

Policy title	Open and upright magnetic resonance imaging (MRI) scans v3.0
Policy position	Criteria based access (funding approval required)
Date of Forum recommendation	June 2014; updated February 2022*
Date of ICB recommendation	April 2025

Magnetic resonance imaging (MRI) is a medical imaging technique that may be used to help diagnose or monitor treatment for a variety of conditions. Open MRI machines are not as enclosed as the traditional MRI machines. Whilst traditional MRI machines consist of a circular magnet with a hollow centre, open MRI machines only have magnets at the top and bottom of the machine, leaving it open on all four sides. Upright (or standing MRI) is a type of vertically open MRI. It should be noted that due to their low field strength, open/ upright MRIs may not be suitable for some indications, they also take more time.

This guidance does not apply to open/ upright MRI scans required for medical emergencies, or for patients undergoing investigation for cancer.

Open MRI

Open MRI scanning is not routinely available in the NHS. Patients should only be referred to a private scanner when prior authorisation has been provided for one of the below following two indications. For both instances, if the radiology team recommend that an open MRI scan is required, the patient will be referred back to their referring clinician where a funding request can be made on behalf of the patient for an open MRI.

Category 1 – Claustrophobia:

All patients must have attempted a conventional MRI in the first instance before being considered for referral to an open MRI scanner. The need for MRI as well as the possibility of using other imaging modalities should also be considered prior to making a referral.

In the first instance all referrals for MRI citing claustrophobia will be reviewed by a Senior MRI Radiographer. The radiology department can arrange a telephone call or appointment with any patient that has concerns regarding MRI scanning to discuss how fears may be managed. This may include using wider equipment, coaching of the patient over the 2-way intercom between sequences or allowing extra time for reassurance. It may also be possible to alter positioning if appropriate, provide of a choice of music or eye masks, or allow patients to bring a friend or relative with them.

Category 1: Criteria for Open MRI referral for patients

Funding approval will be considered for patients living with severe claustrophobia if ALL of the following can be demonstrated:

1. Either:
 - a. The patient has attempted but failed a conventional MRI scan within the last 24 months due to claustrophobiaOR
 - b. The patient has attempted but failed a conventional MRI scan longer than 24 months ago due to claustrophobia, and the patient has had a telephone consultation or appointment with a radiographer regarding the current MRI referral to discuss how fears may be managed but are still unable to attempt another conventional MRI scan
2. Confirmation that all other imaging modalities are unsuitable, and that an open MRI scan is sufficient for purpose

Category 2 - Patient Size:

The size of a patient and the restriction of the MRI scanner tunnel will vary depending on the patient and the circumstances. Some patients may be living with obesity but would still be suitable for a conventional closed MRI.

Category 2: Criteria for Open MRI referral for patients

Funding approval will be considered for patients living with obesity if ALL of the following can be demonstrated:

1. The patient has a recorded BMI (within the last 12 months)
2. The patient has attended the radiology department and has been formally assessed by the radiology service for suitability
3. Confirmation that all other imaging modalities are unsuitable, and that an open MRI scan is sufficient for purpose

Upright (or standing MRI)

Upright (or standing MRI) scanning is not routinely available in the NHS. Patients should only be referred to a private scanner when prior authorisation has been provided due to the inability of the patient to lie flat for clinical reasons.

Rationale

The evidence base for use of open MRI is limited. Due to increasing demand for MRI scanning as a key part of care pathways, more expensive open and upright MRI should be reserved for patients who would be most likely to benefit.

NOTE:

- This policy will be reviewed in the light of new evidence or new national guidance e.g. from NICE
- Where a patient does not meet the policy criteria or the intervention is not normally funded by the NHS, an application for clinical exceptionality can be considered via the ICB's Individual Funding Request (IFR) Policy and Process

Clinical coding:

OPCS Procedure codes:*

U01.2 Magnetic resonance imaging of whole body
U05.2 Magnetic resonance imaging of head
U05.5 Magnetic resonance imaging of spine
U07.2 Magnetic resonance imaging of chest
U08.5 Magnetic resonance imaging of abdomen
U09.3 Magnetic resonance imaging of pelvis
U13.3 Magnetic resonance imaging of bone
U21.1 Magnetic resonance imaging NEC
U37.1 Magnetic resonance imaging of kidneys

*OPCS codes relate to conventional MRI scans. No OPCS codes are available specifically for open MRI scans.

Policy update record*

8 th February 2022	1. Provided clarification on responsibility of referring clinician to ensure appropriate steps including discussion with radiology are in place before a referral for an open MRI is made.
April 2025 BLMK ICB Executive Team	<ol style="list-style-type: none">1. The requirement to trial sedation prior to referral for an open MRI has been removed.2. Additional information on how to potentially manage claustrophobia during a traditional closed MRI has been added.3. Criteria have been amended to separate circumstances where conventional MRIs have been attempted more than 24 months ago.4. A funding position on upright MRI has been added.5. Minor rewording and reformatting changes have been made to improve clarity.

Key words: Magnetic resonance imaging, open MRI, upright MRI, standing MRI.