Medical Policy and Prior Authorization Notice: MRI Imaging for Suspected Placenta Accreta

Purpose

The purpose of this medical policy is to establish medical necessity criteria for approval of MRI in the diagnosis of Placenta Accreta Spectrum (PAS), including placenta accreta, increta, and percreta, to ensure appropriate utilization, improve maternal-fetal outcomes, and support compliance with Texas Medicaid and nationally recognized clinical guidelines. This policy ensures consistent application of regulatory standards, promotes clinically appropriate utilization, and supports cost-effective care while maintaining compliance with federal and state requirements, including those applicable to Texas Medicaid Managed Care programs.

Scope

This policy applies to all clinical reviews (utilization management reviews, prior authorization determinations) and claim adjudication determinations for MRIs used to diagnose placenta accreta for PCHP STAR and CHIP members.

Definitions/Acronyms

Placenta Accreta Spectrum (PAS): Abnormal adherence or invasion of placental villi into the myometrium, including:

- Placenta Accreta: Superficial attachment to the myometrium
- Placenta Increta: Invasion into the myometrium
- Placenta Percreta: Extension through the uterine serosa and potentially into adjacent organs

Policy/Procedure

MRI – Pelvis for Placenta Accreta

Medical Necessity Criteria

MRI of the pelvis (e.g., CPT® 72195, 72196, 72197 when applicable) may be considered medically necessary and indicated when the following criteria are met:

1. Member has clinical risk factors for PAS

The member has one or more of the following significant risk factors for PAS:

- Prior cesarean delivery — the most common risk factor; incidence increases from 0.3% with one prior cesarean to 6.74% with five or more
- Placenta previa — present in >80% of PAS cases; when combined with prior cesarean deliveries, risk escalates dramatically (3% with previa alone ➔ 11%, 40%, 61%, 67% with 1, 2, 3, 4+ prior cesareans, respectively)
- Prior uterine surgery or curettage
- Asherman Syndrome
- Low Lying Placenta

and at least one of the issues below:

2. Ultrasound findings are indeterminate or incomplete

Documentation demonstrates one or more of the following:

- Ultrasound findings are equivocal or inconclusive for PAS
- Inability to adequately visualize the placental-myometrial interface
- Posterior placenta previa — where ultrasound visualization is technically limited
- Discordance between clinical risk factors and ultrasound findings
- Assessment of depth of invasion in suspected placenta percreta — to evaluate parametrial involvement or bladder invasion

MRI is considered an adjunct study and should generally not replace diagnostic obstetric ultrasound as the initial imaging modality.

Impact on Clinical Management

Results of the MRI are expected to influence:

- Delivery planning
- Surgical planning
- Determination of multidisciplinary care needs
- Selection of delivery facility with appropriate maternal-fetal medicine and surgical capabilities

MRI Not Medically Necessary

MRI is not medically necessary for suspected PAS when any of the following apply:

- Routine screening of asymptomatic pregnancies
- Initial evaluation without prior targeted obstetric ultrasound
- Low-risk pregnancy with normal ultrasound findings and no clinical concern for PAS
- Repeat MRI without evidence of a change in clinical status
- Requests lacking documentation demonstrating how MRI results will impact management

Required Documentation

Authorization requests must include:

1. Obstetric ultrasound report
2. Maternal-fetal medicine consultation notes (if available)
3. Documentation of PAS risk factors
4. Estimated gestational age
5. Clinical rationale explaining why MRI is needed beyond ultrasound findings
6. Documentation describing how MRI results will affect treatment or delivery planning

Limitations

- MRI should not be used as the sole diagnostic test for PAS.
- Gadolinium contrast is generally not recommended during pregnancy unless the expected benefit clearly outweighs the potential fetal risks.
- MRI should be performed using protocols appropriate for pregnancy and fetal safety.

References

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