Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) Scan – Site of Service (for North Carolina Only)

Policy Number: CSNC.MP.013.08
Effective Date: January 1, 2026

Instructions for Use

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Related Policy

- Breast Imaging for Screening and Diagnosing Cancer (for North Carolina Only)

Application

This Medical Policy only applies to the state of North Carolina.

Coverage Rationale

A magnetic resonance imaging (MRI) or computed tomography (CT) imaging procedure in the hospital outpatient department is considered medically necessary for individuals who meet any of the following criteria:

- Under 21 years of age
- Are participating in a clinical trial that requires a specific imaging protocol or equipment not available in a freestanding facility
- Are scheduled for the MRI/CT imaging procedure within 24 hours of a hospital specialist appointment at the same hospital-based facility where the procedure is requested
- Have a known allergy to a contrast agent used for the procedure
- Have a known chronic disease undergoing active treatment when direct comparison to prior studies requires the same imaging protocol or equipment obtained at the same hospital-based facility where the procedure is requested
- Have a systemic cancer on active treatment, when restaging studies require the same imaging protocol or equipment used for prior studies obtained at the same hospital-based facility where the procedure is requested
- Pre-procedure imaging which is done within 24 hours of the interventional or surgical procedure and is an integral part of the planned procedure
- Require obstetrical observation
- Require perinatology services

An MRI/CT imaging procedure in the hospital outpatient department is also considered medically necessary when there are no geographically accessible appropriate alternative sites for the individual to undergo the procedure, including but not limited to the following:

- Moderate or deep sedation or general anesthesia is required for the procedure and freestanding facility providing such sedation is not available; or
- The equipment for the size of the individual is not available; or
- Open MRI is required because the member has a documented diagnosis of claustrophobia and/or severe anxiety which is not available in a freestanding facility

An MRI/CT imaging procedure in the hospital outpatient department is considered medically necessary when imaging in a physician's office or freestanding imaging center would reasonably be expected to delay care and adversely impact health outcome.

All other MRI/CT imaging procedures at a hospital-based imaging department or facility are considered not medically necessary. This includes but is not limited to imaging for:

- Cancer screening
- Initial diagnosis and/or initial staging for suspected or known cancer
- Non-cancerous musculoskeletal conditions
- Surveillance of cancer in remission with no clinical suspicion for change in disease status

Note: Authorization is not required for procedures performed in an emergency room, observation unit, urgent care center, or during an inpatient stay.

Planned MRI or CT Scan List

Site of service medical necessity reviews will be conducted for certain MRIs and CT scans only when performed in an outpatient hospital setting. For the complete list of MRI and CT scan procedure codes requiring prior authorization for each state, refer to the UnitedHealthcare Community Plan Prior Authorization List. (Accessed September 17, 2024).

Medical Records Documentation Used for Reviews

Benefit coverage for health services is determined by the federal, state, or contractual requirements, and applicable laws that may require coverage for a specific service. Medical records documentation may be required to assess whether the member meets the clinical criteria for coverage but does not guarantee coverage of the services requested.

The patient's medical record must contain documentation that fully supports the medical necessity for the requested services. This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures. Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and must be made available upon request.

Clinical Evidence

American College of Obstetricians and Gynecologists (ACOG)

ACOG's Committee on Obstetric Practice makes the following recommendations regarding diagnostic imaging procedures during pregnancy and lactation:

- Ultrasonography and magnetic resonance imaging (MRI) are not associated with risk and are the imaging techniques of choice for the pregnant patient, but they should be used prudently and only when use is expected to answer a relevant clinical question
- Radiation exposure through radiography, computed tomography (CT) scan, or nuclear medicine imaging techniques is at a dose much lower than the exposure associated with fetal harm
- The use of gadolinium contrast with MRI should be limited; it may be used as a contrast agent only if it significantly improves diagnostic performance and is expected to improve fetal or maternal outcome (ACOG, 2021)

American Society of Anesthesiologists (ASA)

The 2015 ASA Practice Advisory on Anesthetic Care for Magnetic Resonance Imaging states that risks related to the patient may include age-related risks, health-related risks, and risks from foreign bodies located in or on the patient or implanted ferromagnetic items.

- Age-related risks apply to neonates or premature infants and the elderly
- Health-related risks include but are not limited to:
  - Need for intensive or critical care
  - Impaired respiratory function (e.g., tonsillar hypertrophy and sleep apnea)
  - Changes in level of sedation, muscle relaxation, or ventilation
  - Hemodynamic instability and vasoactive infusion requirements
  - Comorbidities that may contribute to adverse MRI effects (e.g., burns or temperature increases in patients with obesity or peripheral vascular disease)

- Foreign bodies include non-medical ferromagnetic items imbedded in the patient (e.g., eyeliner tattoos) or attached to the patient (e.g., pierced jewelry). implanted ferromagnetic items may include items such as aneurysm clips, prosthetic heart valves, or coronary arterial stents

References

American College of Obstetricians and Gynecologists. Committee opinion 723: Guidelines for diagnostic imaging during pregnancy and lactation VOL. 130, NO. 4. October 2017. Reaffirmed October 2021.

American Society of Anesthesiologists. Practice Advisory on anesthetic care for magnetic resonance imaging. Anesthesiology. V 122; No 3. March 2015.

Policy History/Revision Information

Date	Summary of Changes

01/01/2026	**Medical Records Documentation Used for Reviews**
	• Removed reference link to the guidelines titled *Medical Records Documentation Used for Reviews*
	• Added language to indicate:
	  ○ The patient's medical record must contain documentation that fully supports the medical necessity for the requested services
	  ○ This documentation includes but is not limited to relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures
	  ○ Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and must be made available upon request
	Supporting Information
	• Archived previous policy version CSNC.MP.013.07

Instructions for Use

This Utilization Review Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this guideline, check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Utilization Review Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual criteria, to assist us in administering health benefits. The UnitedHealthcare Utilization Review Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.