Local Coverage Determination (LCD):
Magnetic Resonance Angiography (MRA) (L31399)

Contractor Information

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LCD Information

Document Information

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CMS National Coverage Policy

Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states that no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury.

Title XVIII of the Social Security Act, Section 1862(a)(7). This section excludes routine physical examinations.

Title XVIII of the Social Security Act, Section 1833(e) states that no payment shall be made to any provider for any claim that lacks the necessary information to process the claim.

CMS Internet Only Manual (IOM), Publication 100-03, Chapter 1, Section 220.2 Magnetic Resonance Imaging

CMS IOM, Publication 100-04, Chapter 13, Section 40.1 Magnetic Resonance Angiography

CMS IOM Publication 100-04, Chapter 13, Section 40.1.2 HCPCS Coding Requirements

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Compliance with the provisions in this policy may be monitored and addressed through post payment data analysis and subsequent medical review audits.

Magnetic resonance angiography (MRA) is a non-invasive diagnostic test that is an application of magnetic resonance imaging (MRI). By analyzing the amount of energy released from tissues exposed to a strong magnetic field, MRA provides images of normal and diseased blood vessels as well as visualization and quantification of blood flow through these vessels.

Contrast-enhanced MRA (CE-MRA) involves blood flow imaging after the patient receives an intravenous injection of a contrast agent. Gadolinium, a non-ionic element, is the foundation of all contrast agents currently in use. Gadolinium affects the way in which tissues respond to magnetization, resulting in better visualization of structures when compared to un-enhanced studies. Unlike ionic (i.e. iodine-based) contrast agents used in conventional contrast angiography (CA), allergic reactions to gadolinium are extremely rare. (However, it has been noted that gadolinium-based contrast agents may be nephrotoxic, especially in patients with pre-existing renal disease. They may also give rise to a fibrosis syndrome, more likely to occur in those with some degree of renal disease.) Digital subtraction angiography (DSA) is a computer-augmented form of CA that obtains digital blood flow images as contrast agent courses through a blood vessel. The computer “subtracts” bone and other tissue from the image, thereby improving visualization of blood vessels. Physicians elect to use a specific MRA or CA technique based upon clinical information from each patient.

This LCD is a restatement of the National Coverage Determination for MRI and MRA documented in CMS Publication 100-03, Medicare National Coverage Determinations Manual, Part 4, Section 220.2.A.2 Magnetic Resonance Imaging (MRI).
MRA (MRI for Blood Flow) Covered Indications

Currently covered indications include using MRA for specific conditions to evaluate flow in internal carotid vessels of the head and neck, peripheral arteries of lower extremities, abdomen and pelvis, and the chest. Coverage is limited to MRA units that have received 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. (CMS Publication 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 4, Section 220.2.B.2).

Head and Neck

Studies have proven that MRA is effective for evaluating flow in internal carotid vessels of the head and neck. However, not all potential applications of MRA have been shown to be reasonable and necessary. All of the following criteria must apply in order for Medicare to provide coverage for MRA of the head and neck:

MRA is used to evaluate the carotid arteries, the circle of Willis, the anterior, middle or posterior cerebral arteries, the vertebral or basilar arteries or the venous sinuses;

MRA is performed on patients with conditions of the head and neck for which surgery is anticipated and may be found to be appropriate based on the MRA. These conditions include, but are not limited to, tumor, aneurysms, vascular malformations, vascular occlusion or thrombosis. Within this broad category of disorders, medical necessity is the underlying determinant of the need for an MRA in specific diseases. The medical records should clearly justify and demonstrate the existence of medical necessity; and,

MRA and CA are not expected to be performed on the same patient for diagnostic purposes prior to the application of anticipated therapy. Only one of these tests will be covered routinely unless the physician can demonstrate the medical need to perform both tests. (CMS Publication 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 4, Section 220.2.B.2a).

MRA is appropriately used to verify the presence of a condition, suspected because of findings from another test (usually an imaging study). For example, a patient who presents with a transient ischemic attack (TIA) should not undergo MRA simply because he might have a lesion which is amenable to surgery. However, if that patient has a carotid bruit and is found by doppler study to have carotid stenosis, an MRA may be appropriate to evaluate the stenotic section of artery for surgical intervention. Please note that the anticipated surgery may be a percutaneous procedure such as carotid angioplasty with stent insertion.

Another patient may present with a headache; it is not appropriate to proceed directly to MRA to rule out the possibility of an intracranial aneurysm. However, if that patient was found to have a clinically significant amount of blood in the cerebrospinal fluid, or the patient demonstrated signs and symptoms strongly suggesting an unruptured intracranial aneurysm, an MRA (or cerebral angiogram) may be appropriate.

An MRA is not considered medically necessary for screening asymptomatic patients for intracranial aneurysms.

Peripheral Arteries of Lower Extremities
Studies have proven that MRA of peripheral arteries is useful in determining the presence and extent of peripheral vascular disease in lower extremities. This procedure is non-invasive and has been shown to find occult vessels in some patients for which those vessels were not apparent when CA was performed. Medicare will cover either MRA or CA to evaluate peripheral arteries of the lower extremities. However, both MRA and CA may be useful in some cases, such as:

A patient has had CA and this test was unable to identify a viable run-off vessel for bypass. When exploratory surgery is not believed to be a reasonable medical course of action for this patient, MRA may be performed to identify the viable runoff vessel; or

A patient has had MRA, but the results are inconclusive. (CMS Publication 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 4, Section 220.2.B.2.b).

Abdomen and Pelvis

Pre-operative Evaluation of Patients Undergoing Elective Abdominal Aortic Aneurysm (AAA) Repair

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.

Imaging the Renal Arteries and the Aortoiliac Arteries in the Absence of AAA or Aortic Dissection

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. (CMS Publication 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 4, Section 220.2.B.2.c).

An MRA of the abdomen for evaluation of possible renal artery stenosis would not be considered medically necessary without some evidence consistent with renovascular hypertension. Such evidence might include:

- a history of early or late onset of hypertension, hypertension refractory to medication, or worsening renal function;
- the presence of a renal artery bruit;
- laboratory tests (elevated serum renins, increasing creatinine); or
- other radiologic tests (ultrasound, captopril scintigraphy, or other imaging showing small kidney or unequal kidney sizes).

Chest

Diagnosis of Pulmonary Embolism
Current scientific data has shown that diagnostic pulmonary MRAs are improving due to recent developments such as faster imaging capabilities and gadolinium-enhancement. However, these advances in MRA are not significant enough to warrant replacement of pulmonary angiography in the diagnosis of pulmonary embolism for patients who have no contraindication to receiving intravenous iodinated contrast material. Patients who are allergic to iodinated contrast material face a high risk of developing complications if they undergo pulmonary angiography or computed tomography angiography. Therefore, Medicare will cover MRA of the chest for diagnosing a suspected pulmonary embolism when it is contraindicated for the patient to receive intravascular iodinated contrast material.

Evaluation of Thoracic Aortic Dissection and Aneurysm

Studies have shown that MRA of the chest has a high level of diagnostic accuracy for pre-operative and post-operative evaluation of aortic dissection of aneurysm. Depending on the clinical presentation, MRA may be used as an alternative to other non-invasive imaging technologies, such as transesophageal echocardiography and CT. Generally, Medicare will provide coverage only for MRA or for CA when used as a diagnostic test. However, if both MRA and CA of the chest are used, the physician must demonstrate the medical need for performing these tests.

Cardiac MRA for Velocity Flow Mapping

Cardiac velocity flow mapping is considered medically reasonable and necessary for quantitative assessment of the following, pre and post repair of the structural defects:

Magnitude of cardiac shunt fractions in patients with atrial septal defect, ventricular septal defect, or patent ductus arteriosus

Valvular regurgitation fractions in patients with valvular regurgitation of insufficiency

Grading of valvular, subvalvular (e.g., hypertrophic cardiomyopathy), supravalvular, or great vessel stenosis

Evaluation of differential flow of the pulmonary arteries in patients with Tetrology of Fallot

While the intent of this policy is to provide reimbursement for either MRA or CA, CMS is also allowing flexibility for physicians to make appropriate decisions concerning the use of these tests based on the needs of individual patients. CMS anticipates, however, low utilization of the combined use of MRA and CA. As a result, CMS encourages contractors to monitor the use of these tests and, where indicated, requires evidence of the need to perform both MRA and CA.

All other uses of MRA are non-covered unless coverage is specifically indicated.

Non-Covered Indications

The following MRA services are considered NOT medically reasonable and necessary at this time:

MRA of the spinal canal and contents

MRA of the upper extremities

Coding Information

Bill Type Codes:
Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

011x Hospital Inpatient (Including Medicare Part A)
012x Hospital Inpatient (Medicare Part B only)
013x Hospital Outpatient
083x Ambulatory Surgery Center
085x Critical Access Hospital

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

0615 Magnetic Resonance Technology (MRT) - MRA - Head and Neck
0616 Magnetic Resonance Technology (MRT) - MRA - Lower Extremities
0618 Magnetic Resonance Technology (MRT) - MRA - Other

CPT/HCPCS Codes

Group 1 Paragraph: Italicized and/or quoted material is excerpted from the American Medical Association, Current Procedural Terminology (CPT) codes.

NOTES: Procedure code 75565 is an add-on code that must be reported in conjunction with 75557, 75559, 75561, or 75563. This LCD does not address the indications and limitations of coverage for the services defined by codes 75557, 75559, 75561, or 75563.

HCPCS codes C8900, C8901, C8902, C8909, C8910, C8911, C8912, C8913, C8914, C8918, C8919 and C8920 are effective retroactively for dates of service on and after 03/22/2011.

Group 1 Codes:

70544 Mr angiography head w/o dye
70545 Mr angiography head w/dye
70546 Mr angiograph head w/o & w/dye
70547 Mr angiography neck w/o dye
70548 Mr angiography neck w/dye
Mr angiograph neck w/o&w/dye
Mr angio chest w or w/o dye
Mr angio pelvis w/o & w/dye
Mr ang lwr ext w or w/o dye
Mr angio abdom w or w/o dye
Card mri veloc flow mapping
MRA w/cont, abd
MRA w/o cont, abd
MRA w/o fol w/cont, abd
MRA w/cont, chest
MRA w/o cont, chest
MRA w/o fol w/cont, chest
MRA w/cont, lwr ext
MRA w/o cont, lwr ext
MRA w/o fol w/cont, lwr ext
MRA w/cont, pelvis
MRA w/o cont, pelvis
MRA w/o fol w/cont, pelvis

Group 2 Paragraph: Non-Covered Services

ICD-9-CM codes do not support the medical necessity for CPT codes listed below as they are always non-covered.

Group 2 Codes:

Mr angio spine w/o&w/dye
Mr angio upr extr w/o&w/dye
MRA, w/dye, spinal canal
MRA, w/o dye, spinal canal
MRA, w/o&w/dye, spinal canal
MRA, w/dye, upper extremity
MRA, w/o dye, upper extr
MRA, w/o&w/dye, upper extr

ICD-9 Codes that Support Medical Necessity

Group 1 Paragraph: It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-9-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

MRA of the Head & Neck (70544, 70545, 70546, 70547, 70548, and 70549) is covered for these diagnoses:
Group 1 Codes:

140.0 - MALIGNANT NEOPLASM OF UPPER LIP VERMILION BORDER - MALIGNANT
148.9 NEOPLASM OF HYOPHARYNX UNSPECIFIED SITE
162.0 MALIGNANT NEOPLASM OF TRACHEA
190.0 - MALIGNANT NEOPLASM OF EYEBALL EXCEPT CONJUNCTIVA CORNEA
190.8 RETINA AND CHOROID - MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF EYE
191.0 - MALIGNANT NEOPLASM OF CEREBRUM EXCEPT LOBES AND VENTRICES -
191.9 MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED SITE
192.1 MALIGNANT NEOPLASM OF CEREBRAL MENINGES
194.3 - MALIGNANT NEOPLASM OF PITUITARY GLAND AND CRANIOPHARYNXGEAL DUCT - MALIGNANT NEOPLASM OF AORTIC BODY AND OTHER PARAGANGLIA
198.3 SECONDARY MALIGNANT NEOPLASM OF BRAIN AND SPINAL CORD
198.4 SECONDARY MALIGNANT NEOPLASM OF OTHER PARTS OF NERVOUS SYSTEM
225.0 - BENIGN NEOPLASM OF BRAIN - BENIGN NEOPLASM OF CEREBRAL MENINGES
227.3 - BENIGN NEOPLASM OF PITUITARY GLAND AND CRANIOPHARYNXGEAL DUCT
227.6 - BENIGN NEOPLASM OF AORTIC BODY AND OTHER PARAGANGLIA
228.02 HEMANGIOMA OF INTRACRANIAL STRUCTURES
228.03 HEMANGIOMA OF RETINA
237.5 NEOPLASM OF UNCERTAIN BEHAVIOR OF BRAIN AND SPINAL CORD
237.6 NEOPLASM OF UNCERTAIN BEHAVIOR OF MENINGES
237.70 NEUROFIBROMATOSIS UNSPECIFIED
237.71 NEUROFIBROMATOSIS TYPE 1 VON RECKLINGHAUSEN'S DISEASE
237.72 NEUROFIBROMATOSIS TYPE 2 ACOUTIC NEUROFIBROMATOSIS
239.6 NEOPLASM OF UNSPECIFIED NATURE OF BRAIN
290.40 - VASCULAR DEMENTIA, UNCOMPLICATED - VASCULAR DEMENTIA, WITH DEPRESSED MOOD
290.43 DEPRESSED MOOD
325 PHLEBITIS AND THROMBOPHLEBITIS OF INTRACRANIAL VENOUS SINUSES
346.30 - HEMIPLEGIC MIGRAINE, WITHOUT MENTION OF INTRACTABLE MIGRAINE
346.33 - HEMIPLEGIC MIGRAINE, SO STATED, WITH STATUS MIGRAINOSUS
350.1 TRIGEMINAL NEURALGIA
350.8 OTHER SPECIFIED TRIGEMINAL NERVE DISORDERS
362.30 - RETINAL VASCULAR OCCLUSION UNSPECIFIED - TRANSIENT RETINAL ARTERIAL OCCLUSION
362.34 TRANSIENT VISUAL LOSS
368.12 VISUAL FIELD DEFECT UNSPECIFIED
368.46 HOMONYMOUS BILATERAL FIELD DEFECTS
368.47 HETERONYMOUS BILATERAL FIELD DEFECTS
377.01 PAPILLEDEMA ASSOCIATED WITH INCREASED INTRACRANIAL PRESSURE
377.04 FOSTER-KENNEDY SYNDROME
377.42 HEMORRHAGE IN OPTIC NERVE SHEATHS
DISORDERS OF OPTIC CHIASM ASSOCIATED WITH PITUITARY NEOPLASMS
AND DISORDERS - DISORDERS OF OPTIC CHIASM ASSOCIATED WITH
INFLAMMATORY DISORDERS
DISORDERS OF OTHER VISUAL PATHWAYS ASSOCIATED WITH NEOPLASMS
DISORDERS OF OTHER VISUAL PATHWAYS ASSOCIATED WITH VASCULAR
DISORDERS
DISORDERS OF VISUAL CORTEX ASSOCIATED WITH NEOPLASMS
DISORDERS OF VISUAL CORTEX ASSOCIATED WITH VASCULAR DISORDERS
THIRD OR OCULOMOTOR NERVE Palsy PARTIAL - SIXTH OR ABDUCENS
NERVE PALSY
TINNITUS UNSPECIFIED
SUBARACHNOID HEMORRHAGE
INTRACEREBRAL HEMORRHAGE
NONTRAUMATIC EXTRADURAL HEMORRHAGE
SUBDURAL HEMORRHAGE
UNSPECIFIED INTRACRANIAL HEMORRHAGE
OCCLUSION AND STENOSIS OF BASILAR ARTERY WITHOUT CEREBRAL
INfarction
OCCLUSION AND STENOSIS OF BASILAR ARTERY WITH CEREBRAL
INfarction
OCCLUSION AND STENOSIS OF CAROTID ARTERY WITHOUT CEREBRAL
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OCCLUSION AND STENOSIS OF CAROTID ARTERY WITH CEREBRAL
INfarction
OCCLUSION AND STENOSIS OF VERTEBRAL ARTERY WITHOUT CEREBRAL
INfarction
OCCLUSION AND STENOSIS OF VERTEBRAL ARTERY WITH CEREBRAL
INfarction
OCCLUSION AND STENOSIS OF MULTIPLE AND BILATERAL PRECEREBRAL
ARTERIES WITHOUT CEREBRAL INfarction
OCCLUSION AND STENOSIS OF MULTIPLE AND BILATERAL PRECEREBRAL
ARTERIES WITH CEREBRAL INfarction
OCCLUSION AND STENOSIS OF OTHER SPECIFIED PRECEREBRAL ARTERY
WITHOUT CEREBRAL INfarction
OCCLUSION AND STENOSIS OF OTHER SPECIFIED PRECEREBRAL ARTERY
WITH CEREBRAL INfarction
OCCLUSION AND STENOSIS OF UNSPECIFIED PRECEREBRAL ARTERY
WITHOUT CEREBRAL INfarction
OCCLUSION AND STENOSIS OF UNSPECIFIED PRECEREBRAL ARTERY WITH
CEREBRAL INfarction
CEREBRAL THROMBOSIS WITHOUT CEREBRAL INfarction
CEREBRAL THROMBOSIS WITH CEREBRAL INfarction
CEREBRAL EMBOLISM WITHOUT CEREBRAL INfarction
CEREBRAL EMBOLISM WITH CEREBRAL INfarction
CEREBRAL ARTERY OCCLUSION UNSPECIFIED WITHOUT CEREBRAL
INfarction
CEREBRAL ARTERY OCCLUSION UNSPECIFIED WITH CEREBRAL INfarction
BASILAR ARTERY SYNDROME
435.1 VERTEBRAL ARTERY SYNDROME
435.2 SUBCLAVIAN STEAL SYNDROME
435.3 VERTEBROBASILAR ARTERY SYNDROME
435.9 UNSPECIFIED TRANSIENT CEREBRAL ISCHEMIA
437.3 CEREBRAL ANEURYSM NONRUPTURED
442.81 ANEURYSM OF ARTERY OF NECK
442.82 ANEURYSM OF SUBCLAVIAN ARTERY
443.21 DISSECTION OF CAROTID ARTERY
443.24 DISSECTION OF VERTEBRAL ARTERY
447.0 - ARTERIOVENOUS FISTULA ACQUIRED - RUPTURE OF ARTERY
447.2
447.5 NECROSIS OF ARTERY
447.6 ARTERITIS UNSPECIFIED
447.8 OTHER SPECIFIED DISORDERS OF ARTERIES AND ARTERIOLES
747.81 CONGENITAL ANOMALIES OF CEREBROVASCULAR SYSTEM
780.2 SYNCOPE AND COLLAPSE
780.4 DIZZINESS AND GIDDINESS
781.99* OTHER SYMPTOMS INVOLVING NERVOUS AND MUSCULOSKELETAL SYSTEMS
784.2 SWELLING MASS OR LUMP IN HEAD AND NECK
793.0 NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF SKULL AND HEAD
852.00 - INTRACRANIAL HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN SUBARACHNOID HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN
852.06 INTRACRANIAL WOUND WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION
852.09 - INTRACRANIAL WOUND WITH CONCUSSION UNSPECIFIED - SUBARACHNOID
852.16 HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION SUBARACHNOID HEMORRHAGE FOLLOWING INJURY WITH OPEN
852.19 - INTRACRANIAL WOUND WITH CONCUSSION UNSPECIFIED - SUBDURAL
852.26 HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION SUBDURAL HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN
852.29 - INTRACRANIAL WOUND WITH CONCUSSION UNSPECIFIED - SUBDURAL
852.36 HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION SUBDURAL HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND WITH CONCUSSION UNSPECIFIED - EXTRADURAL HEMORRHAGE
852.39 - FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION EXTRADURAL HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN
852.46 INTRACRANIAL WOUND WITH CONCUSSION UNSPECIFIED - EXTRADURAL HEMORRHAGE
852.49 - HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION
EXTRADURAL HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND WITH CONCUSSION UNSPECIFIED
900.00 - INJURY TO CAROTID ARTERY UNSPECIFIED - INJURY TO INTERNAL CAROTID
900.03 ARTERY
900.82 INJURY TO MULTIPLE BLOOD VESSELS OF HEAD AND NECK
900.89 INJURY TO OTHER SPECIFIED BLOOD VESSELS OF HEAD AND NECK
908.3 LATE EFFECT OF INJURY TO BLOOD VESSEL OF HEAD NECK AND EXTREMITIES
996.1 MECHANICAL COMPLICATION OF OTHER VASCULAR DEVICE IMPLANT AND GRAFT
996.2 MECHANICAL COMPLICATION OF NERVOUS SYSTEM DEVICE IMPLANT AND GRAFT

Group 1 Medical Necessity ICD-9 Codes Asterisk Explanation: **Report this code for patients presenting with signs and symptoms strongly suggesting an intracerebral aneurysm, without the MRA finding of an aneurysm.

Group 2 Paragraph: MRA of the Peripheral Arteries of Lower Extremities (73725, C8912, C8913, C8914) is covered for the following diagnoses:

Group 2 Codes:

228.09 HEMANGIOMA OF OTHER SITES
250.70 - DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED - DIABETES WITH 250.73 PERIPHERAL CIRCULATORY DISORDERS, TYPE I [JUVENILE TYPE], UNSCONTROLLED
440.20 - ATHEROSCLEROSIS OF NATIVE ARTERIES OF THE EXTREMITIES
440.24 UNSPECIFIED - ATHEROSCLEROSIS OF NATIVE ARTERIES OF THE EXTREMITIES WITH GANGRENE
440.30 - ATHEROSCLEROSIS OF UNSPECIFIED BYPASS GRAFT OF THE EXTREMITIES - 440.32 ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL BYPASS GRAFT OF THE EXTREMITIES
442.2 ANEURYSM OF ILIAC ARTERY
442.3 ANEURYSM OF ARTERY OF LOWER EXTREMITY
443.1 THROMBOANGIITIS OBLITERANS (BUERGER'S DISEASE)
443.22 DISSECTION OF ILIAC ARTERY
443.29 DISSECTION OF OTHER ARTERY
443.81 PERIPHERAL ANGIOPATHY IN DISEASES CLASSIFIED ELSEWHERE
443.9 PERIPHERAL VASCULAR DISEASE UNSPECIFIED
444.22 ARTERIAL EMBOLISM AND THROMBOSIS OF LOWER EXTREMITY
444.81 EMBOLISM AND THROMBOSIS OF ILIAC ARTERY
444.89 EMBOLISM AND THROMBOSIS OF OTHER ARTERY
445.02 ATHEROEMBOLISM OF LOWER EXTREMITY
447.1 STRICUTURE OF ARTERY
447.5 NECROSIS OF ARTERY
447.6 ARTERITIS UNSPECIFIED
447.8 OTHER SPECIFIED DISORDERS OF ARTERIES AND ARTERIOLES
Group 3 Paragraph: MRA of the Abdomen and Pelvis (74185, 72198, C8900, C8901, C8902, C8918, C8919, C8920) is covered for the following diagnoses:

Group 3 Codes:

189.0 MALIGNANT NEOPLASM OF KIDNEY EXCEPT PELVIS
223.0 BENIGN NEOPLASM OF KIDNEY EXCEPT PELVIS
401.0 MALIGNANT ESSENTIAL HYPERTENSION
401.1 BENIGN ESSENTIAL HYPERTENSION
403.00 HYPERTENSIVE CHRONIC KIDNEY DISEASE, MALIGNANT, WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
403.01 HYPERTENSIVE CHRONIC KIDNEY DISEASE, MALIGNANT, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
403.10 HYPERTENSIVE CHRONIC KIDNEY DISEASE, BENIGN, WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
403.11 HYPERTENSIVE CHRONIC KIDNEY DISEASE, BENIGN, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
403.90 HYPERTENSIVE CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
403.91 HYPERTENSIVE CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
404.00 HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, MALIGNANT, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED - HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, MALIGNANT, WITH HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
404.03
HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, BENIGN, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED - HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, BENIGN, WITH HEART FAILURE AND CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
- HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED - HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITH HEART FAILURE AND CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE

405.01 MALIGNANT RENOVASCULAR HYPERTENSION
405.11 BENIGN RENOVASCULAR HYPERTENSION
405.91 UNSPECIFIED RENOVASCULAR HYPERTENSION

440.0 ATHEROSCLEROSIS OF AORTA
440.1 ATHEROSCLEROSIS OF RENAL ARTERY
440.20 ATHEROSCLEROSIS OF NATIVE ARTERIES OF THE EXTREMITIES
- 440.24 UNSPECIFIED - ATHEROSCLEROSIS OF NATIVE ARTERIES OF THE EXTREMITIES WITH GANGRENE
441.02 DISSECTION OF AORTA ABDOMINAL
441.03 DISSECTION OF AORTA THORACOABDOMINAL
441.4 ABDOMINAL ANEURYSM WITHOUT RUPTURE
441.7 THORACOABDOMINAL ANEURYSM WITHOUT RUPTURE
441.9 AORTIC ANEURYSM OF UNSPECIFIED SITE WITHOUT RUPTURE
442.1 - ANEURYSM OF RENAL ARTERY - ANEURYSM OF ARTERY OF LOWER EXTREMITY
442.83 ANEURYSM OF SPLENIC ARTERY
442.84 ANEURYSM OF OTHER VISCERAL ARTERY
442.89 ANEURYSM OF OTHER SPECIFIED SITE
443.22 DISSECTION OF IliAC ARTERY
443.23 DISSECTION OF RENAL ARTERY
443.9 PERIPHERAL VASCULAR DISEASE UNSPECIFIED
444.01 SADDLE EMBOLUS OF ABDOMINAL AORTA
444.09 OTHER ARTERIAL EMBOLISM AND THROMBOSIS OF ABDOMINAL AORTA
444.1 EMBOLISM AND THROMBOSIS OF THORACIC AORTA
444.81 EMBOLISM AND THROMBOSIS OF IliAC ARTERY
445.81 ATHEROEMBOLISM OF KIDNEY
447.0 ARTERIOVENOUS FISTULA ACQUIRED
447.1 STRICTURE OF ARTERY
447.3 HYPERPLASIA OF RENAL ARTERY
447.4 CELIAC ARTERY COMPRESSION SYNDROME
447.5 NECROSIS OF ARTERY
447.8 OTHER SPECIFIED DISORDERS OF ARTERIES AND ARTERIOLES
557.0 ACUTE VASCULAR INSUFFICIENCY OF INTESTINE
557.1 CHRONIC VASCULAR INSUFFICIENCY OF INTESTINE
584.5 - ACUTE KIDNEY FAILURE WITH LESION OF TUBULAR NECROSIS - ACUTE
584.9 KIDNEY FAILURE, UNSPECIFIED
585.1 - CHRONIC KIDNEY DISEASE, STAGE I - END STAGE RENAL DISEASE
585.6
585.9 CHRONIC KIDNEY DISEASE, UNSPECIFIED
587 RENAL SCLEROSIS UNSPECIFIED
589.0 UNILATERAL SMALL KIDNEY
589.1 BILATERAL SMALL KIDNEYS
589.9 SMALL KIDNEY UNSPECIFIED
593.81 VASCULAR DISORDERS OF KIDNEY
747.62 RENAL VESSEL ANOMALY
793.6 NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER
EXAMINATION OF ABDOMINAL AREA, INCLUDING RETROPERITONEUM
902.0 INJURY TO ABDOMINAL AORTA
902.40 INJURY TO RENAL VESSEL(S) UNSPECIFIED
902.41 INJURY TO RENAL ARTERY
902.50 INJURY TO ILIAC VESSEL(S) UNSPECIFIED
902.51 INJURY TO HYPOGASTRIC ARTERY
902.53 INJURY TO ILIAC ARTERY
996.1 MECHANICAL COMPLICATION OF OTHER VASCULAR DEVICE IMPLANT AND
GRAFT
996.62 INFECTION AND INFLAMMATORY REACTION DUE TO OTHER VASCULAR
DEVICE IMPLANT AND GRAFT
996.74 OTHER COMPLICATIONS DUE TO OTHER VASCULAR DEVICE IMPLANT AND
GRAFT
996.81 COMPLICATIONS OF TRANSPLANTED KIDNEY
997.72 VASCULAR COMPLICATIONS OF RENAL ARTERY
V42.0 KIDNEY REPLACED BY TRANSPLANT
V58.73 AFTERCARE FOLLOWING SURGERY OF THE CIRCULATORY SYSTEM NOT
ELSEWHERE CLASSIFIED
V59.4 KIDNEY DONORS
V70.8 OTHER SPECIFIED GENERAL MEDICAL EXAMINATIONS

Group 4 Paragraph: MRA of the Chest (71555, C8909, C8910, C8911) is covered for the
following diagnoses:

Group 4 Codes:

093.0 ANEURYSM OF AORTA SPECIFIED AS SYPHILITIC
415.0 ACUTE COR PULMONALE
415.11 IATROGENIC PULMONARY EMBOLISM AND INFARCTION
415.12 SEPTIC PULMONARY EMBOLISM
415.13 SADDLE EMBOLUS OF PULMONARY ARTERY
415.19 OTHER PULMONARY EMBOLISM AND INFARCTION
441.01 DISSECTION OF AORTA THORACIC
441.03 DISSECTION OF AORTA THORACOABDOMINAL
441.2 THORACIC ANEURYSM WITHOUT RUPTURE
441.7 THORACOABDOMINAL ANEURYSM WITHOUT RUPTURE
444.1 EMBOLISM AND THROMBOSIS OF THORACIC AORTA
446.7 TAKAYASU'S DISEASE
584.9 ACUTE KIDNEY FAILURE, UNSPECIFIED
CHRONIC KIDNEY DISEASE, STAGE III (MODERATE) - END STAGE RENAL DISEASE
RENAL FAILURE UNSPECIFIED
COARCTATION OF AORTA (PREDUCTAL) (POSTDUCTAL)
INTERRUPTION OF AORTIC ARCH
MARFAN SYNDROME
NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF OTHER INTRATHORACIC ORGANS
NONSPECIFIC ABNORMAL RESULTS OF FUNCTION STUDY OF PULMONARY SYSTEM
PERSONAL HISTORY OF OTHER DISEASES OF CIRCULATORY SYSTEM NOT ELSEWHERE CLASSIFIED
PERSONAL HISTORY OF ALLERGY TO OTHER SPECIFIED MEDICINAL AGENTS
PERSONAL HISTORY OF ALLERGY TO RADIOGRAPHIC DYE
FOLLOW-UP EXAMINATION FOLLOWING UNSPECIFIED SURGERY

**Group 5 Paragraph: Velocity Flow Mapping 75565 is covered for the following diagnoses:**

**Group 5 Codes:**

- 394.0 - Mitrval Stenosis - Mitrval Stenosis with Insufficiency
- 394.2
- 395.0 - Rheumatic Aortic Stenosis - Rheumatic Aortic Stenosis with Insufficiency
- 395.2
- 396.0 - Mitrval Valve Stenosis and Aortic Valve Stenosis - Mitrval Valve Stenosis and Aortic Valve Stenosis with Insufficiency
- 396.3
- 396.8 - Multiple Involvement of Mitrval and Aortic Valves - Mitrval and Aortic Valve Diseases Unspecified
- 396.9
- 397.0 - Diseases of Tricuspid Valve - Rheumatic Diseases of Pulmonary Valve
- 397.1
- 424.0 - Mitrval Valve Disorders - Pulmonary Valve Disorders
- 424.3
- 745.4 - Ventricleal Septal Defect
- 745.5 - Ostium Secundum Type Atrial Septal Defect
- 746.00 - Congenital Pulmonary Valve Anomaly Unspecified - Stenosis
- 746.02 - Of Pulmonary Valve Congenital
- 746.09 - Other Congenital Anomalies of Pulmonary Valve
- 746.1 - Tricuspid Atresia and Stenosis Congenital - Hypoplastic Left Heart Syndrome
- 746.7 - Subaortic Stenosis Congenital
- 746.83 - Infundibular Pulmonic Stenosis Congenital
- 747.0 - Patent Ductus Arteriosus
- 747.22 - Congenital Atresia and Stenosis of Aorta
- 747.31 - Pulmonary Artery Coarctation and Atresia
- 747.32 - Pulmonary Arteriovenous Malformation
OTHER ANOMALIES OF PULMONARY ARTERY AND PULMONARY CIRCULATION

ICD-9 Codes that DO NOT Support Medical Necessity

**Paragraph:** All those not listed under the “ICD-9 Codes that Support Medical Necessity” section of this policy.

N/A

**General Information**

**Associated Information**

**Documentation Requirements**

All documentation must be maintained in the patient’s medical record and available to the contractor upon request.

Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service(s)). The record must include the identity of the physician or non-physician practitioner responsible for and providing the care of the patient.

The submitted medical record should support the use of the selected ICD-9-CM code(s). The submitted CPT/HCPCS code should describe the service performed.

Documentation must support the reasonable and necessary requirements as outlined under the coverage and limitations sections detailed above.

Documentation to support the medical necessity of the combined use of MRA and CA must be maintained in the patient’s medical record.

**Utilization Guidelines**

In accordance with CMS Ruling 95-1 (V), utilization of these services should be consistent with locally acceptable standards of practice.

**Sources of Information and Basis for Decision**

*Contractor is not responsible for the continued viability of websites listed.*


Other Contractor(s)' Policies