04-70540-14

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Reviewed: 04/24/25

Revised: 05/15/25

Subject: Magnetic Resonance Imaging (MRI) Abdomen and Pelvis

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

DESCRIPTION:

Magnetic resonance imaging (MRI) is a radiation-free, noninvasive, technique used to produce high quality sectional images of the inside of the body in multiple planes. MRI uses natural magnetic properties of the hydrogen atoms in the body that emit radiofrequency signals when exposed to radio waves within a strong magnetic field. These signals are processed and converted by a computer into high-resolution, three-dimensional, tomographic images. Images and resolution produced by MRI is quite detailed. For some MRI, contrast materials (e.g., gadolinium, gadoteridol, non-ionic and low osmolar contrast media, ionic and high osmolar contrast media) are used to enable visualization of a body system or body structure.

The U.S. Food and Drug Administration's (FDA) cleared MRI systems for marketing through the 510(k) process. The Fonar Stand-Up MRI system received FDA marketing clearance in October 2000.

Summary and Analysis of Evidence: Magnetic resonance imaging (MRI) is a multiplanar imaging method based on an interaction between radiofrequency electromagnetic fields and certain nuclei in the body (usually hydrogen nuclei) after the body has been placed in a strong magnetic field. MRI differentiates between normal and abnormal tissues, providing a sensitive examination to detect disease. This sensitivity is based on the high degree of inherent contrast due to variations in the magnetic relaxation properties of different tissues, both normal and diseased, and the dependence of the MRI signal on these tissue properties (ACR, 2022). Magnetic resonance imaging (MRI) of the abdomen is a proven and useful tool for the evaluation, assessment of severity, and follow-up of diseases of the abdomen. Indications for MRI of the abdomen (excluding the liver) include (pancreas, spleen, renal, adrenal glands), but are not limited to, the following: detection of (tumors, masses, neoplasms, anomalies, abnormalities, inflammatory disorders), characterization of indeterminate lesions, evaluation and

follow-up, and postoperative follow-up after surgery (ACR-SAR-SPR, 2020). MRI of the liver is a proven and useful tool for the evaluation, assessment of severity, and follow-up of diseases of the liver. Indications for MRI of the liver include, but are not limited to, the following: hepatic lesions, HCC surveillance, congenital abnormalities, and treatment planning (ACR-SAR-SPR, 2020). MRI of the pelvis is a proven and useful tool for the evaluation, assessment of severity, and follow-up of diseases of the male and female pelvic organs. Indications for MRI of the pelvis include, but are not limited to, the following: detection and staging of gynecologic malignancies, evaluation of acute or chronic pelvic pain or pelvic mass, assessment of pelvic floor defects associated with urinary or fecal incontinence, tumors of the (bladder, prostate, gynecologic organs), detection and staging of malignancies of the prostate, bladder, penis, testis, and scrotum, and identification and characterization of congenital anomalies (ACR-SAR-SPR, 2020). MRI is a proven, established imaging modality for evaluating fetal anomalies that are not adequately or completely assessed by sonography (ACR–SPR, 2020).

POSITION STATEMENT:

MRI of the pelvis and abdomen **meets the definition of medical necessity** for the following:

INDICATIONS FOR PELVIC MRI:

Initial pelvic imaging for staging of prostate cancer

- High risk and above (T3a or higher, PSA >20*, Gleason 8-10).
- Intermediate risk (T2b-T2c or PSA 10-20* or Gleason 7) when nomogram predicts >10% probability of lymph node involvement.

*In those who have been on a 5-alpha reductase inhibitor (such as Proscar) in the past 12 months, an adjusted PSA can be used. (Multiply PSA by a factor of 2).

Known prostate cancer for workup of recurrence and response to treatment

Initial treatment by active surveillance (asymptomatic very low, or low or intermediate risk with expected member survival ≥ 10 years:

- Initial mpMRI (multiparametric MRI) for members who chose active surveillance.
- mpMRI (multiparametric MRI) to be repeated no more than every 12 months unless clinically indicated.

Initial treatment by radical prostatectomy:

- Failure of PSA to fall to undetectable levels or PSA detectable and rising on at least 2 subsequent determinations.

Initial treatment radiation therapy:

- Post radiation therapy (post-RT) rising PSA or positive digital exam and is candidate for local therapy.

Indication for prostate MRI (suspected prostate cancer)

- Prior to prostate biopsy when notes indicate that biopsy is planned.
- In individuals with previous negative biopsy and ongoing concerns of increased risk of prostate cancer (e.g., rising or persistent elevated PSA with lab reports on 2 or more separate days, OR suspicious digital rectal exam (DRE)).

Evaluation of suspicious or known mass/tumors

- Initial evaluation of suspicious pelvic masses/tumors found only in the pelvis by physical exam and ultrasound has been performed.
- Further evaluation of abnormality seen on ultrasound (US) or when US is inconclusive
- Surveillance: One follow-up exam to ensure no suspicious change has occurred in a tumor in the pelvic. No further surveillance MR unless tumor(s) are specified as highly suspicious or change was found on exam or last follow-up imaging..
- Initial staging of known cancer.

Follow-up of known cancer:

- Of member undergoing active treatment within the past year.
- With suspected pelvic metastasis.

Evaluation of suspected infection or inflammatory disease and preliminary imaging (e.g., CT, US, or nuclear medicine) has been performed or is contraindicated

Evaluation of known infection or inflammatory disease follow-up in the abdomen and or pelvis

Evaluation of suspected inflammatory bowel disease or follow-up

- For suspected inflammatory bowel disease (Crohn's disease or ulcerative colitis) with abdominal pain **AND** one of the following:
    - Chronic diarrhea
    - Bloody diarrhea.
- High clinical suspicion after complete work up including endoscopy with biopsy.
- Known inflammatory bowel disease (Crohn's or ulcerative colitis) with signs/symptoms requiring re-evaluation, or for monitoring therapy.

For suspected or known hernia

- For pelvic pain due to a suspected hernia when physical exam and prior imaging are non-diagnostic or equivocal or if requested as a preoperative study:
    - For confirming diagnosis of a recurrent hernia when ultrasound is negative or nondiagnostic

- Hernia with suspected complications.

- Suspected athletic pubalgia (sports hernia) in a member with persistent groin pain that occurs with exertion, who has not responded to conservative treatment for four weeks, when other imaging is inconclusive.

Indications for musculoskeletal pelvic MRI

- Initial evaluation of suspicious mass/tumor of the bones, muscles or soft tissues of the pelvis found on an imaging study, and needing clarification, or found by physical exam and after other imaging is completed.
- Evaluation of suspected fracture and/or injury when initial imaging is completed.
- For evaluation of known or suspected aseptic/avascular necrosis of hip(s).
- Known or suspected sacroiliitis (infectious or inflammatory) after abnormal x-ray.
- Sacroiliac joint dysfunction when there is:
  - Persistent back and/or sacral pain unresponsive to four (4) weeks conservative treatment, received within the past six (6) months, including physical therapy or physician supervised home exercise plan (HEP).
- For evaluating the lumbosacral plexus.
- For suspicion of pudendal neuralgia in the setting of chronic pelvic pain with genital numbness and erectile dysfunction when other causes have been ruled out.
- For suspicion of meralgia paresthetica when prior testing is inconclusive.
- Persistent Pain:
  - Evaluation of persistent pain unresponsive to four (4) weeks of conservative treatment received within the past six (6) months
  - For suspected piriformis syndrome after failure of 4 weeks conservative treatment.
- Further evaluation of congenital anomalies of the sacrum and pelvis and initial imaging has been performed.

Other indications for a pelvic MRI

- Pelvic pain not explained by previous imaging/pre-procedure diagnostics.
- Location or evaluation of undescended testes in adults and in children, including determination of location of testes, if ordered by a specialist.
- Evaluation and characterization of uterine and adnexal masses, (e.g., fibroids, ovaries, tubes and uterine ligaments), or congenital uterine or renal abnormality where ultrasound has been done previously.
- Evaluation of abnormal uterine bleeding when ultrasound findings are indeterminate.
- Evaluation of uterus prior to and after embolization.

- Evaluation of endometriosis when preliminary imaging has been completed or to follow-up known endometriosis.
- For further evaluation of suspected adenomyosis when ultrasound is inconclusive.
- Prior to uterine surgery if there is abnormality suspected on prior ultrasound.
- Suspected placenta accreta or percreta when ultrasound is indeterminate.
- Further assessment of a scrotal or penile mass when ultrasound is inconclusive.
- Investigation of a malfunctioning penile prosthesis.
- Suspected urethral diverticula and other imaging is inconclusive.
- Suspected pelvic congestion syndrome in women with chronic pelvic pain when other imaging is non-diagnostic.
- Suspected patent urachus or other urachal abnormalities when ultrasound is non-diagnostic.
- Evaluation of suspected pelvic floor weakness in women with functional disorders, such as urinary or fecal incontinence, obstructed defecation, and pelvic organ prolapse.
- Evaluation of enlargement of organ abnormality seen on previous imaging.
- For diffuse, unexplained lower extremity edema with negative or inconclusive ultrasound.
- For May-Thurner syndrome.
- For further evaluation of an isolated right varicocele with additional signs and symptoms that suggest malignancy or suspicious prior imaging findings.
- Surveillance MRI (include abdomen) every 2-3 years for members with Hereditary Paraganglioma syndromes Type 1-5.
- In hematospermia in men over 40, if transrectal ultrasound is negative or inconclusive.

Pre-operative evaluation

- For diagnostic purposes prior to pelvic surgery or procedure..

Post-operative/procedural evaluation

- Follow-up of known or suspected post-operative complication involving the hips or the pelvis within six months.
- A follow-up study to help evaluate a member's progress after treatment, procedure, intervention, or surgery. Documentation requires a medical reason that clearly indicates why additional imaging is needed.

INDICATIONS FOR ABDOMINAL MRI:

Evaluation of suspicious known mass/tumors for further evaluation of indeterminate or questionable findings

- Initial evaluation of suspicious abdomen masses/tumors found only in the abdomen by physical exam or imaging study, such as ultrasound (US) or CT
- Follow-up of known cancer:
    - Follow-up of known cancer of member undergoing active treatment within the past year
    - Known cancer with suspected abdominal/pelvic metastasis
    - For known prostate cancer abdomen MRI can be approved when requested in combination with pelvis MRI when meets GL for pelvis MRI.

For evaluation of an organ or abnormality seen on previous imaging:

Adrenal

- To locate a pheochromocytoma once there is clear biochemical evidence.
- Suspected adrenal secreting tumor after full clinical and biochemical work-up.
- Suspected adrenal mass ≥ 1 cm incidentally discovered with no history of malignancy (one follow-up in 6 – 12 months to document stability) (if ≥ 4 cm consider biopsy or FDG-PET/CT).
- If adrenal mass ≥ 4 cm and no diagnosis of cancer, can approve for preoperative planning.
- Yearly surveillance for members with Multiple Endocrine Neoplasia type 1 (MEN1) beginning at age 10.
- For members with Von Hippel Lindau (VHL) surveillance at least every other year starting at age 16 (abdominal ultrasound starting at age 8).
- Surveillance MRI (include pelvis) every 2-3 years for members with Hereditary Paraganglioma syndromes types 1-5.

Liver

- Indeterminate liver lesion ≥ 1cm seen on prior imaging.
- Indeterminate liver lesion < 1cm on initial imaging, with known history of extrahepatic malignancy, or known chronic liver disease.
- Hepatitis/hepatoma screening after ultrasound is abnormal, equivocal, or non-diagnostic (may be limited in members who are obese, those with underlying hepatic steatosis, as well as nodular livers).
- Jaundice or abnormal liver function tests after equivocal or abnormal ultrasound.
- For surveillance of HCC in members who have received liver-directed therapy, surgical resection, medical treatment, or transplant (MRI or CT) at one-month post treatment and then every 3 months for up to two years.
- Follow-up of suspected adenoma every 6-12 months.
- For surveillance of members with primary sclerosing cholangitis (also CA 19-9), every 6-12 months after the age of 20 (MRI and MRCP preferred over CT).

- Follow-up of focal nodular hyperplasia (FNH) annually if US is inconclusive.
- For elastography in chronic liver disease to stage hepatic fibrosis.
- In members with Beckwith-Wiedemann syndrome and abnormal ultrasound or rising AFP.

Evaluation of iron overload in the following settings:

- Initial evaluation of liver iron in hemochromatosis diagnosed in lieu of liver biopsy.
- Annual evaluation for high risk members: transfusion dependent thalassemia major, sickle cell disease and other congenital anemias.

Pancreas

- Pancreatic cystic lesion found on initial imaging.
- Follow-up of known intraductal papillary mucinous neoplasm (IPMN) and mucinous cystic neoplasm (MCN) (if there are no high-risk characteristics):
    - For incidental and asymptomatic cysts <5 mm, one follow-up at three years
    - For cysts 5mm-1cm image every 2 years for 4 years, and if stable may lengthen intervals
    - For cysts 1-2cm image every year for 3 years and if stable every 2 years for 4 years, and if stable may lengthen intervals
    - Cysts that are 2-3 cm followed every 6-12 months for 3 years and if stable then yearly for 4 years and if stable may lengthen intervals
    - For lesions ≥ 30 mm MRI/CT or EUS every 6 months for 3 years, then imaging alternating with EUS every year for 4 years and consider lengthening interval if stable
    - For symptomatic members or for members whose lesions are not stable on follow up imaging, image every 3-6 months until stable.
- Annual surveillance for individuals determined to have an increased lifetime risk of developing pancreatic cancer, based on genetic predisposition or family history.
- Annual surveillance for members with MEN1 for primary neuroectodermal tumors (pNET) starting at age 10.
- For localization of an insulinoma, once diagnosis is confirmed.

Renal

- For an indeterminate renal mass on other imaging.
- Active surveillance for indeterminate cystic renal mass, not a simple renal cyst.
- Follow-up for solid renal masses under 1 cm at 6 and 12 months, then annually.
- Annual surveillance for member with tuberous sclerosis and known angiomyolipomas.
- For surveillance of members with Von Hippel Lindau at least every other year to assess for clear cell renal cell carcinoma, to begin at age 16.

- Active surveillance for renal cell carcinoma in members with Birt-Hogg syndrome every 36 months.

Spleen

- Incidental findings of the spleen on ultrasound or CT that are indeterminate.

Suspected hernia

- Suspected hernia when physical exam and prior imaging (ultrasound AND CT) is non-diagnostic or equivocal and limited to the abdomen.
- Suspected incarceration or strangulation based on physical exam or prior imaging.

For evaluation of suspected infection or for follow-up known infection

For evaluation of suspected inflammatory disease or follow-up known disease

- Suspected inflammatory bowel disease (Crohn's or ulcerative colitis) with abdominal pain, **AND** one of the following:
    - Chronic diarrhea
    - Bloody diarrhea.
- High clinical suspicion after complete work up including endoscopy with biopsy.
- Known inflammatory bowel disease (Crohn's or ulcerative colitis) with recurrence or worsening signs/symptoms requiring re-evaluation or for monitoring therapy.

Other indications for abdominal MRI (and pelvis where appropriate) when CT is inconclusive or cannot be completed

- Persistent abdominal/pelvic pain not explained by previous imaging.
- To locate a pheochromocytoma once there is clear biochemical evidence.
- For B symptoms of fevers more than 101 F, drenching night sweats, and unexplained weight loss of more than 10% of body weight over 6 months, if CXR labs and an ultrasound of the abdomen and pelvis have been completed.
- Unexplained weight loss of 10% of body weight in two months (member history is acceptable); with second MD visit documenting further decline in weight.
- Unexplained weight loss of 5% of body weight in six months confirmed by documentation to include the following:
    - TSH
    - Colonoscopy if 50-85 years old.
- For fever of unknown origin (temperature of ≥ 101 degrees for a minimum of 3 weeks) after standard diagnostic tests are negative.

- For suspected or known retroperitoneal fibrosis after complete workup to determine extent of disease.
- To screen members with dermatomyositis for occult malignancy.
- For diffuse, unexplained lower extremity edema with negative or inconclusive ultrasound.
- For suspected May-Thurner syndrome.
- For further evaluation of an isolated right varicocele with additional signs and symptoms that suggest malignancy.

Pre-operative evaluation

- For abdominal surgery or procedure.

Post-operative/procedural evaluation

- Follow-up of suspected or known post-operative complication involving the abdomen.
- A follow-up study to help evaluate a member's progress after treatment, procedure, intervention or surgery.

Fetal MRI

- Fetal MRI **meets the definition of medical necessity** for the evaluation of known or suspected abnormality of the fetus.

BILLING/CODING INFORMATION:

CPT Coding

72195	Magnetic resonance (e.g., proton) imaging, pelvis; without contrast material(s)
72196	Magnetic resonance (e.g., proton) imaging, pelvis; with contrast material(s)
72197	Magnetic resonance (e.g., proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences
74181	Magnetic resonance (e.g., proton) imaging, abdomen; without contrast material(s)
74182	Magnetic resonance (e.g., proton) imaging, abdomen; with contrast material(s)
74183	Magnetic resonance (e.g., proton) imaging, abdomen; without contrast material(s), followed by contrast material(s) and further sequences
74712	Magnetic resonance (e.g., proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation
74713	Magnetic resonance (e.g., proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)

HCPCS Coding

S8042	Magnetic resonance imaging (MRI), low-field

REIMBURSEMENT INFORMATION:

Reimbursement for MRI imaging (72195-72197, 74181-74183) performed on the same anatomical area is limited to one (1) MRI imaging within a 6-month period. MRI imaging (72195-72197, 74181-74183) in excess of one (1) within a 6-month period is subject to medical review for medical necessity. Documentation should include radiology reason for study, radiology comparison study-date and time, radiology comparison study observation, radiology impression, and radiology study recommendation.

Additional MRI imaging of the same anatomical area may be appropriate for the following, including, but not limited to: diagnosis, staging or follow-up of cancer, follow-up assessment during or after therapy for known metastases, follow-up of member who have had an operative, interventional or therapeutic procedure (e.g., surgery, embolization), reevaluation due to change in clinical status (e.g., deterioration), new or worsening clinical findings, (e.g., neurologic signs, symptoms), medical intervention which warrants reassessment, reevaluation for treatment planning, follow-up during and after completion of therapy or treatment to assess effectiveness, and evaluation after intervention or surgery.

Re-imaging or additional imaging due to poor contrast enhanced exam or technically limited exam is the responsibility of the imaging provider.

Reimbursement for MRI imaging (72195-72197, 74181-74183) for an oncologic condition undergoing active treatment or active treatment completed within the previous 12 months on the same anatomical area is limited to four (4) MRI imaging (72195-72197, 74181-74183) within a 12-month period. MRI imaging (72195-72197, 74181-74183) for an oncologic condition in excess of four (4) within a 12-month period are subject to medical review of documentation to support medical necessity. Documentation should include radiology reason for study, radiology comparison study-date and time, radiology comparison study observation, radiology impression, and radiology study recommendation.

Stand-Up MRI/Sitting MRI

Stand-up MRI and sitting MRI may be reported like a standard MRI. No additional payment will be made for stand-up MRI or sitting MRI.

LOINC Codes:

The following information may be required documentation to support medical necessity: physician history and physical, physician progress notes, plan of treatment and reason for magnetic resonance imaging (MRI) abdomen and pelvis.

Documentation Table	LOINC Codes	LOINC Time Frame Modifier Code	LOINC Time Frame Modifier Codes Narrative
Physician history and physical	28626-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Attending physician progress note	18741-9	18805-2	Include all data of the selected type that represents observations made six months or

			fewer before starting date of service for the claim
Plan of treatment	18776-5	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Radiology reason for study	18785-6	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Radiology comparison study-date and time	18779-9	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Radiology comparison study observation	18834-2	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Radiology-study observation	18782-3	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Radiology-impression	19005-8	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Radiology study-recommendation (narrative)	18783-1	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim

PROGRAM EXCEPTIONS:

Federal Employee Plan (FEP): Follow FEP guidelines.

Medicare Advantage:

No Local Coverage Determination (LCD) was found at the time of the last guideline reviewed date.

The following National Coverage Determination (NCD) was reviewed on the last guideline reviewed date: Magnetic Resonance Imaging, (220.2) located at cms.gov.

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if

based on medical necessity. The process for requesting a protocol exemption can be found at Coverage Protocol Exemption Request.

DEFINITIONS:

No guideline specific definitions apply.

RELATED GUIDELINES:

Magnetic Resonance Spectroscopy (MRS), 04-70540-07
Magnetic Resonance Imaging (MRI) of the Breast, 04-70540-09
Magnetic Resonance Imaging (MRI) Brain and Head, 04-70540-11
Magnetic Resonance Imaging (MRI) Orbit, Face, Temporomandibular Joint (TMJ) and Neck, 04-70540-12
Magnetic Resonance Imaging (MRI) Chest & Cardiac, 04-70540-13
Magnetic Resonance Imaging (MRI) Upper Extremity, 04-70540-15
Magnetic Resonance Imaging (MRI) Lower Extremity, 04-70540-16
Magnetic Resonance Imaging (MRI) Spine (Cervical, Thoracic, Lumbar), 04-70540-17

OTHER:

Other names used to report MRI:

Nuclear Magnetic Resonance (NMR)
Open MRI

Other names used to report Positional MRI:

Position MRI (pMRI)
Sitting MRI
Stand-Up MRI
Standing MRI
Weight-bearing MRI

REFERENCES:

1. ACR Practice Parameter for Performing and Interpreting Magnetic Resonance Imaging (MRI), Revised 2022.
2. ACR-SAR-SPR Practice Parameter for the Performance of Magnetic Resonance Imaging (MRI) of the Abdomen (Excluding the Liver), Revised Revised 2020.
3. ACR–SPR Practice Parameter for the Safe and Optimal Performance of Fetal Magnetic Resonance Imaging (MRI), Revised 2020.
4. ACR-SAR-SPR Practice Parameter for the Performance of Magnetic Resonance Imaging (MRI) of the Liver, Revised 2020
5. ACR-SAR-SPR Practice Parameter for the Performance of Magnetic Resonance Imaging (MRI) of the Soft-Tissue Components of the Pelvis, Revised 2020.

COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 04/24/25.

GUIDELINE UPDATE INFORMATION:

07/01/07	New Medical Coverage Guideline.
01/21/08	Updated the Program Exceptions.
07/15/08	Scheduled review. No change in position statement. Updated references and related Internet links.
05/21/09	Removed Federal Employee Plan (FEP) from BCBSF Radiology Management program exception statement. Added FEP program exception statement: FEP is excluded from the National Imaging Associates (NIA) review; follow FEP guidelines.
07/01/09	Updated BCBSF Radiology Management program exception; added BlueSelect.
01/01/10	Revised BCBSF Radiology Management program exception section.
07/15/10	Annual review: format changes, added indications for bone marrow MRI, and updated references.
10/01/11	Revision; formatting changes.
12/15/12	Annual review; added indications for: pelvic and abdominal MRI. Added criteria for imaging which exceed limit and statement for re-imaging or additional imaging. Added Medicare Advantage program exception (nationally non-covered indications) for MRI of cortical bone and calcifications and procedures involving spatial resolution of bone and calcifications. Updated references.
01/01/14	Review. Revised pelvic indications (infection or inflammatory disease and vascular disease) and abdominal indications (cancer evaluation, infection or inflammatory disease, vascular disease, pre-operative evaluation and post-operative/procedural evaluation). Updated program exception.
01/01/15	Review. Added indications for pelvic: musculoskeletal pelvic MRI, congenital anomaly, and bicornuate uterus. Deleted spinal bifida. Added indications for abdomen: evaluation of suspected or known vascular disease, pre-operative evaluation, and post-operative/procedural evaluation. Added limitation statement for an oncologic condition; limited to four (4) computed tomography within a 12-month period. Updated references.
01/01/16	Annual HCPCS code update. Added 74712 and 74713.
01/11/16	Updated reimbursement information section; removed 74712 and 74713.
05/15/16	Revisions; Pelvic/Abdominal: deleted for evaluation of known or suspected vascular disease. Pelvic: added prostatic cancer (and criteria). Pelvic: deleted for evaluation of known or suspected aseptic/avascular necrosis of hip(s). Pelvic/Abdominal: added indications for combination studies for the initial pre-therapy staging of cancer, or ongoing tumor/cancer surveillance, or evaluation of suspected metastases. Abdominal: cancer surveillance, added “after known cancer”. Abdominal: suspected cholecystitis, added “retained gallstones”. Added indication for fetal MRI. Updated references.
06/15/17	Deleted duplicate codes; 74182 and 74183.
10/15/17	Revised position statement (musculoskeletal pelvic and fetal MRI). Updated references.

07/15/18	Revision; revised position statement. Updated references.
02/15/20	Review/revision; Pelvic MRI: revised position statements for suspected prostate cancer, known mass/tumors, indeterminate or questionable findings), suspected infection or inflammatory disease, known infection or inflammatory disease follow-up, musculoskeletal pelvic MRI, initial pre-therapy staging of cancer, other indications for pelvic MRI). Added position statement for evaluation of enlargement of organ or abnormality seen on previous imaging. Abdominal MRI: revised position statements for (known cancer for further evaluation of indeterminate or questionable findings, suspected infection or inflammatory disease, known infection or infection or inflammatory disease follow-up, combination studies for the initial pre-therapy staging of cancer, other indications for an abdominal MRI). Added position statement for evaluation of iron overload. Fetal MRI: added position statement for suspected abnormality of the fetus after ultrasound or when fetal surgery is planned. Updated references.
05/15/22	Review. Revised position statement and updated references.
07/01/22	Revision to Program Exceptions section.
09/30/23	Review: position statements and references updated.
05/15/24	Review; no change in position statement. Updated references.
05/15/25	Review; no change in position statement.