

Imaging for Incidental Lesions

Iowa Medicaid Program:	Prior Authorization	Effective Date:	8/15/2013
Revision Number:	2	Last Review Date:	7/21/2017
Reviewed By:	Medicaid Clinical Advisory Committee	Next Review Date:	7/2018
Approved By:	Medical Director	Approved Date:	8/16/2017

Criteria:

CT or MRI or other imaging may be approved when **ALL** of the following are met:

1. An abnormality has been noted on CT or MRI imaging of an adjacent area.
2. Further imaging of the area adjacent to the concerning finding is necessary to obtain more information about the finding or determine its extent.
3. The area in question represents a possible serious health risk.

CPT Codes:

70010 - 78799

References Used:

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

Change History:

Change Date:	Changed By:	Description of Change:	New Version Number:
7/17/15	CAC	Added paragraph in References Used.	1
7/15/16	Medical Director	Changed criteria title from "CT/MRI" to "Imaging". Added Criterion #3.	2



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