

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

CPT/HCPCS Codes

73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material

73722 with contrast material(s)

73723 without contrast material(s), followed by contrast material(s) and further sequences

LCD Number

73721

LCD Database ID Number

L5851

Contractor Name

First Coast Service Options, Inc.

Contractor Number

00590

Contractor Type

Carrier

LCD Title

Magnetic Resonance Imaging (MRI) of Any Joint of the Lower Extremities

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CMS National Coverage Policy

Language quoted from CMS National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals are italicized throughout the Local Coverage Determination (LCD). NCDs and coverage provisions in interpretive manuals are not subject to the LCD Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See § 1869 (f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, *italicized* text represents quotation from one or more of the following CMS sources:

Primary Geographic Jurisdiction

Florida

Secondary Geographic Jurisdiction

N/A

CMS Region

Region IV

CMS Consortium

Southern

Original Determination Effective Date

01/01/2001

Original Determination Ending Date

N/A

Revision Effective Date

02/01/2005

Revision Ending Date

01/31/2005

Indications and Limitations of Coverage and/or Medical Necessity

Magnetic Resonance Imaging (MRI) is a non-invasive imaging technique used for a variety of diagnostic visualizations.

MRI provides superior tissue contrast when compared to CT, is able to image in multiple planes, is not affected by bone artifact, provides vascular imaging capability, and makes use of safer contrast media.

MRI can enhance diagnostic sensitivity and facilitate early diagnosis in a limited number of articular disorders and is indicated in selected circumstances when conventional radiography is not adequate.

Florida Medicare will consider MRI of any joint of the lower extremities (73721-73723) medically reasonable and necessary under the following conditions:

- Avascular necrosis;
- Osteomyelitis;

- Intraarticular derangement; and
- Villonodular synovitis.

Contraindications and non-covered uses

MRI is not covered when the following patient-specific contraindications are present:

- *Patients with cardiac pacemakers or metallic clips on vascular aneurysms.*
- *Patients with a viable pregnancy.*
- *Patients with devices containing ferromagnetic materials.*
- *Patients who are claustrophobic.*

Investigational uses of MRI are also not covered by Medicare. These include:

- *Measurement of bloodflow and spectroscopy.*
- *Imaging of cortical bone and calcifications.*
- *Procedures involving spatial resolution of bone or calcifications.*

Coverage Topic

X-Rays

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ICD-9 Codes that Support Medical Necessity

170.7-170.8	Malignant neoplasm of long bones of lower limb, and short bones of lower limb
171.3	Malignant neoplasm of lower limb, including hip
198.5	Secondary malignant neoplasm, bone, and bone marrow
213.7-213.8	Benign neoplasm of long and short bones of lower limb
238.0-238.1	Neoplasm of uncertain behavior of bone and articular cartilage and connective and other soft tissue
457.1	Other lymphedema
682.6	Other cellulitis and abscess of leg, except foot
714.0-714.9	Rheumatoid arthritis and other inflammatory polyarthropathies
715.15-715.17	Osteoarthrosis, localized, primary, pelvic region and thigh, lower leg, and ankle and foot

715.25-715.27	Osteoarthritis, localized, secondary, pelvic region and thigh, lower leg, and ankle and foot
715.35-715.37	Osteoarthritis, localized, not specified whether primary or secondary, pelvic region and thigh, lower leg, and ankle and foot
716.05-716.07	Kaschin-Beck disease pelvic region and thigh, lower leg, and ankle and foot
717.0-717.9	Internal derangement of the knee
718.05	Articular cartilage disorder, pelvic region and thigh
718.07	Articular cartilage disorder, ankle and foot
718.15	Loose body in joint, pelvic region and thigh
718.17	Loose body in joint, ankle and foot
718.25-718.27	Pathological dislocation, pelvic region and thigh, lower leg, and ankle and foot
718.35-718.37	Recurrent dislocation of joint, pelvic region and thigh, lower leg, and ankle and foot
718.45-718.47	Contracture of joint, pelvic region and thigh, lower leg, and ankle and foot
718.55-718.57	Ankylosis of joint, pelvic region and thigh, lower leg, and ankle and foot
718.65	Unspecific intrapelvic protrusion of acetabulum, pelvic region and thigh
718.85-718.87	Other joint derangement, not elsewhere classified, pelvic region and thigh, lower leg, and ankle and foot
718.95	Unspecified derangement of joint, pelvic region and thigh
718.97	Unspecified derangement of joint, ankle and foot
719.05-719.07	Effusion of joint, pelvic region and thigh, lower leg, and ankle and foot
719.25-719.27	Villonodular synovitis, pelvic region and thigh, lower leg, and ankle and foot
719.45	Pain in joint, pelvic region and thigh
719.46	Pain in joint, lower leg
719.47	Pain in joint, ankle and foot
726.60-726.69	Enthesopathy (pain) of knee
726.70-726.79	Enthesopathy (pain) of ankle & tarsus
727.06	Tenosynovitis of foot and ankle
727.42	Ganglion of tendon sheath
727.51	Synovial cyst of popliteal space (Baker's cyst)
727.60	Nontraumatic rupture of unspecified tendon
727.65-727.68	Rupture of tendon, nontraumatic, quadriceps, patellar, and achilles tendons and other tendons of foot and ankle
730.05-730.07	Acute osteomyelitis, pelvic region and thigh, lower leg, and ankle and foot
730.15-730.17	Chronic osteomyelitis, pelvic region and thigh, lower leg, and ankle and foot
733.14-733.16	Pathological fracture of neck of femur, other specified part of femur, tibia or fibula (stress fracture)
733.42-733.44	Aseptic (avascular) necrosis of bone, head and neck of femur, medial femoral condyle, and talus
835.00-838.16	Dislocation of hip, knee, ankle, and foot
843.0-845.19	Sprains and strains of hip, thigh, knee, leg, ankle and foot
924.00-924.9	Contusion of lower limb and of other and unspecified sites
928.00-928.9	Crushing injury of lower limb
959.6-959.7	Injury of hip and thigh and knee, leg, ankle, and foot

Diagnoses that Support Medical Necessity

N/A

ICD-9 Codes that DO NOT Support Medical Necessity

N/A

Diagnoses that DO NOT Support Medical Necessity

N/A

Documentation Requirements

Medical record documentation maintained by the ordering physician must clearly indicate the medical necessity of the services being billed. In addition, documentation that the service was performed must be included in the patient's medical record. This information is normally found in the history and physical, office/progress notes, hospital notes, and/or test results.

If the provider of the service is other than the ordering/referring physician, that provider must maintain hard copy documentation of test results and interpretation, along with copies of the ordering/referring physician's order for the studies. The physician must clearly state the clinical indication/medical necessity for the study in the order for the test.

Utilization Guidelines

It is expected that these services would be performed as indicated by current medical literature and/or standards of practice. When services are performed in excess of established parameters, they may be subject to review for medical necessity.

Sources of Information and Basis for Decision

Brigham and Women's Hospital. Lower extremity musculoskeletal disorders. A guide to diagnosis and treatment. Boston (MA): Brigham and Women's Hospital; 2003. 11p. [12 references]

Hospital For Special Surgery (2004). Ultrasound and MRI in the Early Diagnosis of Joint Damage in RA. Available: www.hss.edu/professionals/conditions/RheumatoidArthritis/ultrasound-and-mri-in-early-ra [2004, November 5]

Kee, J. (1999). Laboratory & Diagnostic Tests. Stamford: Appleton & Lange.

Advisory Committee Notes

This policy does not reflect the sole opinion of the contractor or Contractor Medical Director. Although the final decision rests with the contractor, this policy was developed in cooperation with advisory groups, which includes representatives from (fill in appropriate specialty name).

Carrier Advisory Committee Meeting held on February 20, 1999.

Start Date of Comment Period

N/A

End Date of Comment Period

N/A

Start Date of Notice Period

02/01/2005

Revision History

Revision Number:	3	LCR B2005-026
Start Date of Comment Period:	N/A	
Start Date of Notice Period:	02/01/2005	2 nd Quarter 2005 Update
Revised Effective Date:	02/01/2005	

Explanation of Revision: Addition of ICD-9-CM codes 719.45-719.47 to “ICD-9 Codes that Support Medical Necessity” section of the policy. Policy converted into LCD format. The effective date of policy revision is based on date of service.

Revision Number	2	PCR B2003-107
Start Date of Comment Period	N/A	
Start Date of Notice Period	05/01/2003	3 rd Quarter 2003 Update
Revised Effective Date	04/07/2003	

Explanation of Revision: Addition of ICD-9 Code 198.5 to policy.

Revision Number	1	PCR B2001-018
Start Date of Comment Period	N/A	
Start Date of Notice Period	02/01/2001	2 nd Quarter 2001 Update
Revised Effective Date	01/01/2001	

Explanation of Revision: Annual 2001 HCPCS Update.

Revision Number	Original	PCR B2000-161
Start Date of Comment Period:	02/12/1999	
Start Date of Notice Period:	11/01/2000	1 st Quarter Update
Original Effective Date	01/01/2001	

Related Documents

LCD Attachments

Document formatted: 12/06/2004 (PD/st)