

Subject: MRI Pelvis (72195, 72196, 72197)		Original Effective Date: 12/13/17
Policy Number: MCR: 625	Revision Date(s):	
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DISCLAIMER

This Molina Clinical Review (MCR) is intended to facilitate the Utilization Management process. It expresses Molina's determination as to whether certain services or supplies are medically necessary, experimental, investigational, or cosmetic for purposes of determining appropriateness of payment. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered (i.e., will be paid for by Molina) for a particular member. The member's benefit plan determines coverage. Each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their providers will need to consult the member's benefit plan to determine if there are any exclusion(s) or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and a member's plan of benefits, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of a State, the Federal government or CMS for Medicare and Medicaid members. CMS's Coverage Database can be found on the CMS website. The coverage directive(s) and criteria from an existing National Coverage Determination (NCD) or Local Coverage Determination (LCD) will supersede the contents of this Molina Clinical Review (MCR) document and provide the directive for all Medicare members.

DESCRIPTION OF PROCEDURE/SERVICE/PHARMACEUTICAL

MRI of the pelvis.

RECOMMENDATIONS

MRI Imaging can be contraindicated in any of the following circumstances; there is a metallic body in the eye, for magnetically activated implanted devices such as pacemakers and defibrillators, insulin pumps, neurostimulators, and for some types of metal, and aneurysm clipping. The imaging facility should always be consulted with any compatibility questions as the types of metal used and development of MRI compatible devices is continually changing.

Chronic Abdominal/Pelvic Pain

The initial evaluation of abdominal pain consists of a detailed history and physical examination, appropriate laboratory studies, and frequently non-advanced imaging such as x-ray or ultrasound. The presence of certain “red flags” may preclude the initial performance of non-advanced imaging. In some cases, endoscopy may be the preferred study.

In children under the age of 14, ultrasound should be the initial study performed for evaluation of abdominal pain.

For the majority of clinical conditions, imaging both the abdomen and pelvis is warranted. Imaging can be limited to part of the abdominal cavity for follow up of specific organs or when the pathology is localized to a particular region of the abdominal cavity.

Male

Location	Recommendations
Generalized	Initial Ultrasound
Right Upper Quadrant	Initial Ultrasound
Left Upper Quadrant	Consider Ultrasound and/or evaluate for possible gastric causes
Left Lower Quadrant	MRI/CT if concern for conditions listed below
Right Lower Quadrant	MRI/CT if concern for conditions listed below

Female

Location	Recommendations
Generalized	Initial Ultrasound
Right Upper Quadrant	Initial Ultrasound
Left Upper Quadrant	Consider Ultrasound and/or evaluate for possible gastric causes
Left Lower Quadrant	Initial Pelvic Ultrasound
Right Lower Quadrant	Initial Pelvic Ultrasound

Kidney Stones – Suspected (Abdomen/Pelvic CT is recommended)

Flank pain and +/- hematuria

Kidney Stones –Known or Follow up (Abdomen/Pelvic CT is recommended)

If initial x-ray (KUB) or ultrasound is indeterminate

Hematuria (Abdomen/Pelvic CT is recommended)

Known Tumor or Mass (limited to the pelvic cavity only e.g. uterine, ovarian)

- Initial evaluation of a recently diagnosed cancer
- Follow up of a known tumor or mass after completion of treatment or with new signs/symptoms
- Surveillance of a known tumor or mass according to accepted clinical standards.
- For initial staging of prostate cancer with a PSA of 20 or higher or a Gleason score of 7 or higher
- For persistently elevated or rising PSA and negative biopsy

Suspected Tumor or Mass Not Confirmed as Cancer (limited to the pelvic cavity only)

- Evaluation of an abnormality seen on x-ray or other imaging
- Evaluation of an abnormality on physical examination and initial evaluation with x-ray or ultrasound has been completed.
- Suspected tumor based on abnormal laboratory test results (e.g. elevated tumor markers)

Infection Suspected (Abdomen/Pelvic CT is recommended)

- Appendicitis, acute abdominal pain with at least one of the following:
 - Nausea/vomiting
 - Fever of at least 100.3 or higher
 - Abdominal rigidity, guarding/rebound tenderness, or other peritoneal signs
 - Elevated white blood cell count (WBC)
- Diverticulitis - Complication of diverticulitis with severe abdominal tenderness or mass, not responding to antibiotics

- Abscess (limited to the pelvic cavity only)
 - Any known infection that is clinically suspected to have created an abscess
 - Re-evaluation of an abscess after treatment

Fistula

Evaluation of a known or suspected fistula (limited to the pelvic cavity only)

Inflammation

- Suspected inflammatory bowel disease (new or recurrent) with abdominal pain, persistent diarrhea or bloody diarrhea (Abdomen and Pelvic imaging is recommended)
- MR enterography for evaluation of known inflammatory bowel disease (Abdomen and Pelvic imaging is recommended)

Vascular Disease (aneurysm, etc.) CTA or MRA may be preferred (Abdomen and Pelvic imaging is recommended unless the abnormality is localized to one body region)

- Vascular abnormality seen and indeterminate on other imaging studies
- Aortic Aneurysm and ultrasound is indeterminate or this is for preoperative planning
- Follow up after endograph repair and CTA or MRA is not also ordered

Trauma

Suspected abdominal or retroperitoneal hemorrhage (limited to the pelvic cavity only)

Evaluation of known or suspected fractures

Suspected fracture and x-ray is non-diagnostic

Weight Loss (Abdomen and Pelvic imaging is recommended)

- Loss of 5% of body weight persisting for 6 months with initial evaluation of a chest x-ray, ultrasound, laboratory testing including TSH, and colon cancer screening (if over 50 years old) completed
- Loss of 10% of body weight in less than 2 months with at least one MD visit documenting weight loss

Pre/Post Procedural (limited to the pelvic cavity only)

- Pre-operative evaluation (e.g. uterine surgery, fibroid embolization, myomectomy)
- Post-operative for routine recommended follow up or for potential post-operative complications.
- A repeat study may be needed to help evaluate a patient's progress after treatment procedure intervention or surgery. The reason for the repeat study and that it will affect care must be clear.

Other

- Evaluation of an abnormality seen on other imaging and the diagnosis remains uncertain
- For evaluation of a suspected inguinal hernia and ultrasound is non-diagnostic
- High Risk - Any patient over 75 y/o or diabetic with persisting pain (not intermittent only) (Abdomen and Pelvic imaging is recommended)
- Suspected sacroiliitis (infectious or inflammatory) after completion of initial x-ray
- Suspected osteomyelitis and initial x-ray has been completed
- Evaluation of suspected avascular necrosis (AVN) when initial x-ray is non-diagnostic
- For evaluation of cryptorchidism/undescended testicles and initial ultrasound has been completed
- For evaluation of known or suspected endometriosis
- For evaluation of known or suspected fetal abnormalities

ADDITIONAL INFORMATION

The above medical necessity recommendations are used to determine the best diagnostic study based on a patient's specific clinical circumstances. The recommendations were developed using evidence based studies

and current clinical practices. Medical necessity will be determined using a combination of these recommendations as well as the patient's individual clinical or social circumstances.

- Tests that will not change treatment plans should not be recommended.
- Same or similar tests recently completed need a specific reason for repeat imaging.

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CPT	Description
72195	MRI (Magnetic Resonance Imaging) Pelvis without contrast)
72196	MRI (Magnetic Resonance Imaging) Pelvis with contrast)
72197	MRI (Magnetic Resonance Imaging) Pelvis without and with contrast)