

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

CPT/HCPCS Codes

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

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

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 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.

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.