

**FIRST COAST SERVICE OPTIONS
FLORIDA MEDICARE PART B
LOCAL COVERAGE DETERMINATION**

CPT/HCPCS Codes

70544 Magnetic resonance angiography, head; without contrast material(s)

70545 with contrast material(s)

70546 without contrast material(s), followed by contrast material(s) and further sequences

70547 Magnetic resonance angiography, neck; without contrast material(s)

70548 with contrast material(s)

70549 without contrast material(s), followed by contrast material(s) and further sequences

71555 Magnetic resonance angiography, chest; (excluding myocardium), with or without contrast material(s)

72198 Magnetic resonance angiography, pelvis, with or without contrast material(s)

73725 Magnetic resonance angiography, lower extremity, with or without contrast material(s)

74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)

MRA of head and neck (procedure codes 70544-70549)

094.89	Other specified neurosyphilis
191.0-191.9	Malignant neoplasm of brain
192.1	Malignant neoplasm of cerebral meninges
194.5	Malignant neoplasm of carotid body
227.5	Benign neoplasm of carotid body
228.02	Hemangioma, any site, of intracranial structures
239.6	Neoplasms of unspecified nature of brain
325	Phlebitis and thrombophlebitis of intracranial venous sinuses
430	Subarachnoid hemorrhage
431	Intracerebral hemorrhage
432.1	Subdural hemorrhage
432.9	Unspecified intracranial hemorrhage
433.00-433.91	Occlusion and stenosis of precerebral arteries
434.00-434.91	Occlusion of cerebral arteries
435.0-435.9	Transient cerebral ischemia
436	Acute, but ill-defined, cerebrovascular disease
437.3	Cerebral aneurysm, nonruptured
437.4	Cerebral arteritis

437.6	Nonpyogenic thrombosis of intracranial venous sinus
442.81	Other aneurysm of artery of neck
446.5	Giant cell arteritis
747.81	Anomalies of cerebrovascular system
900.00-900.9	Injury to blood vessels of head and neck

MRA of chest (procedure code 71555)

415.0	Acute cor pulmonale
415.11-415.19	Pulmonary embolism and infarction
416.0	Primary pulmonary hypertension
416.8	Other chronic pulmonary heart diseases
416.9	Chronic pulmonary heart disease, unspecified
441.01	Thoracic dissection of aorta
441.03	Thoracoabdominal dissection of aorta
441.2	Thoracic aneurysm without mention of rupture
441.7	Thoracoabdominal aneurysm, without mention of rupture
786.00	Respiratory abnormality, unspecified
786.05	Shortness of breath
786.06	Tachypnea
786.3	Hemoptysis

MRA of pelvis (procedure code 72198)

233.9	Carcinoma in situ of other and unspecified urinary organs
236.90-236.99	Neoplasm of uncertain behavior of other and unspecified urinary organs
442.2	Other aneurysm of iliac artery
443.22	Dissection of iliac artery
444.81	Arterial embolism and thrombosis of iliac artery

MRA of peripheral arteries of lower extremities (procedure code 73725)

250.70-250.73	Diabetes with peripheral circulatory disorders
440.20-440.29	Atherosclerosis of native arteries of the extremities
440.30-440.32	Atherosclerosis of bypass graft of extremities
442.3	Other aneurysm of artery of lower extremity
443.1	Thromboangiitis obliterans [Buerger's disease]
443.81	Peripheral angiopathy in diseases classified elsewhere
443.82	Erythromelalgia
443.89	Other specified peripheral vascular diseases
443.9	Peripheral vascular disease, unspecified
444.22	Arterial embolism and thrombosis of the arteries of the lower extremity

MRA of abdomen (procedure code 74185)

151.0-151.9	Malignant neoplasm of stomach
152.0-152.9	Malignant neoplasm of small intestine, including duodenum
153.0-153.9	Malignant neoplasm of colon
154.0	Malignant neoplasm of rectosigmoid junction
155.0-155.2	Malignant neoplasm of liver and intrahepatic bile ducts
156.0-156.9	Malignant neoplasm of gallbladder and extrahepatic bile ducts
157.0-157.9	Malignant neoplasm of pancreas
158.0-158.9	Malignant neoplasm of retroperitoneum and peritoneum
159.0-159.9	Malignant neoplasm of other and ill-defined sites within the digestive organs and peritoneum
188.0-189.9	Malignant neoplasm of bladder, kidney, and other and unspecified urinary organs
198.0	Secondary malignant neoplasm of kidney
223.0	Benign neoplasm of kidney, except pelvis
223.1	Benign neoplasm of renal pelvis
233.9	Carcinoma in situ of other and unspecified urinary organs
236.90-236.99	Neoplasm of uncertain behavior of other and unspecified urinary organs
401.0-401.9	Essential hypertension
402.00-402.91	Hypertensive heart disease
403.00-403.91	Hypertensive kidney disease
404.00-404.93	Hypertensive heart and kidney disease
405.01	Secondary hypertension, malignant, renovascular
405.11	Secondary hypertension, benign, renovascular
405.91	Secondary hypertension, unspecified, renovascular
440.1	Atherosclerosis of renal artery
441.02	Abdominal dissection of aorta
441.03	Thoracoabdominal dissection of aorta
441.4	Abdominal aneurysm without mention of rupture
441.7	Thoracoabdominal aneurysm, without mention rupture
441.9	Aortic aneurysm of unspecified site without mention of rupture
444.0	Arterial embolism and thrombosis of abdominal aorta
447.1	Stricture of artery
447.3	Hyperplasia of renal artery
580.0-580.9	Acute glomerulonephritis
581.0-581.9	Nephrotic syndrome
582.0-582.9	Chronic glomerulonephritis
583.0-583.9	Nephritis and nephropathy, not specified as acute or chronic
588.0-588.9	Disorders resulting from impaired renal function
593.81	Vascular disorders of kidney
593.9	Unspecified disorder of kidney and ureter
996.81	Complications of transplanted kidney
V12.59	Personal history of certain other diseases of circulatory system]

Indications and Limitations of Coverage and/or Medical Necessity

Magnetic Resonance Angiography (MRA) is an application of magnetic resonance (MR) imaging that provides visualization of blood flow, as well as images of normal and diseased blood vessels. Since MRA contrast agents are not nephrotoxic and are rarely associated with allergic type reactions, MRA without or with gadolinium-based contrast enhancement is an imaging alternative for patients who cannot tolerate iodine-based contrast media.

Although MRA appears to be a rapidly developing technology, the clinical safety and effectiveness of this procedure for all anatomical regions has not been proven. As a result Medicare will provide coverage on a limited basis. Below are the indications for which Medicare coverage is allowed for MRA. All other uses of MRA will not be covered.

Head and Neck (procedure codes 70544-70549)

All of the following criteria must apply in order for Medicare to provide coverage for MRA of the head and neck:

a. to evaluate the carotid arteries, the circle of Willis, the anterior, middle or posterior cerebral arteries, the vertebral or basilar arteries or the venous sinuses;

b. to verify the need for anticipated surgery for conditions that include, but are not limited to, tumor, aneurysms, vascular malformations, vascular occlusion, or thrombosis. Within this broad category of disorders, medical necessity is the underlying determinant of the need for an MRA. Because MRA and CA perform the same diagnostic function, the medical records should clearly justify and demonstrate the existence of medical necessity; and

c. MRA and contrast angiography (CA) are not expected to be performed on the same patient for diagnostic purposes prior to the application of anticipated therapy. Only one of these tests will be covered routinely unless the physician can demonstrate the medical need to perform both tests.

Chest (procedure code 71555)

a. Diagnosis of Pulmonary Embolism

Patients who are allergic to iodinated contrast material face a high risk of developing complications if they undergo pulmonary angiography or computed tomography angiography. Therefore, Medicare will cover MRA of the chest for diagnosing a suspected pulmonary embolism only when it is contraindicated for the patient to receive intravascular iodinated contrast material.

b. Evaluation of Thoracic Aortic Dissection and Aneurysm

Medicare will provide coverage only for MRA or for CA when used as a diagnostic test. However, if both MRA and CA of the chest are used, the physician must demonstrate the medical need for performing these tests. While the intent of this policy is to provide reimbursement for either MRA or CA, CMS is also allowing flexibility for physicians to make appropriate decisions concerning the use of these tests based on the needs of individual patients.

Peripheral Arteries of Lower Extremities (procedure code 73725)

Studies have proven that MRA of peripheral arteries is useful in determining the presence and extent of peripheral vascular disease in lower extremities. This procedure is non-invasive and has been shown to find occult vessels in some patients for which those vessels were not apparent when CA was performed.

Medicare will cover either MRA or CA to evaluate peripheral arteries of the lower extremities. However, both MRA and CA may be useful in some cases, such as:

a. A patient has had CA and this test was unable to identify a viable run-off vessel for bypass. When exploratory surgery is not believed to be a reasonable medical course of action for this patient, MRA may be performed to identify the viable runoff vessel; or

b. A patient has had MRA, but the results are inconclusive.

Abdomen (procedure codes 74185) and Pelvis (procedure codes 72198)

a. Pre-operative Evaluation of Patients Undergoing Elective Abdominal Aortic Aneurysm (AAA) Repair (Effective July 1, 1999)

The MRA is covered for pre-operative evaluation of patients undergoing elective AAA repair if the scientific evidence reveals MRA is considered comparable to CA in determining the extent of AAA, as well as in evaluating aortoiliac occlusion disease and renal artery pathology that may be necessary in the surgical planning of AAA repair. These studies also reveal that MRA could provide a net benefit to the patient. If preoperative CA is avoided, then patients are not exposed to the risks associated with invasive procedures, contrast media, end-organ damage, or arterial injury.

b. Imaging the Renal Arteries and the Aortoiliac Arteries in the Absence of AAA or Aortic Dissection (Effective July 1, 2003)

The MRA coverage is expanded to include imaging the renal arteries and the aortoiliac arteries in the absence of AAA or aortic dissection. MRA should be obtained in those circumstances in which using MRA is expected to avoid obtaining CA, when physician history, physical examination, and standard assessment tools provide insufficient information for patient management, and obtaining an MRA has a high probability of positively affecting patient management. However, CA may be ordered after obtaining the results of an MRA in those rare instances where medical necessity is demonstrated.

All other uses of MRA for which CMS has not specifically indicated coverage continue to be noncovered.

Studies show that diagnostic evaluation of several upper abdominal malignancies may require an evaluation for vascular invasion by the tumor in deciding if the patient is a candidate for surgical resection of the tumor. One example is with pancreatic carcinoma. Pancreatic head carcinomas can grow in close proximity to the superior mesenteric vein.

Evidence suggests that MRA provides reliable, noninvasive evaluation of the portal and hepatic veins. MRA can provide focused evaluation of particular areas of interest as well as a broad overview anatomic display that is helpful to surgeons and interventionalists planning procedures.