Medical Policy

Fetal MRI

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Policy Number: 770
BCBSA Reference Number: N/A
NCD/LCD: N/A

Related Policies

- Functional Magnetic Resonance Imaging (fMRI) Brain, #771
- Magnetic Resonance Imaging (MRI) Abdomen/Cholangiopancreatography (MRCP), #773
- Magnetic Resonance Imaging (MRI) Bone Marrow Blood Supply, #798
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- Magnetic Resonance Imaging (MRI) Head/Brain, #777
- Magnetic Resonance Imaging (MRI) Lower Extremity (Joint & Non-Joint), #779
- Magnetic Resonance Imaging (MRI) Lumbar Spine, #778
- Magnetic Resonance Imaging (MRI) Orbit, Face & Neck (Soft Tissues), #780
- Magnetic Resonance Imaging (MRI) Pelvis, #781
- Magnetic Resonance Imaging (MRI) Temporomandibular Joint (TMJ), #782
- Magnetic Resonance Imaging (MRI) Thoracic Spine, #783
- Magnetic Resonance Imaging (MRI) Upper Extremity (Any Joint), #784
- Magnetic Resonance Imaging (MRI) Upper Extremity (Non-Joint), #785
- Magnetic Resonance Spectroscopy (MRS), #488

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

Fetal MRI is considered MEDICALLY NECESSARY for the following conditions:

Assessment prior to fetal intervention
  - Following non-diagnostic ultrasound
Complication of monochorionic twins
• Following non-diagnostic ultrasound (any one of the following)
  o Anatomy of conjoined twins
  o Demise of a monochorionic cotwin

Congenital anomaly of the abdomen and pelvis
• Following non-diagnostic ultrasound (any one of the following)
  o Abdominal mass
  o Bowel obstruction
  o Genitourinary anomaly except rectourethral fistula

Congenital anomaly of the chest
• Following non-diagnostic ultrasound (any one of the following)
  o Congenital diaphragmatic hernia
  o Congenital pulmonary airway malformation
  o Pleural effusion

Congenital anomaly of the head and neck
• Following non-diagnostic ultrasound (any one of the following)
  o Agenesis of the corpus callosum
  o Cleft palate
  o Cortical malformation
  o Dandy-Walker syndrome
  o Encephalocele
  o Holoprosencephaly
  o Infarct, hemorrhagic or non-hemorrhagic
  o Intracranial mass
  o Meningocele/encephalocele
  o Neck mass
  o Posterior fossa anomaly
  o Vascular malformation, including vein of Galen
  o Ventriculomegaly
  o Vermian hypoplasia

Congenital anomaly of the spine
• Following non-diagnostic ultrasound (any one of the following)
  o Caudal regression
  o Congenital anomaly of the vertebrae
  o Neural tube defect
  o Sacrococcygeal teratoma

Placental complication
• Following non-diagnostic ultrasound (any one of the following)
  o Abruption
  o Accreta
  o Gestational trophoblastic disease
  o Previa

◆List may not be exclusive

Prior Authorization Information
Pre-service approval is required for all inpatient services for all products. See below for situations where prior authorization may be required or may not be required. Yes indicates that prior authorization is required. No indicates that prior authorization is not required.
N/A indicates that this service is primarily performed in an inpatient setting.

<table>
<thead>
<tr>
<th>Service</th>
<th>Requirements</th>
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<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
<td>The requirements of BCBSMA Radiology Management Program may require a precertification/prior authorization via AIM Specialty Health. These requirements are member-specific: please verify member eligibility and requirements through Online Services by logging onto Provider Central (<a href="http://www.bluecrossma.com/provider">www.bluecrossma.com/provider</a>). Refer to our Quick Tip to learn how to use technologies to determine if pre-certification or prior authorization applies. Ordering clinicians should request pre-certification from AIM Specialty Health at <a href="http://www.aimspecialtyhealth.com">www.aimspecialtyhealth.com</a> or call 1-866-745-1783 (when applicable).</td>
</tr>
<tr>
<td>Commercial PPO and Indemnity</td>
<td>The requirements of BCBSMA Radiology Management Program may require a precertification/prior authorization via AIM Specialty Health. These requirements are member-specific: please verify member eligibility and requirements through Online Services by logging onto Provider Central (<a href="http://www.bluecrossma.com/provider">www.bluecrossma.com/provider</a>). Refer to our Quick Tip to learn how to use technologies to determine if pre-certification or prior authorization applies. Ordering clinicians should request pre-certification from AIM Specialty Health at <a href="http://www.aimspecialtyhealth.com">www.aimspecialtyhealth.com</a> or call 1-866-745-1783 (when applicable).</td>
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<tr>
<td>Medicare HMO BlueSM</td>
<td>The requirements of BCBSMA Radiology Management Program may require a precertification/prior authorization via AIM Specialty Health. These requirements are member-specific: please verify member eligibility and requirements through Online Services by logging onto Provider Central (<a href="http://www.bluecrossma.com/provider">www.bluecrossma.com/provider</a>). Refer to our Quick Tip to learn how to use technologies to determine if pre-certification or prior authorization applies. Ordering clinicians should request pre-certification from AIM Specialty Health at <a href="http://www.aimspecialtyhealth.com">www.aimspecialtyhealth.com</a> or call 1-866-745-1783 (when applicable).</td>
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<tr>
<td>Medicare PPO BlueSM</td>
<td>No</td>
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**CPT Codes / HCPCS Codes / ICD Codes**

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:
CPT Codes

<table>
<thead>
<tr>
<th>CPT codes</th>
<th>Code Description</th>
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<tr>
<td>74712</td>
<td>Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation</td>
</tr>
<tr>
<td>74713</td>
<td>Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)</td>
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Policy History

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<tr>
<th>Date</th>
<th>Action</th>
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<tr>
<td>5/2017</td>
<td>Prior Authorization Information clarified. 5/1/2017</td>
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Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:
- Medical Policy Terms of Use
- Managed Care Guidelines
- Indemnity/PPO Guidelines
- Clinical Exception Process
- Medical Technology Assessment Guidelines

References


Endnotes