

04-70540-23

[Original Effective Date](#): 12/15/13

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

[Revised](#): 08/15/18

Subject: Magnetic Resonance Angiography (MRA) Spinal Canal

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. 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 cervical spine fracture where there is concern for vascular injury.
- Evaluation of known or suspected vertebral artery injury.

- 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.

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-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 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 \(MRA\) 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. American College of Radiology ACR Appropriateness Criteria®: Suspected Spine Trauma, 2012.
2. ACR-NASCI-SPR Practice Guideline for the Performance of Body Magnetic Resonance Angiography (MRA), 2014.
3. National Imaging Associates, Inc. MR Angiography Spinal Canal, 2018.
4. National Institute of Neurological Disorders and Stroke (NINDS) Arteriovenous Malformations and Other Vascular Lesions of the Central Nervous System Fact Sheet, NIH Publication No. 11-485, 02/11 (updated 02/13).
5. 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.
6. 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.

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. No change to position statement. Revised description and updated references.
08/15/18	Revision; revised position statement. Updated references.