

04-70540-19

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## Subject: Magnetic Resonance Angiography (MRA) Neck

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### [DESCRIPTION:](#)

Magnetic resonance angiography (MRA) is a noninvasive imaging technology used for the evaluation and imaging of vessels in the head and neck. MRA may be performed after abnormal results are found on carotid duplex imaging. A contrast agent (gadolinium) may be used to enable visualization of a body system or body structure and may be used in individuals who have a history of contrast allergy and who are at high risk of kidney failure.

### [POSITION STATEMENT:](#)

#### **Documentation Requirements**

Documentation containing the medical necessity of the magnetic resonance angiography (MRA) of the neck and imaging results (e.g., images, clinical reports) should be maintained in the member's medical record. Documentation may be requested as part of the review process.

Magnetic resonance angiography (MRA) of the neck **meets the definition of medical necessity** for the following:

#### **Evaluation of vascular disease**

- Evaluation of members with an abnormal ultrasound of the neck or carotid duplex imaging (e.g. carotid stenosis  $\geq 60\%$ , technically limited study, aberrant direction of flow in the carotid or vertebral arteries.

- Evaluation of head trauma in a member with closed head injury for suspected carotid or vertebral artery dissection.

**Evaluation of known or suspected tumor/mass**

- Evaluation of carotid body tumors, or other paragangliomas.
- Evaluation of pulsatile neck mass after ultrasound has been performed when there is reasonable suspicion that it is not a vascular lesion.

**Pre-operative evaluation.**

**Post-operative/procedural evaluation (e.g., carotid endarterectomy)**

- A follow-up study may be needed to help evaluate a member’s progress after treatment, procedure, intervention or surgery. Documentation requires a medical reason that clearly indicates why additional imaging is needed for the type and area(s) requested.

**Indications for combination studies**

Neck MRA/Brain MRA

- Evaluation of members who have had a stroke or transient ischemic attack (TIA) within the past 2 weeks.
- Evaluation of suspected vertebral basilar insufficiency (VBI) in members with symptoms such as vision changes, vertigo, abnormal speech.
- Evaluation of known or suspected carotid or cerebral artery occlusion in members with a sudden onset of one-sided weakness, abnormal speech, vision defects or severe dizziness.
- Evaluation of head trauma in a member with closed head injury for suspected carotid or vertebral artery dissection.
- Evaluation of pulsatile tinnitus for vascular etiology.

Neck MRA/Brain MRI

- Confirmed carotid occlusion of >60%, surgery or angioplasty candidate.

**BILLING/CODING INFORMATION:**

**CPT Coding:**

70547	Magnetic resonance angiography, neck; without contrast material(s)
70548	Magnetic resonance angiography, neck; with contrast material(s)
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by

	contrast material(s) and further sequences
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**REIMBURSEMENT INFORMATION:**

Refer to section entitled [POSITION STATEMENT](#).

Re-imaging or additional imaging due to poor contrast enhanced exam or technically limited exam is the responsibility of the imaging provider.

**LOINC Codes:**

The following information may be required documentation to support medical necessity: physician history and physical, physician progress notes, plan of treatment and reason for magnetic resonance angiography (MRA) of the neck.

<b>Documentation Table</b>	<b>LOINC Codes</b>	<b>LOINC Time Frame Modifier Code</b>	<b>LOINC Time Frame Modifier Codes Narrative</b>
Physician history and physical	28626-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Attending physician progress note	18741-9	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Plan of treatment	18776-5	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Radiology reason for study	18785-6	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Radiology comparison study-date and time	18779-9	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Radiology comparison study observation	18834-2	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Radiology-study observation	18782-3	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim

Radiology- impression	19005-8	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Radiology study- recommendation (narrative)	18783-1	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim

### **PROGRAM EXCEPTIONS:**

Coverage for the radiology services referenced in this guideline performed and billed in an outpatient or office location will be handled through the BCBSF Radiology Management program for select products. The National Imaging Associates (NIA) will determine coverage for these services for select products. Refer to the member's contract benefits.

**Federal Employee Plan (FEP):** FEP is excluded from the National Imaging Associates (NIA) review; follow FEP guidelines.

#### **Medicare Advantage products**

The following Local Coverage Determination (LCD) was reviewed: Magnetic Resonance Angiography (MRA), (L34372) located at fcsso.com.

The following National Coverage Determination (NCD) was reviewed: Magnetic Resonance Angiography, (220.3) and Magnetic Resonance Imaging (MRI), (220.2) located at cms.gov.

### **DEFINITIONS:**

No guideline specific definitions apply.

### **RELATED GUIDELINES:**

[Magnetic Resonance Angiography \(MRA\) Abdomen and Pelvis, 04-70540-21](#)

[Magnetic Resonance Angiography \(MRA\) Brain \(Head\), 04-70540-18](#)

[Magnetic Resonance Angiography \(MRA\) Chest, 04-70540-20](#)

[Magnetic Resonance Angiography \(MRA\) Extremity \(Upper and Lower\), 04-70540-22](#)

[Magnetic Resonance Angiography \(MRA\) Spinal Canal, 04-70540-23](#)

### **OTHER:**

None applicable.

### **REFERENCES:**

1. ACR-NASCI-SPR Practice Guideline for the Performance of Cervicocerebral Magnetic Resonance Angiography (MRA), Revised 2015.

2. American College of Radiology ACR Appropriateness Criteria®: Cerebrovascular Disease, Last review date: 2016.
3. American College of Radiology ACR Appropriateness Criteria®: Head Trauma, Last review date: 2015.
4. American College of Radiology ACR Appropriateness Criteria® Suspected Spine Trauma, Last review date: 2012.
5. American College of Radiology ACR Appropriateness Criteria®: Neck Mass/Adenopathy, Last review date: 2012.
6. Arslan H, Unal O, Kutluhan A et al, Power Doppler scanning in the diagnosis of carotid body tumors. Journal of Ultrasound in Medicine 2000; 19(6):367-370.
7. National Imaging Associates, Inc. MR Angiography Neck Clinical Guidelines, 2018.
8. Van den Berg R, Verbist BM, Mertens BJ et al, Head and neck paragangliomas: improved tumor detection using contrast-enhanced 3D time-of-flight MR angiography as compared with fat-suppressed MR imaging techniques. American Journal of Neuroradiology 2004; 25(5):863- 870.

**COMMITTEE APPROVAL:**

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy & Coverage Committee on 07/26/18.

**GUIDELINE UPDATE INFORMATION:**

11/15/13	New Medical Coverage Guideline.
04/15/15	Annual review. Revised description and indication for pre-operative evaluation (brain/skull). Added indications for combination studies (Neck/Brain MRA and Neck MRA/Brain MRI). Updated references.
08/15/18	Revision; revised position statement. Updated references.