

**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

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

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.

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