



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) 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
- 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)

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

75572	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)
75573	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)
75574	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)
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing
76380	Computed tomography, limited or localized follow-up study

Magnetic Resonance Angiography (MRA)

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

Magnetic Resonance Imaging (MRI)

CPT® or HCPC Codes	Description
70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences
70554	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
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing
71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)
71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)
71552	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
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material
72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material
72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar
72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)
72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences
73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)
73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)
73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences
73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)
73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)
73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences

73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)
73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)
73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material
73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)
73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences
74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)
74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences
76391	Magnetic resonance (eg, vibration) elastography
77046	Magnetic resonance imaging, breast, without contrast material; unilateral
77047	Magnetic resonance imaging, breast, without contrast material; bilateral
77048	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
77049	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
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply
C8900	MRA with contrast, abdomen
C8901	MRA without contrast, abdomen
C8902	MRA without contrast followed by with contrast, abdomen
C8903	Magnetic resonance imaging with contrast, breast; unilateral
C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral
C8906	Magnetic resonance imaging with contrast, breast; bilateral
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral
C8909	MRA with contrast, chest (excluding myocardium)
C8910	MRA without contrast, chest (excluding myocardium)
C8911	MRA without contrast followed by with contrast, chest (excluding myocardium)
C8912	MRA with contrast, lower extremity
C8913	MRA without contrast, lower extremity
C8914	MRA without contrast followed by with contrast, lower extremity
C8918	MRA with contrast, pelvis
C8919	MRA without contrast, pelvis
C8920	MRA without contrast followed by with contrast, pelvis
C8931	MRA with contrast, spinal canal and contents
C8932	MRA without contrast, spinal canal and contents
C8933	MRA without contrast followed by with contrast, spinal canal and contents
C8934	MRA with contrast, upper extremity
C8935	MRA without contrast, upper extremity
C8936	MRA without contrast followed by with contrast, upper extremity

***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
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12/23/2020	01/05/2021 ^{MPC} , 01/03/2022 ^{MPC} , 01/10/2023 ^{MPC}	07/11/2023
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^{MPC} 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.