

**FLORIDA MEDICARE PART B
LOCAL MEDICAL REVIEW POLICY**

CPT/HCPCS Codes

70540 Magnetic resonance (e.g., proton) imaging, orbit, face, and neck; without contrast material(s)

70542 with contrast material(s)

70543 without contrast material(s), followed by contrast material(s) and further sequences

Policy Number

70540

Contractor Name

First Coast Service Options, Inc.

Contractor Number

00590

Contractor Type

Carrier

LMRP Title

Magnetic Resonance Imaging of the Orbit, Face, and Neck

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CMS National Coverage Policy

Coverage Issues Manual, Section 50-13

Primary Geographic Jurisdiction

Florida

Secondary Geographic Jurisdiction

N/A

CMS Region

Region IV

CMS Consortium

Southern

Original Policy Effective Date

09/29/2003

Original Policy Ending Date

N/A

Revision Effective Date

N/A

Revision Ending Date

N/A

LMRP Description

Magnetic Resonance Imaging (MRI) is a noninvasive diagnostic imaging modality used to diagnose a variety of central nervous system disorders. Unlike computed tomography (CT) scanning, MRI does not make use of ionizing radiation or require iodinated contrast material to distinguish normal from pathologic tissue. Rather, the difference in the number of protons contained within hydrogen-rich molecules in the body (water, proteins, lipids, and other macromolecules) determines recorded image qualities and makes possible the distinction of white from gray matter, tumor from normal tissue, and flowing blood within vascular structures.

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 (gadolinium chelate agents). Its major disadvantage over CT is the longer scanning time required for study, making it less useful for emergency evaluations of acute bleeding or for unstable patients. Because a powerful magnetic field is required to obtain an MRI, patients with ferromagnetic materials in place may not be able to undergo MRI study. These include patients with cardiac pacemakers, implanted neurostimulators, cochlear implants, metal in the eye and older ferromagnetic intracranial aneurysm clips. All of these may be potentially displaced when exposed to the powerful magnetic fields used in MRI.

Indications and Limitations of Coverage and/or Medical Necessity

Florida Medicare will consider MRI of the Orbit, Face, and Neck medically reasonable and necessary when used to diagnose and characterize pathology of the nasopharynx, oropharynx, and neck including tumors, infection, soft tissue pathologies, and congenital abnormalities.

In some instances, MRI of the brain, as well as MRI of the orbit, face, and neck may be medically necessary on the same day. The medical record should document the medical necessity for these two procedures being performed on the same day.

Initial imaging of the thyroid should be done with ultrasound or nuclear medicine, unless there is a known carcinoma present.

CPT/HCPCS Section & Benefit Category

Radiology/Diagnostic Radiology

CPT/HCPCS Codes

70540 Magnetic resonance (e.g., proton) imaging, orbit, face, and neck; without contrast material(s)

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Not Otherwise Classified Codes (NOC)

N/A

ICD-9 Codes that Support Medical Necessity

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|---------------|---|
| 017.30-017.36 | Tuberculosis of eye |
| 017.40-017.46 | Tuberculosis of ear |
| 017.50-017.56 | Tuberculosis of thyroid gland |
| 036.81 | Meningococcal optic neuritis |
| 140.0-149.9 | Malignant neoplasm of lip, oral cavity and pharynx |
| 160.0-160.9 | Malignant neoplasm of nasal cavities, middle ear, and accessory sinuses |
| 161.0-161.9 | Malignant neoplasm of larynx |
| 170.0 | Malignant neoplasm of bones of skull and face, except mandible |
| 170.1 | Malignant neoplasm of mandible |
| 171.0 | Malignant neoplasm of connective and other soft tissue of head, face, and neck |
| 171.8 | Malignant neoplasm of other specified sites of connective and other soft tissue |
| 172.0 | Malignant melanoma of lip |
| 172.1 | Malignant melanoma of eyelid, including canthus |
| 172.2 | Malignant melanoma of ear and external auditory canal |
| 172.3 | Malignant melanoma of other and unspecified parts of face |
| 172.4 | Malignant melanoma of scalp and neck |
| 176.2 | Kaposi's sarcoma, palate |
| 176.8 | Kaposi's sarcoma, other specified sites |
| 190.0-190.9 | Malignant neoplasm of eye |
| 193 | Malignant neoplasm of thyroid gland |
| 194.1 | Malignant neoplasm of parathyroid gland |
| 195.0 | Malignant neoplasm of other and ill-defined sites of head, face, and neck |
| 196.0 | Secondary and unspecified malignant neoplasm of lymph nodes of head, face, and neck |
| 196.8 | Secondary and unspecified malignant neoplasm of lymph nodes of multiple sites |
| 198.5 | Secondary malignant neoplasm of bone and bone marrow |

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|---------------|--|
| 198.89 | Secondary malignant neoplasm of other specified sites |
| 200.01 | Reticulosarcoma of lymph nodes of head, face, and neck |
| 200.11 | Lymphosarcoma of lymph nodes of head, face, and neck |
| 200.21 | Burkitt's tumor or lymphoma of lymph nodes of head, face, and neck |
| 200.81 | Other named variants of lymphosarcoma and reticulosarcoma of lymph nodes of head, face, and neck |
| 201.01 | Hodgkin's paragranuloma of lymph nodes of head, face, and neck |
| 201.11 | Hodgkin's granuloma of lymph nodes of head, face, and neck |
| 201.21 | Hodgkin's sarcoma of lymph nodes of head, face, and neck |
| 201.41 | Hodgkin's disease, lymphocytic-histiocytic predominance of lymph nodes of head, face, and neck |
| 201.51 | Hodgkin's disease, nodular sclerosis of lymph nodes of head, face, and neck |
| 201.61 | Hodgkin's disease, mixed cellularity of lymph nodes of head, face, and neck |
| 201.71 | Hodgkin's disease, lymphocytic depletion of lymph nodes of head, face, and neck |
| 202.01 | Nodular lymphoma of lymph nodes of head, face, and neck |
| 202.81 | Other malignant lymphomas of lymph nodes of head, face, and neck |
| 210.2-210.9 | Benign neoplasm of oral cavity and pharynx |
| 212.0 | Benign neoplasm of nasal cavities, middle ear, and accessory sinuses |
| 212.1 | Benign neoplasm of larynx |
| 213.0 | Benign neoplasm of bones of skull and face |
| 213.1 | Benign neoplasm of lower jaw bone |
| 215.0 | Other benign neoplasm of connective and other soft tissue of head, face, and neck |
| 224.0-224.9 | Benign neoplasm of eye |
| 226 | Benign neoplasm of thyroid glands |
| 227.1 | Benign neoplasm of parathyroid gland |
| 230.0 | Carcinoma in situ of lip, oral cavity, and pharynx |
| 231.0 | Carcinoma in situ of larynx |
| 234.0 | Carcinoma in situ of other and unspecified sites, eye |
| 235.0 | Neoplasm of uncertain behavior of major salivary glands |
| 235.1 | Neoplasm of uncertain behavior of lip, oral cavity, pharynx |
| 235.6 | Neoplasm of uncertain behavior of larynx |
| 238.1 | Neoplasm of uncertain behavior of connective and other soft tissue |
| 238.8 | Neoplasm of uncertain behavior of other specified sites |
| 239.2 | Neoplasms of unspecified nature of bone, soft tissue and skin |
| 240.9 | Goiter unspecified |
| 245.0 | Acute thyroiditis |
| 246.2 | Cyst of thyroid |
| 246.3 | Hemorrhage and infarction of thyroid |
| 246.8 | Other specified disorders of thyroid |
| 252.8 | Other specified disorders of parathyroid gland |
| 360.00-360.04 | Purulent endophthalmitis |
| 360.11-360.19 | Other endophthalmitis |
| 368.10-368.15 | Subjective visual disturbances |
| 368.2 | Diplopia |
| 368.30 | Binocular vision disorder, unspecified |

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| 368.40-368.47 | Visual field defects |
| 376.00-376.9 | Disorders of the orbit |
| 377.00-377.9 | Disorders of optic nerve and visual pathways |
| 378.50-378.56 | Paralytic strabismus |
| 378.60-378.63 | Mechanical strabismus |
| 378.71-378.73 | Other specified strabismus |
| 378.81-378.86 | Other disorders of binocular eye movements |
| 379.40-379.49 | Anomalies of pupillary function |
| 379.50-379.59 | Nystagmus and other irregular eye movements |
| 379.91 | Pain in or around eye |
| 379.92 | Swelling or mass of eye |
| 471.0-471.9 | Nasal polyps |
| 478.1 | Other diseases of nasal cavity and sinuses |
| 478.20-478.29 | Other diseases of pharynx, not elsewhere classified |
| 478.70-478.79 | Other diseases of larynx, not elsewhere classified |
| 682.0 | Other cellulitis and abscess of face |
| 682.1 | Other cellulitis and abscess of neck |
| 784.0-784.5 | Symptoms involving head and neck |
| 784.7 | Epistaxis |
| 784.8 | Hemorrhage from throat |
| 793.0 | Nonspecific abnormal findings on radiological and other examination of skull and head |
| 870.3 | Penetrating wound of orbit, without mention of foreign body |
| 870.4 | Penetrating wound of orbit with foreign body |
| V10.02 | Personal history of malignant neoplasm of other and unspecified oral cavity and pharynx |
| V10.21 | Personal history of malignant neoplasm of larynx |
| V10.22 | Personal history of malignant neoplasm of nasal cavity, middle ear, and accessory sinuses |

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

Reasons for Denials

Magnetic Resonance Imaging is considered investigational when medical records document the service was performed only for one of the following:

- measurement of blood flow and spectroscopy,
- imaging of cortical bone and calcifications, and
- procedures involving spatial resolution of bone or calcifications.

When Magnetic Resonance Imaging is used for an investigational purpose, an acceptable advance notice of Medicare's denial of payment must be given to the patient when the provider does not want to accept financial responsibility for the service.

When performed for indications other than those listed in the "Indications and Limitations of Coverage and/or Medical Necessity" section of this policy.

Noncovered ICD-9 Codes

Any diagnosis codes not listed in the "ICD-9 Codes That Support Medical Necessity" section of this policy.

Noncovered Diagnosis

N/A

Coding Guidelines

If the procedure is performed using contrast only, procedure code 70542 should be billed. If the procedure is performed initially without contrast, followed by contrast, then procedure code 70543 should be billed. Procedure codes 70540, 70542, and/or 70543 should not be billed on the same day for the same patient.

In general, it is not medically necessary to perform myelography, CT examinations, and MRI examinations for evaluation of the same condition on the same day. The medical record should document the necessity for evaluations in addition to a MRI.

Documentation Requirements

The medical record should support the medical necessity and frequency of this treatment. Documentation including office/progress notes, history and physical, and a copy of the MRI report should be maintained in the patient's medical record.

Utilization Guidelines

N/A

Other Comments

N/A

Sources of Information and Basis for Decision

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Illustrated Guide to Diagnostic Tests (2nd ed). Diagnostic procedures. Springhouse Corp., PA.

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National Institutes of Health Consensus Conference. (1988). Magnetic Resonance Imaging. The Journal of the American Medical Association, 259 (14), 2132-38.

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Wong, W. (2002). Deep spaces, paranasal sinuses, and nasopharynx. UCSD Neuroradiology Teaching File Database. Retrieved from the World Wide Web on November 4, 2002, at <http://spinwarp.ucsd.edu/NeuroWeb/>.

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 numerous societies.

Carrier Advisory Committee Meeting held on December 7, 2002.

Start Date of Comment Period

11/29/2002

End Date of Comment Period

01/13/2003

Start Date of Notice Period

08/01/2003

Revision History

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|------------------------------|------------|-------------------------------------|
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| Start Date of Notice Period | 08/01/2003 | 4 th Quarter 2003 Update |
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