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<th>Positional Magnetic Resonance Imaging (MRI)</th>
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*A review of the literature through July of 2013 does not change the position statement. This policy is no longer scheduled for routine literature review and update*

**Definitions of Decision Determinations**

**Medically Necessary:** A treatment, procedure or drug is medically necessary only when it has been established as safe and effective for the particular symptoms or diagnosis, is not investigational or experimental, is not being provided primarily for the convenience of the patient or the provider, and is provided at the most appropriate level to treat the condition.

**Investigational/Experimental:** A treatment, procedure or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

**Split Evaluation:** Blue Shield of California / Blue Shield of California Life & Health Insurance Company (Blue Shield) policy review can result in a Split Evaluation, where a treatment, procedure or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

**Description**

Positional or upright magnetic resonance imaging (MRI) allows imaging of the patient in various weight-bearing positions including flexion, extension, rotation, bending, sitting, and standing. This technique relies on a vertically open configuration MRI scanner in which the circular
magnets are placed in ways that allow these images. The patient sits or stands between the magnets during image collection and recreates the certain position or motion that is causing pain. It has been proposed that positional MRI may be useful for conditions that are challenging to diagnose with conventional (recumbent) MRI including, but not limited to, position-dependent spinal disorders. At this time, it is not known whether positional MRI offers any advantages with respect to clinical management, including surgical decision making and whether those decisions result in improved outcomes, in comparison to conventional MRI.

**Policy**

Positional or upright (non-recumbent) magnetic resonance imaging (MRI) (e.g., flexion, extension) for the evaluation and management of any condition is considered investigational including, but not limited to cervical, thoracic, or lumbosacral back pain.

**Policy Guideline**

FONAR Corporation has 510(k) marketing clearance from the U. S. Food and Drug Administration (FDA) for a magnetic resonance imaging (MRI) system that performs positional MRI scans (i.e., FONAR's Upright® MRI, Fonar Corporation, Melville, NY).

Currently, there is no way to signify with coding that an MRI is open or positional. The service would be coded using the CPT code for the MRI scan (e.g., codes 72141-72158 for MRI of the spine, codes 73221-73223 for any joint of the upper extremity). It may also be coded using CPT code 76498 (unlisted magnetic resonance procedure).

**Documentation Required for Clinical Review**

- No records required

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract. These Policies are subject to change as new information becomes available.