

04-70540-20

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[Reviewed](#): 07/26/18

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Subject: Magnetic Resonance Angiography (MRA) Chest

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

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DESCRIPTION:

Magnetic resonance angiography (MRA) is a noninvasive imaging technology used to provide cross-sectional and projection images of the thoracic vascular, including large and medium size vessels (e.g., thoracic aorta). MRA provides images of normal as well as diseased blood vessels and quantifies blood flow through these blood vessels. 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 chest 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 chest **meets the definition of medical necessity** for the following:

- Evaluation of suspicious mass and computed tomographic angiography (CTA) is contraindicated due to history of contrast or high risk for contrast induced renal failure.
- Evaluation of suspected or known pulmonary embolism (excludes low risk*)
- Evaluation of suspected or known vascular abnormalities

- Thoracic aortic aneurysm or thoracic aortic dissection (documentation of clinical history, may include hypertension and reported “tearing or ripping type” chest pain).
 - Congenital thoracic vascular anomaly, (e.g., coarctation of the aorta or evaluation of a vascular ring suggested by GI study).
 - Signs or symptoms of vascular insufficiency of the neck or arms (e.g., subclavian steal syndrome with abnormal ultrasound).
 - Follow-up evaluation of progressive vascular disease when new signs or symptoms (e.g., pain/swelling of an extremity, decreased or absent pulse, weakness, numbness, paralysis) are present.
 - Primary or secondary pulmonary hypertension.
- Preoperative evaluation
 - Known vascular abnormalities.
 - Ablation procedure for atrial fibrillation.
- Postoperative or post-procedural evaluation
 - Physical evidence of post-operative bleeding complication or re-stenosis.
 - Post surgical follow-up when records document medical reason requiring additional imaging.

MRA and Pulmonary Embolism (PE) Note: D-Dimer blood test in patients at low risk* for DVT is indicated to prior to MRA imaging. Negative D-Dimer suggests alternative diagnosis in these patients.

*Low risk defined as no to ALL of the following:

- Evidence of current or prior DVT;
- HR > 100;
- Cancer diagnosis;
- Recent surgery or prolonged immobilization
- Hemoptysis;
- History of PE; AND
- Another diagnosis is more likely.

BILLING/CODING INFORMATION:

CPT Coding:

71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)
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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 chest.

Documentation Table	LOINC Codes	LOINC Time Frame Modifier Code	LOINC Time Frame Modifier Codes Narrative
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-impresion	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
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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 fcso.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 \(MRA\) Extremity \(Upper and Lower\), 04-70540-22](#)

[Magnetic Resonance Angiography \(MRA\) Neck, 04-70540-19](#)

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

OTHER:

None applicable.

REFERENCES:

1. American College of Radiology ACR Appropriateness Criteria®: Acute Chest Pain-Suspected Pulmonary Embolism, 2011.
2. American College of Radiology ACR Appropriateness Criteria®: Acute Chest Pain-Suspected Aortic Dissection, 2014.
3. ACR-NASCI-SPR Practice Guideline for the Performance of Body Magnetic Resonance Angiography (MRA), 2014.

4. American College of Radiology ACR Appropriateness Criteria®: Known or Suspected Congenital Heart Disease in the Adult, Revised 2016.
5. National Imaging Associates, Inc. MR Angiography Chest (excluding myocardium), 2018.

COMMITTEE APPROVAL:

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

GUIDELINE UPDATE INFORMATION:

12/15/13	New Medical Coverage Guideline.
04/15/15	Annual review. Revised description and position statement. Updated references.
08/15/18	Revision; revised position statement. Updated references.