

PreferredOne

DEPARTMENT:	Pricing & Payment	APPROVED DATE: 09/30/2018
POLICY DESCRIPTION:	Head Imaging for Uncomplicated Headache	
EFFECTIVE DATE:	1/1/2019	
PAGE:	1 of 1	REPLACES POLICY DATED:
REFERENCE NUMBER:	P#29	RETIRED DATE:

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

PURPOSE: To provide reimbursement guidelines for the billing of higher tech head imaging for uncomplicated headache that is considered unnecessary for treatment of underlying disease or complication. According to Choosing Wisely campaign, uncomplicated headaches refer to migraines, sinus, cluster or tension headaches, and can cause stabbing pain, a dull ache and impact vision.

POLICY: PreferredOne will not reimburse for CT or MRI imaging within 30 days of a member presenting with a primary diagnosis for an uncomplicated headache when there is no clinical indication or specific risk factors for structural disease that is not likely to change management or improve outcome.

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 head or brain CT or MRI related procedure within 30 days of initially presenting with an uncomplicated head diagnosis will not be reimbursed.
3. CT and MRI procedure codes include, but are not limited to: 70450, 70460, 70470, 70496, 70551, 70552, 70553

DEFINITIONS:

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