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**UTILIZATION \* ALERT\***

- Prior to use of this MCP for evaluation of medical necessity, benefit coverage **MUST** be verified in the member's EOC or benefit document.
  - CMS does not dictate or limit the type of MRI unit to be utilized therefore Medicare members are included in this quality requirement.
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**I. Procedure / Service: Wide Bore and Open Magnetic Resonance Imaging (MRI)**

The standard of care for an initial MRI examination to be performed is a standard or wide bore unit with a 1.5 strength Tesla magnet.

- A.** Wide Bore MRIs have superior resolution with at least 1.5 Tesla magnets; most Open MRIs have 1.2 Tesla magnets, which have inferior resolution.
- B.** As a quality-of-care standard, all members regardless of health plan type, including those with network and point of service (POS) benefits, should be considered, and referred, when possible, for initial MRI with a 1.5 Tesla magnet, prior to referral to less powerful open units.

**II. Referral Procedure**

**A. For members with subjective claustrophobia**

1. Inform member and document explanation of requirement to obtain superior imaging via a Wide Bore MRI and to trial the procedure, with option of pretest oral sedation during the wide bore MRI, prior to referring for Open MRI.
2. Refer for Wide Bore MRI, noting the option to provide pretest sedation during the wide bore MRI.
3. If wide bore MRI with or without oral sedation is not an option for any reason, CT (Computed Tomography) or Ultrasound should be the first considerations.
4. If the MAPMG radiology subject matter expert determines that an ultrasound or CT would provide similar clinically useful information, and the patient has no contraindications to an ultrasound or CT, then an MRI with IV sedation or an open MRI are not medically necessary.
5. Those members who have documented failure of performance of a wide bore MRI with or without oral sedation and CT or Ultrasound imaging are not considered reasonable alternatives for their clinical scenario, may be referred for Open MRI.
6. If a member fails open MRI or an open MRI is not an option, they can be considered for outpatient MRI with IV sedation.

**B. For Bariatric Members**

1. Members who exceed the 500-550-pound weight limit of wide bore MRI may be referred directly to the appropriate Open MRI.



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2. Document the member's current weight as the substantiating reason for initial MRI to be completed at an Open MRI.
3. For members over the weight limit, no trial wide bore MRI is required prior to referral for Open MRI

**C. For Members with Positional Limitations**

1. Members who cannot lie flat for the required imaging time period or are unable to obtain the required head, limb, chest, or spinal position needed for imaging may be referred to the appropriate Open MRI.
2. Document the member's positional limitations and other details of the substantiating reason(s) for initial referral to Open MRI.
3. For members with positional limitations, no trial-wide bore MRI is required prior to referral for Open MRI.
4. Upright open MRI is only covered when there is documentation that the patient cannot tolerate the supine position for standard open MRI scanning

**III. Exclusions/Restrictions**

Standing, weight-bearing, and positional, MRIs for obtaining serial or functional imaging are considered investigational and experimental and excluded from coverage.



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**Approval History**

The Regional Utilization Management Committee received delegated authority in 2011 to review and approve designated Utilization Management and Medical Coverage Policies by the Regional Quality Improvement Committee.

<b>Date approved by RUMC</b>	<b>Date filed with the State of Maryland</b>	<b>Date of Implementation (Ten days after filing)</b>
12/16/2014	12/17/2014	12/29/2014
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**Approval History**

Effective June 01, 2016, state filing no longer required per Maryland House Bill [HB 798](#) – Health Insurance – Reporting

<b>Date approved by RUMC</b>	<b>Date of Implementation</b>
12/22/2016	12/22/2016
12/28/2017	12/28/2017
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03/22/2021	03/22/2021
03/22/2022	03/22/2022
02/22/2023	02/22/2023
02/21/2024	02/21/2024
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Note: Kaiser Permanente Mid-Atlantic States (KPMAS) include referral and authorization criteria to support primary care and specialty care practitioners, as appropriate, in caring for members with selected conditions. Whenever possible, Medical Coverage Policies are evidence-based and may also include expert opinion. Medical Coverage Policies are not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by a practitioner in any particular set of circumstances for an individual member.

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