resonance angiography with contrast, abdomen
<b>C8901</b>	Magnetic resonance angiography without contrast, abdomen
<b>C8902</b>	Magnetic resonance angiography without contrast followed by with contrast, abdomen
<b>C8909</b>	Magnetic resonance angiography with contrast, chest (excluding myocardium)
<b>C8910</b>	Magnetic resonance angiography without contrast, chest (excluding myocardium)
<b>C8911</b>	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)
<b>C8912</b>	Magnetic resonance angiography with contrast, lower extremity
<b>C8913</b>	Magnetic resonance angiography without contrast, lower extremity
<b>C8914</b>	Magnetic resonance angiography without contrast followed by with contrast, lower extremity
<b>C8918</b>	Magnetic resonance angiography with contrast, pelvis
<b>C8919</b>	Magnetic resonance angiography without contrast, pelvis
<b>C8920</b>	Magnetic resonance angiography without contrast followed by with contrast, pelvis
<b>C8931</b>	Magnetic resonance angiography with contrast, spinal canal and contents
<b>C8932</b>	Magnetic resonance angiography without contrast, spinal canal and contents
<b>C8933</b>	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents
<b>C8934</b>	Magnetic resonance angiography with contrast, upper extremity
<b>C8935</b>	Magnetic resonance angiography without contrast, upper extremity
<b>C8936</b>	Magnetic resonance angiography without contrast followed by with contrast, upper extremity

**Magnetic Resonance Imaging (MRI)**

<b>CPT® or HCPC Codes</b>	<b>Description</b>
<b>70336</b>	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)
<b>70540</b>	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)
<b>70542</b>	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)
<b>70543</b>	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences
<b>70551</b>	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material
<b>70552</b>	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)
<b>70553</b>	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences
<b>70554</b>	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration
<b>70555</b>	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing
<b>71550</b>	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)
<b>71551</b>	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)
<b>71552</b>	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences
<b>72141</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material
<b>72142</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)
<b>72146</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material
<b>72147</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)
<b>72148</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material
<b>72149</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)
<b>72156</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical
<b>72157</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic
<b>72158</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar
<b>72195</b>	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)
<b>72196</b>	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
<b>72197</b>	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences
<b>73218</b>	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)
<b>73219</b>	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)
<b>73220</b>	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences
<b>73221</b>	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)
<b>73222</b>	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)
<b>73223</b>	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences



<b>73718</b>	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)
<b>73719</b>	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)
<b>73720</b>	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences
<b>73721</b>	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material
<b>73722</b>	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)
<b>73723</b>	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences
<b>74181</b>	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
<b>74182</b>	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)
<b>74183</b>	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences
<b>76391</b>	Magnetic resonance (eg, vibration) elastography
<b>77046</b>	Magnetic resonance imaging, breast, without contrast material; unilateral
<b>77047</b>	Magnetic resonance imaging, breast, without contrast material; bilateral
<b>77048</b>	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral
<b>77049</b>	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral
<b>77084</b>	Magnetic resonance (eg, proton) imaging, bone marrow blood supply
<b>C8903</b>	Magnetic resonance imaging with contrast, breast; unilateral
<b>C8905</b>	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral
<b>C8906</b>	Magnetic resonance imaging with contrast, breast; bilateral
<b>C8908</b>	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral

**PET Scan**

<b>CPT® Codes</b>	<b>Description</b>
<b>78811</b>	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
<b>78812</b>	Positron emission tomography (PET) imaging; skull base to mid-thigh
<b>78813</b>	Positron emission tomography (PET) imaging; whole body
<b>78814</b>	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
<b>78815</b>	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
<b>78816</b>	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body
<b>78608</b>	Brain imaging, positron emission tomography (PET); metabolic evaluation
<b>78609</b>	Brain imaging, positron emission tomography (PET); perfusion evaluation
<b>78429</b>	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan
<b>78459</b>	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;
<b>78430</b>	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan
<b>78491</b>	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)
<b>78492</b>	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)

<b>78431</b>	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan
<b>78432</b>	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);
<b>78433</b>	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan
<b>78434</b>	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)

**\*Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

**\*\*To verify authorization requirements for a specific code by plan type, please use the [Pre-authorization Code Check](#).**

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Date Created	Date Reviewed	Date Last Revised
12/23/2020	01/05/2021 <sup>MPC</sup> , 01/03/2022 <sup>MPC</sup> , 01/10/2023 <sup>MPC</sup> , 11/05/2024 <sup>MPC</sup>	05/07/2024

<sup>MPC</sup> Medical Policy Committee

Revision History	Description
03/26/2021	Clarifying language added to specify that the policy applies to non-emergent, ambulatory high-tech imaging requests.
05/20/2021	Updated policy effective date to 08/01/2021.
07/08/2021	Updated policy effective date to 09/01/2021.
04/25/2022	Updated applicable codes to include related HCPCS codes. Requires a 60-day notice, effective date 09/01/2022.
06/07/2022	MPC approved the updates to the alternative sites section of the criteria; updated MRI codes
07/14/2022	Added clarifying language for pre TAVR insertion in certain geographies
07/11/2023	MPC approved the modifications to the existing HEI Imaging Site of Care criteria to allow continuity of care for patients who have already started treatment at a higher level of care and require imaging within the same healthcare system. Requires 60-day notice. Effective date 12/01/2023.
05/07/2024	MPC approved the addition of PET scan to the High-End Imaging Site of Care criteria, effective October 1 <sup>st</sup> , 2024. 60-day notice required.
09/25/2024	Clarified age intent for PET scans related to this policy.