

Enterprise Healthcare Policy: MRI Authorization

Policy ID: RAD-2024-001

Effective Date: 2024-01-01

1. Purpose

This policy defines the prior authorization requirements for Magnetic Resonance Imaging (MRI).

2. Scope

Applies to all outpatient MRI services for Commercial and Medicare Advantage plans.

3. Medical Necessity Guidelines

Prior authorization is REQUIRED for all non-emergent MRI scans.

Approval is granted if ONE of the following is met:

- X-ray or Ultrasound completed within the last 6 weeks showing inconclusive results.
- Patient has a history of malignancy with suspicion of metastasis.
- Sudden onset of neurological deficit (e.g., foot drop, cauda equina syndrome).

4. Exclusions

- Emergency Room visits do not require prior auth.
- Inpatient stays are exempt.