

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

CPT/HCPCS Codes

72141 Magnetic resonance (e.g., proton) imaging, spinal canal and contents, cervical; without contrast material

72142 with contrast material(s)

72146 Magnetic resonance (e.g., proton) imaging, spinal canal and contents, thoracic; without contrast material

72147 with contrast material(s)

72148 Magnetic resonance (e.g., proton) imaging, spinal canal and contents, lumbar; without contrast material

72149 with contrast materials

72156 Magnetic resonance (e.g., proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical

72157 thoracic

72158 lumbar

ICD-9 Codes that Support Medical Necessity

The following ICD-9 codes are allowed to establish a diagnosis or monitor treatment:

015.00-015.06	Tuberculosis of vertebral column
170.2	Malignant neoplasm of vertebral column, excluding sacrum and coccyx
170.6	Malignant neoplasm of pelvic bones, sacrum, and coccyx
195.8	Malignant neoplasm of other specified sites
198.3	Secondary malignant neoplasm of brain and spinal cord
198.4	Secondary malignant neoplasm of other parts of nervous system
198.5	Secondary malignant neoplasm of bone and bone marrow
198.89	Secondary malignant neoplasm, other
200.00-208.91	Malignant neoplasm of lymphatic and hematopoietic tissue
213.2	Benign neoplasm of vertebral column, excluding sacrum and coccyx
213.6	Benign neoplasm of pelvic bones, sacrum, and coccyx
215.7	Other benign neoplasm of trunk, unspecified
225.3-225.4	Benign neoplasm of spinal cord and spinal meninges
228.00-228.1	Hemangioma, any site and lymphangioma, any site
229.0-229.9	Benign neoplasm of other and unspecified sites
238.0-238.2	Neoplasm of uncertain behavior of other and unspecified sites and tissues

239.8	Neoplasm of unspecified nature of other specified sites (spine)
320.0-320.9	Bacterial meningitis
321.0-321.8	Meningitis due to other organisms
322.0-322.9	Meningitis of unspecified cause
324.1	Intraspinal abscess
324.9	Intracranial and intraspinal abscess of unspecified site (extradural or subdural abscess)
335.0-335.9	Anterior horn cell disease
336.0-336.9	Other diseases of spinal cord
337.0-337.9	Disorders of the autonomic nervous system
340	Multiple sclerosis
341.0-341.9	Other demyelinating diseases of central nervous system
344.00-344.9	Other paralytic syndromes
353.0-353.4	Nerve root and plexus disorder
353.8	Other nerve root and plexus disorders
353.9	Unspecified nerve root and plexus disorder
357.0	Acute infective polyneuritis
715.18	Osteoarthritis, localized, primary of other specified sites (spine)
715.28	Osteoarthritis, localized, secondary of other specified sites (spine)
715.38	Osteoarthritis, localized, not specified whether primary or secondary of other specified sites (spine)
720.0-720.9	Ankylosing spondylitis and other inflammatory spondylopathies
721.0-721.91	Spondylosis and allied disorders
722.0-722.93	Intervertebral disc disorders
723.0-723.4	Other disorders of cervical region
723.9	Unspecified musculoskeletal disorders and symptoms referable to neck
724.00-724.70	Other and unspecified disorders of back
724.9	Other unspecified back disorders
730.08	Acute osteomyelitis of other specified sites (spine)
730.18	Chronic osteomyelitis of other specified sites (spine)
730.28	Unspecified osteomyelitis of other specified sites (spine)
730.98	Unspecified infection of bone of other specified sites (spine)
733.00-733.09	Osteoporosis
733.10	Pathologic fracture, unspecified site
733.13	Pathologic fracture of vertebrae
733.40	Aseptic necrosis of bone, site unspecified (spine)
737.10	Kyphosis (acquired)(postural)
737.30-737.9	Curvature of spine
738.4	Acquired spondylolisthesis
738.5	Other acquired deformity of back or spine
739.1-739.4	Nonallopathic lesions, not elsewhere classified
741.00-741.93	Spina bifida
742.51-742.59	Other specified anomalies of spinal cord
742.9	Unspecified anomaly of brain, spinal cord, and nervous system
756.10-756.19	Anomalies of the spine

781.0-781.99	Symptoms involving nervous and musculoskeletal systems
792.0	Nonspecific abnormal findings in cerebrospinal fluid
793.9	Nonspecific abnormal findings on radiological and other examination of other body structure (back)
794.10	Abnormal response to nerve stimulation, unspecified
794.17	Abnormal electromyogram [EMG]
796.1	Abnormal reflex
805.00-805.9	Fracture of vertebral column without mention of spinal cord injury
806.00-806.9	Fracture of vertebral column with spinal cord injury
839.00-839.59	Other, multiple, and ill-defined dislocations
952.00-952.9	Spinal cord injury without evidence of spinal bone injury
953.0-953.9	Injury to nerve roots and spinal plexus
V10.81	Personal history of malignant neoplasm of bone
V10.86	Personal history of malignant neoplasm of other parts of nervous system

Indications and Limitations of Coverage and/or Medical Necessity

Magnetic Resonance Imaging (MRI) is 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 (known for causing hypersensitivity reactions and nephrotoxicity in susceptible patients) 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 spinal cord from intra- vertebral disc, tumor from normal tissue, and flowing blood within vascular structures.

MRI is able to image in multiple planes, a distinct advantage in the diagnosis of spinal cord and vertebral column anomalies. MRI is also superior to myelography, a riskier, more uncomfortable, and less informative procedure than MRI.

This is a covered procedure when used to aid in the diagnosis and to assist in therapeutic decision making of the following:

- Lesions in the spinal cord;
- Syringomyelia;
- Spinal cord demyelination or inflammation;
- Tumors of the spine and spinal cord;
- Spinal cord infarcts;
- Spinal trauma;
- Discitis and osteomyelitis;
- Epidural abscess;
- Spinal dysraphism and other developmental abnormalities of the spine;

- Spinal stenosis;
- Spinal cord compression and post-operative scarring;
- Herniation of disc;
- Where soft tissue contrast is necessary;
- When bone artifacts limit CT, or coronal, coronosagittal or parasagittal images are desired; and/or
- For procedures in which iodinated contrast material are contraindicated.

Coverage is limited to MRI units that have FDA premarket approval, and such units must be operated within the parameters specified by the approval. In addition, the services must be reasonable and necessary for the diagnosis or treatment of the specific patient involved.