EVOLENT CLINICAL GUIDELINE 064 FOR LOW FIELD MRI

Guideline or Policy Number: Evolent_CG_064	**Applicable Codes**	
"Evolent" refers to Evolent Health LLC and Evolent Specialty Services, Inc. 		
Original Date: July 2009	**Last Revised Date:** March 2024	**Implementation Date:** January 2025

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STATEMENT

General Information

It is an expectation that all patients receive care/services from a licensed clinician. All appropriate supporting documentation, including recent pertinent office visit notes, laboratory data, and results of any special testing must be provided. If applicable: All prior relevant imaging results and the reason that alternative imaging cannot be performed must be included in the documentation submitted.

Where a specific clinical indication is not directly addressed in this guideline, medical necessity determination will be made based on widely accepted standard of care criteria. These criteria are supported by evidence-based or peer-reviewed sources such as medical literature, societal guidelines and state/national recommendations.

Special Note

Low Field MRI services are not considered to be medically necessary, are not approvable for payment, and cannot be approved.

CODING AND STANDARDS

Coding

CPT Codes

S8042

Applicable Lines of Business

☒	CHIP (Children's Health Insurance Program)
☒	Commercial
☒	Exchange/Marketplace
☒	Medicaid
☒	Medicare Advantage

BACKGROUND

MRI Scanners

MRI scanners with a field strength of greater than 1.0 Tesla (T) are considered high field. The typical high field MRI units in clinical practice range between 1.0– 3.0 Tesla. In October 2017, the FDA cleared the first 7 T MRI units.[(1)]The definition of mid and low field MRI is

more variable with mid field units having a lower field strength range of 0.3 to 0.5 and an upper limit under 1.0 T. Low field units have field strengths below 0.3 to 0.2 T. The major disadvantage of low field strength MRI relative to higher field scanners is lower signal to noise ratios, less homogeneity in the magnetic field, lower detection of calcification, hemorrhage, or gadolinium enhancement. Lee et al showed that low field (<0.5 T) units were effective in evaluating medial meniscal, anterior cruciate ligament, and rotator cuff tears but not effective for evaluating lateral meniscal tears, osteochondral defects, or shoulder superior labrum-anterior posterior (SLAP) ligament complex pathology.[2,3]

POLICY HISTORY

Summary

Date	Summary
March 2024	● No significant changes
March 2023	● General Information moved to beginning of guideline with added statement on clinical indications not addressed in this guideline ● Removed additional sources

LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by Evolent Specialty Clinical Guideline Review Committee

Disclaimer

Evolent Clinical Guidelines do not constitute medical advice. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Evolent uses Clinical Guidelines in accordance with its contractual obligations to provide utilization management. Coverage for services varies for individual members according to the terms of their health care coverage or government program. Individual members' health care coverage may not utilize some Evolent Clinical Guidelines. A list of procedure codes, services or drugs may not be all inclusive and does not imply that a service or drug is a covered or non-covered service or drug. Evolent reserves the right to review and update this Clinical Guideline in its sole discretion. Notice of any changes shall be provided as required by applicable provider agreements and laws or regulations. Members should contact their Plan customer service representative for specific coverage information.

REFERENCES

1. FDA. FDA News Release: FDA clears first 7T magnetic resonance imaging device. 2017; 2022:

2. Lee C, Davis S, McGroder C, Kouk S, Sung R et al. Analysis of Low-Field MRI Scanners for Evaluation of Shoulder Pathology Based on Arthroscopy. Orthopaedic journal of sports medicine. 2014; 2: 2325967114540407-2325967114540407. 10.1177/2325967114540407.

3. Lee C, Davis S, McGroder C, Stetson W, Powell S. Analysis of Low-Field Magnetic Resonance Imaging Scanners for Evaluation of Knee Pathology Based on Arthroscopy. Orthopaedic journal of sports medicine. 2013; 1: 2325967113513423-2325967113513423. 10.1177/2325967113513423.