POLICY: PG0424
ORIGINAL EFFECTIVE: 01/13/15
LAST REVIEW: 01/09/18

GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Functional magnetic resonance imaging (fMRI) is a noninvasive method for the evaluation of eloquent brain areas. Images are collected while specific activities are performed in order to assist in the presurgical localization of critical cortical areas and evaluation of language lateralization. fMRI is also being investigated in combination with diffusion tensor imaging (DTI), which measures white matter tract organization, and electroencephalogram (fMRI-EEG) to identify seizure focus.

POLICY
Functional Magnetic Resonance Imaging (fMRI) (70554, 70555 & 96020) does not require prior authorization for all product lines.

HMO, PPO, Individual Marketplace, Elite, Advantage
Functional magnetic resonance imaging (fMRI) (70554, 70555 & 96020) is considered medically necessary to identify the eloquent cortex in pre-surgical evaluation of persons with brain tumors, (except temporal tumors), epilepsy (except temporal neocortical epilepsy), or vascular malformations.

Functional magnetic resonance imaging (fMRI) is considered experimental and investigational to identify the eloquent cortex in pre-surgical evaluation of persons with temporal neocortical epilepsy or temporal tumors.

Functional MRI is considered experimental and investigational for all other applications including but not limited to:
- Alzheimer’s disease
- Anoxic-ischemic brain injury
- Attention-deficit hyperactivity disorder
- Bipolar disorder
- Chronic pain (including fibromyalgia)
- Disorders of consciousness (e.g., locked-in syndrome, minimally conscious state (subacute/chronic; traumatic/non-traumatic), and coma/vegetative state)
- Multiple sclerosis
- Parkinson’s disease
- Psychotic depression
- Schizophrenia
- Stroke/stroke rehabilitation
- Trauma (e.g., head injury).

CODING/BILLING INFORMATION
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

<table>
<thead>
<tr>
<th>CPT CODE</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>70554</td>
<td>Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration</td>
</tr>
<tr>
<td>70555</td>
<td>Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, requiring physician or psychologist administration of entire neurofunctional testing</td>
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<tr>
<td>96020</td>
<td>Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report</td>
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REVISION HISTORY EXPLANATION

01/13/15: Functional Magnetic Resonance Imaging (fMRI) (96020) added to PG0035 Outpatient Advanced Imaging Authorization. These procedures 70551, 70552, 70553, 70336, 70481, 78451, 78452, 78453, 78469, 93015, 93016, 93017, 93018, 93350 C8928, C8930, 78472, 78473, 78481, 78483, 78454, 77058, 77059, 78800 no longer require prior authorization. Policy reviewed and updated to reflect most current clinical evidence. Approved by Medical Policy Steering Committee as revised.

07/12/16: These procedures no longer require prior authorization: 70554, 70555, 70557, 70559, 71275, 73706, 75565, 76390, 77078, 77084, 78466, 78468, 78494, 78495, 78608, 78609, 78811, 96020. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

04/11/17: Verbiage changes to clarify outpatient advanced imaging services that require prior authorization. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

01/09/18: Codes 70554, 70555 & 96020 removed from PG0035 Outpatient Advanced Imaging Authorization and added to new policy PG0424 Functional Magnetic Resonance Imaging. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid http://jfs.ohio.gov/
American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
Industry Standard Review