

04-70540-23

Original Effective Date: 12/15/13

Reviewed: 04/15/22

Revised: 07/01/22

## Subject: Magnetic Resonance Angiography (MRA) Spinal Canal

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[Position Statement](#)

[Billing/Coding](#)

[Reimbursement](#)

[Program Exceptions](#)

[Definitions](#)

[Related Guidelines](#)

[Other](#)

[References](#)

[Updates](#)

### DESCRIPTION:

Magnetic resonance angiography (MRA) is a noninvasive imaging technology. Application of spinal magnetic resonance angiography (MRA) allows for more effective and noninvasive screening for vascular lesions than magnetic resonance imaging (MRI) alone. It may improve characterization of normal and abnormal intradural vessels while maintaining good spatial resolution. Spinal MRA is used for the evaluation of spinal arteriovenous malformations, cervical spine fractures and vertebral artery injuries. A contrast agent (gadolinium) may be used with MRA for better visualization 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 spinal canal 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 spinal canal **meets the definition of medical necessity** for the following:

- Evaluation of spinal arteriovenous malformation (AVM)
- Evaluation of a known cervical spine fracture, disc herniation, infection or venous thrombosis where there is concern for vascular pathology (compression thrombosis) compromising spinal cord blood flow or venous drainage
- Evaluation of a known or suspected vertebral artery injury when there is also concern for vascular compromise to the spinal canal and its contents

- Preoperative evaluation (e.g., localization of the spinal arteries prior to complex spinal surgery, aortic aneurysm repair, characterization of suspected vascular lesion of the spinal canal and its contents)
- Myelopathy when the suspected etiology is compromise of blood flow or drainage to the spinal cord.
- 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.

## **BILLING/CODING INFORMATION:**

### **CPT Coding:**

72159	Magnetic resonance angiography, spinal canal and contents, 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 spinal canal.

<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:**

**Federal Employee Plan (FEP):** 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) 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 \(MRA\) Neck, 04-70540-19](#)

## **OTHER:**

None applicable.

## **REFERENCES:**

1. Amarouche M, Hart JL, Siddiqui A et al. Time-resolved contrast-enhanced MR angiography of spinal vascular malformations. AJNR Am J Neuroradiol. 2015 Feb;36(2):417-422.
2. American College of Radiology ACR Appropriateness Criteria®: Suspected Spine Trauma, Revised 2018.
3. ACR-NASCI-SPR Practice Guideline for the Performance of Body Magnetic Resonance Angiography (MRA), 2015.
4. Expert Panel on Neurological Imaging, Agarwal V, Shah LM, Parsons MS, et al. ACR Appropriateness Criteria® Myelopathy: 2021 Update. J Am Coll Radiol. 2021 May;18(5S):S73-S82.
5. National Imaging Associates, Inc. MR Angiography Spinal Canal, 2022.
6. National Institute of Neurological Disorders and Stroke (NINDS) Arteriovenous Malformations and Other Vascular Lesions of the Central Nervous System Fact Sheet, NIH Publication No. 15-4854, Sept 2015; last date modified 2021-11-15.
7. Rohany M, Shaibani A, Arafat O, et al. Spinal arteriovenous malformations associated with Klippel-Trenaunay-Weber syndrome: A literature search and report of two cases. American Journal of Neuroradiology 2007; (3):28, 584-589.
8. Saraf-Lavi E, Bowen BC, Quencer RM, et al. Detection of spinal dural arteriovenous fistulae with MR imaging and contrast-enhanced MR angiography: sensitivity, specificity, and prediction of vertebral level. American Journal of Neuroradiology 2002; 23(5); 858-867.
9. Shin JH, Choi Y, Park B, et al. Diagnostic accuracy and efficiency of combined acquisition of low-dose time-resolved and single-phase high-resolution contrast-enhanced magnetic resonance angiography in a single session for pre-angiographic evaluation of spinal vascular disease. PLoS One. 2019 Mar 28;14(3):e0214289.

## **COMMITTEE APPROVAL:**

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 04/28/22.

## **GUIDELINE UPDATE INFORMATION:**

12/15/13	New Medical Coverage Guideline.
04/15/15	Annual review. No change to position statement. Revised description and updated references.
08/15/18	Revision; revised position statement. Updated references.
03/15/20	Review/revision. Expand criteria for spinal canal MRA. Updated references.
05/15/22	Review/revision. Revised criteria. Updated references.
07/01/22	Revision to Program Exceptions section.

