

PreferredOne

DEPARTMENT: Pricing & Payment	APPROVED DATE: 09/30/2018
POLICY DESCRIPTION: Imaging for Evaluation of Syncope	
EFFECTIVE DATE: 1/1/2019	
PAGE: 1 of 1	REPLACES POLICY DATED:
REFERENCE NUMBER: P#31	RETIRED DATE:

SCOPE: Claims, Coding, Customer Service, Medical Management, Finance, Network Management

PURPOSE: To provide reimbursement guidelines for the billing of high tech imaging for members with a primary diagnosis of syncope performed within 30 days of initial diagnosis with no suggestion of seizure and no report of other neurologic symptoms or signs. According to Choosing Wisely campaign, when there is no suggestion of seizure and no report of other neurologic symptoms or signs, the likelihood of a central nervous system cause of the event is extremely low and patient outcomes are not improved with brain imaging studies.

POLICY: PreferredOne will not reimburse for a CT or MRI imaging of a member with a primary diagnosis of syncope when the imaging is done within 30 days (4 weeks) of initial diagnosis when there is no suggestion of seizure and no report of other neurologic symptoms or signs.

COVERAGE: Coverage is subject to the terms of an enrollee's benefit plan. To the extent there is any inconsistency between this policy and the terms of an enrollee's benefit plan, the terms of the enrollee's benefit plan documents will always control. Enrollees in PreferredOne Community Health Plan (PCHP) and some non-ERISA group health plans that PreferredOne Administrative Services, Inc, (PAS) administers are eligible to receive all benefits mandate by the state of Minnesota. Please call customer service telephone number on the back of the enrollee's insurance card with coverage inquiries.

PROCEDURE:

1. This policy applies to both facility UB04 and professional HCFA 1500 claims.
2. Any claim for a member who receives a CT or MRI related procedure within 30 days or 4 weeks of initially presenting with a primary diagnosis of syncope will not be reimbursed.
3. CT and MRI procedures: 70450, 70460, 70470, 70496, 70551, 70552, 70553

DEFINITIONS:

REFERENCES: Medical Management Document on Coverage Determination Guidelines MP/C009