

## AmeriHealth Caritas Louisiana

National Imaging Associates, Inc.*	
Clinical guidelines LOW FIELD MRI	Original Date: July 2009
CPT Codes: S8042	Last Revised Date: <del>June</del> April 2022 <del>1</del>
Guideline Number: NIA_CG_064	Implementation Date: January 2023 <del>2</del>

### IMPORTANT NOTE

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

### BACKGROUND

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.<sup>1</sup> 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 ~~(Lee 2013, 2014)~~.<sup>2, 3</sup>

### POLICY HISTORY

Date	Summary
<del>April 2022</del>	• <del>No changes</del>
June 2021	• No changes
May 2020	• No changes
April 2019	• No changes

\* National Imaging Associates, Inc. (NIA) is a subsidiary of Magellan Healthcare, Inc.

1— ~~MRI Low Field~~ Low-field MRI

©2019-2022~~1~~ National Imaging Associates, Inc., All Rights Reserved

## REFERENCES

~~Lee CS, Davis SM, McGroder C, et al. Analysis of low field magnetic resonance imaging scanners for evaluation of knee pathology based on arthroscopy. *Orthop J Sports Med*. December 2013; 1(7):2325967113513423. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4555514/>. Retrieved January 10, 2018.~~

~~Lee CS, Davis SM McGroder C, et al. Analysis of low field MRI scanners for evaluation of shoulder pathology based on arthroscopy. *Orthop J Sports Med*. July 2014; 2(7):2325967114540407. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4588525/>. Retrieved January 10, 2018.~~

~~Low field Disadvantages from MRIquestions.com website.  
<http://mriquestions.com/disadvantages.html>. Retrieved December 28, 2017.~~

~~US Food and Drug Administration (FDA). News Release: FDA clears first 7T magnetic resonance imaging device.  
<https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm580154.htm>. Released October 12, 2017. Retrieved 12/28/17.~~

~~Reviewed / Approved by NIA Clinical Guideline Committee~~

## **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.~~

**Disclaimer:** Magellan Healthcare service authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. These policies are not meant to supplant your normal procedures, evaluation, diagnosis, treatment and/or care plans for your patients. Your professional judgement must be exercised and followed in all respects with regard to the treatment and care of your patients. These policies apply to all Magellan Healthcare subsidiaries including, but not limited to, National Imaging Associates ("Magellan"). The policies constitute only the reimbursement and coverage guidelines of Magellan. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies. Magellan reserves the right to review and update the guidelines at its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

1. FDA News Release: FDA clears first 7T magnetic resonance imaging device. U.S. Food & Drug Administration. Updated October 12, 2017. Accessed December 21, 2021. <https://www.fda.gov/news-events/press-announcements/fda-clears-first-7t-magnetic-resonance-imaging-device>
2. Lee CS, Davis SM, McGroder C, Stetson WB, Powell SE. Analysis of Low-Field Magnetic Resonance Imaging Scanners for Evaluation of Knee Pathology Based on Arthroscopy. *Orthop J Sports Med*. 2013;1(7):2325967113513423-2325967113513423. doi:10.1177/2325967113513423
3. Lee CS, Davis SM, McGroder C, et al. Analysis of Low-Field MRI Scanners for Evaluation of Shoulder Pathology Based on Arthroscopy. *Orthop J Sports Med*. 2014;2(7):2325967114540407-2325967114540407. doi:10.1177/2325967114540407

## **ADDITIONAL RESOURCES**

**1. Questions and Answers in MRI: Low-field disadvantages. Elster, LLC. Accessed December 21, 2021. <https://mriquestions.com/disadvantages.html>**

**Reviewed / Approved by NIA Clinical Guideline Committee**



### 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.

**Disclaimer:** Magellan Healthcare service authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. These policies are not meant to supplant your normal procedures, evaluation, diagnosis, treatment and/or care plans for your patients. Your professional judgement must be exercised and followed in all respects with regard to the treatment and care of your patients. These policies apply to all Magellan Healthcare subsidiaries including, but not limited to, National Imaging Associates ("Magellan"). The policies constitute only the reimbursement and coverage guidelines of Magellan. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies. Magellan reserves the right to review and update the guidelines at its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.