

Radiology Frequency for Simple Syncope

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

Syncope is an abrupt and transient loss of consciousness caused by cerebral hypoperfusion. It accounts for 1% to 1.5% of emergency department visits, resulting in high hospital admission rates and significant medical costs. Syncope is classified as neutrally mediated, cardiac, and orthostatic hypotension.

According to the American College of Emergency Physicians, the American Heart Association and the American College of Cardiology Foundation, CT, CTA, MRA, MRI should not be performed routinely for evaluation of syncope in the absence of related neurologic signs and symptoms. The likelihood of a central nervous system (CNS) cause of the event is extremely low, and patient outcomes are not improved with brain imaging studies. Additionally, duplex scan of extracranial arteries, computed tomographic angiography (CTA) of the neck and magnetic resonance angiography (MRA) of the neck are not medically necessary for evaluation of syncope in patients with no suggestion of seizure and no report of other neurologic symptoms or signs. The American College of Emergency Physicians (ACEP) a standard 12-lead electrocardiogram should be obtained first for patients with a diagnosis of syncope and collapse before performing advanced imaging procedures.

Reimbursement Guidelines

When advanced imaging services described as below (head, brain, carotid artery, or neck imaging procedures) are accompanied with a diagnosis of R55 (syncope and collapse), the charges may be denied for reimbursement if there is no history of a 12-lead EKG being performed on the same date, or within the past 90 days of the services rendered.

Associated CPT Procedure Codes

- Computed tomography (CT) of the head or brain (CPT 70450, 70460, 70470)
- Computed tomographic angiography (CTA) of the head (CPT 70496)
- Magnetic resonance angiography (MRA) of the head (CPT 70544, 70545, 70546)
- Magnetic resonance imaging (MRI) of the brain (CPT 70551, 70552, 70553)



- Duplex scan of extracranial arteries (CPT 93880,93882)
- Computed tomographic angiography (CTA) of the neck (CPT 70498)
- Magnetic resonance angiography (MRA) of the neck (CPT 70547, 70548, 70549)
- Electrocardiograms (CPT 93000-93005)

Molina Healthcare retains the authority to deny, review, audit, and recoup claims based on medical necessity as outlined in the above policy.

Supplemental Information

Definitions

Term	Definition
CMS	The Centers for Medicare & Medicaid Services. It is a federal agency within the United States Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards.

State Exceptions

State	Exception
MI	This policy is not for Molina Healthcare of MI

Documentation History

Type	Date	Action
Initial Creation Date	02/17/2025	New Policy
Revised Date	05/30/2025	Updated policy to reflect MI State Exception
Revised Date	08/08/2025	Updated format; verified links work
Revised Date	08/19/2025	Updated Initial Creation Date

References

This policy was developed using.

- CMS
- State Medicaid Regulatory Guidance
- State Contracts

Reference	Link
American Family Physician	Syncope: Evaluation and Differential Diagnosis AAFP

American Family Physician	ACEP Policy on Evaluating Patients with Syncope in the Emergency Department AAFP
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***CODING DISCLAIMER.** Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.