

**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

**LCD Number**

72141

**LCD Database ID Number**

L5922

**Contractor Name**

First Coast Service Options, Inc.

**Contractor Number**

00590

**Contractor Type**

Carrier

**LCD Title**

Magnetic Resonance Imaging of the Spine

**AMA CPT Copyright Statement**

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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:

CMS Manual System, Pub. 100-3, Medicare National Coverage Determinations, Chapter 1, Part 4, Section 220.2

**Primary Geographic Jurisdiction**

Florida

**Secondary Geographic Jurisdiction**

N/A

**CMS Region**

Region IV

**CMS Consortium**

Southern

**Original Determination Effective Date**

04/17/1997

**Original Determination Ending Date**

N/A

**Revision Effective Date**

08/30/2005

**Revision Ending Date**

08/29/2005

### **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.*

## Coverage Topic

Diagnostic Tests and X-Rays

### 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

#### **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**

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 records.

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 study. The physician must state the clinical indication/medical necessity for the study in his order for the test.

#### **Utilization Guidelines**

N/A

#### **Sources of Information and Basis for Decision**

American College of Physicians: Position Paper: Magnetic resonance imaging of the brain and spine. Annals of Internal Medicine, 120(10): 872-75.

American College of Radiology. (2002). Suspected Cervical Spine Trauma, ACR Appropriateness Criteria. [On-line] Available at [http://www.acr.org/ac\\_pda](http://www.acr.org/ac_pda).

American Journal of Neuroradiology. (2003). Nomenclature and Classification of Lumbar Disc Pathology. [On-line] Available at [http://www.asnr.org/spine\\_nomenclature/Discterms-dec\\_14.shtml](http://www.asnr.org/spine_nomenclature/Discterms-dec_14.shtml).

Eck, J.C., Hodges, S.D., Humphreys, S.C. (2002). Radiologic Decision-Making. American Family Physician, 65(11): 2299-306.

#### **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 the Florida Radiologic Society.

#### **Start Date of Comment Period**

N/A

#### **End Date of Comment Period**

N/A

#### **Start Date of Notice Period**

N/A

#### **Revision History**

Revision Number	5	LCR B2005-080
Start Date of Comment Period	N/A	
Start Date of Notice Period	N/A	
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Explanation of Revision: Policy converted into LCD format. References were updated under “CMS National Coverage Policy” and “Sources of Information and Basis for Decision”.

Revision Number	4	PCR B2003-148
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Start Date of Notice Period	08/01/2003	4 <sup>th</sup> Quarter 2003 Update
Revised Effective Date	06/09/2003	

Explanation of Revision: An external request was received to add ICD-9 code 721.0 (Cervical spondylosis without myelopathy) to the “ICD-9 Codes that Support Medical Necessity” section of the policy. After reviewing the documentation submitted, it was determined this request was valid. Additionally the policy was reformatted.

Revision Number	3	PCR B2000-160
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Start Date of Notice Period	09/01/2000	Sept/Oct 2000 Update
Revised Effective Date	10/01/2000	

Explanation of Revision: Annual ICD-9 Update

Revision Number 2 PCR B98-135  
Start Date of Comment N/A  
Period N/A  
Start Date of Notice Period 10/26/1998  
Revised Effective Date

Revision Number 1 PCR B98-046A  
Start Date of Comment  
Period  
Start Date of Notice Period 05/07/1997  
Revised Effective Date

Revision Number Original PCR B98-046  
Start Date of Comment 09/28/1996  
Period:  
Start Date of Notice 04/14/1997  
Period:  
Original Effective Date

**Related Documents**

N/A

**LCD Attachments**

N/A

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