

04-70540-24

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Reviewed: 03/28/24

Revised: 04/15/24

Subject: Magnetic Resonance Cholangiopancreatography (MRCP)

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.

Position Statement	Billing/Coding	Reimbursement	Program Exceptions	Definitions	Related Guidelines
Other	References	Updates			

DESCRIPTION:

Magnetic resonance cholangiopancreatography (MRCP) is a non-invasive magnetic resonance imaging radiologic technique that produces detailed images of the hepatobiliary and pancreatic system, including the liver, gall bladder, bile ducts, pancreas and pancreatic duct. MRCP depicts biliary and pancreatic ducts and assess the level of obstruction, and is also used to evaluate congenital anomalies of these structures. In clinical practice MRCP is often combined with conventional MRI imaging of the liver and pancreas. MRCP does not require the use of any contrast materials.

Summary and Analysis of Evidence: Magnetic resonance cholangiopancreatography (MRCP) has become a widely accepted noninvasive diagnostic tool in the assessment of pancreatic and biliary disease. MRCP essentially exploits extended T2 relaxation times of slow-moving fluid and delineates the outline of biliary and pancreatic ducts on T2-weighted images. (Itani, et al., 2023) Magnetic resonance cholangiopancreatography (MRCP) is a technique that has evolved over the past two decades. It continues to have a fundamental role in the non-invasive investigation of many pancreatico-biliary disorders. The different techniques that are currently employed include functional and secretin-stimulated MRCP. Clinical indications for MRCP: identification of congenital anomalies of the cystic and hepatic ducts post-surgical biliary anatomy and complications, pancreas divisum, anomalous pancreaticobiliary junction, choledocholithiasis, benign biliary strictures, malignant biliary strictures, chronic pancreatitis, cystic pancreatic tumours and biliary injuries (Griffin, et al., 2012).

POSITION STATEMENT:

Documentation Requirements

Documentation containing the medical necessity of the magnetic resonance cholangiopancreatography (MRCP) 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 cholangiopancreatography (MRCP) **meets the definition of medical necessity** for the following:

- Suspected acute pancreatitis with atypical signs and symptoms, including equivocal amylase and lipase and diagnosis other than pancreatitis may be possible.
- Pancreatitis by history greater than 4 weeks (including pancreatic pseudocyst), with continued abdominal pain with suspicion for worsening or re-exacerbation.
- Evaluation of suspected congenital anomaly of the pancreaticobiliary tract (e.g., aberrant ducts, pancreas divisum or related complications).
- Confirmation of choledochal cyst after ultrasound has been done.
- Long-term postoperative surveillance for members with history of choledochal cyst.
- Post-surgical biliary anatomy and complications when endoscopic retrograde cholangiopancreatography (ERCP) is not possible or contraindicated.
- Assessment of benign or malignant biliary strictures.
- Evaluation of persistent symptoms when abnormalities are identified on other imaging (e.g., ultrasound, CT, or MRI).
- Evaluation of abnormality related to the pancreatic or biliary tree based on symptoms or laboratory findings and initial imaging has been performed or is contraindicated (e.g., renal failure prevents contrast CT or body habitus limits ultrasound (US)).
- Evaluation of pancreatobiliary disease in pregnant members after ultrasound has been done.

BILLING/CODING INFORMATION:

CPT Coding:

S8037	Magnetic resonance cholangiopancreatography (MRCP)
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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 of the magnetic resonance cholangiopancreatography (MRCP).

Documentation Table	LOINC Codes	LOINC Time Frame	LOINC Time Frame Modifier Codes Narrative
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		Modifier Code	
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: No National Coverage Determination (NCD) and/or Local Coverage Determination (LCD) were found at the time of the last guideline reviewed date.

DEFINITIONS:

No guideline specific definitions apply.

RELATED GUIDELINES:

None applicable.

OTHER:

None applicable.

REFERENCES:

1. American College of Radiology ACR Appropriateness Criteria®: Jaundice, 2018.
2. Akisik MF, Jennings SJ, Aisen AM, et al. MRCP in patient care: a prospective survey of gastroenterologists. *AJR Am J Roentgenol.* 2013 Sep; 201(3):573-577.
3. Expert Panel on Gastrointestinal Imaging, Porter KK, Zaheer A, Kamel IR et al. ACR Appropriateness Criteria® Acute Pancreatitis. *J Am Coll Radiol.* 2019 Nov;16(11S): S316-S330.
4. Griffin N, Charles-Edwards G, Grant LA. Magnetic resonance cholangiopancreatography: the ABC of MRCP. *Insights Imaging.* 2012 Feb;3(1):11-21.
5. Halefoglu AM. Magnetic resonance cholangiopancreatography: a useful tool in the evaluation of pancreatic and biliary disorders. *World J Gastroenterol.* 2007 May 14;13(18):2529-34.
6. Itani M, Lalwani N, Anderson MA, et al. Magnetic resonance cholangiopancreatography: pitfalls in interpretation. *Abdom Radiol (NY).* 2023 Jan;48(1):91-105. [Abstract]
7. Vitellas KM, Keogan MT, Spritzer CE, et al. MR Cholangiopancreatography of bile and pancreatic duct abnormalities with emphasis on the single-shot fast spin-echo technique. *RadioGraphics* 2000; 20: 939-957. [Abstract]

COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 03/28/24.

GUIDELINE UPDATE INFORMATION:

01/01/14	New Medical Coverage Guideline.
01/01/15	Revised indication for suspected congenital anomaly of the pancreaticobiliary tract and complications of chronic pancreatitis. Deleted indications; evaluation of enlarged liver, and complications of congenital anomalous pancreaticobiliary disease. Added indications; pre-operative evaluation prior to surgery or other invasive procedure, post-operative evaluation of suspected biliary abnormalities after surgery or invasive procedure, further evaluation of inconclusive abnormalities identified on other imaging

	(ultrasound, CT, or MRI), and evaluation of abnormality related to the biliary tree. Updated references.
03/15/15	Annual review; position statement unchanged.
04/15/20	Review/revision. Revised criteria for chronic pancreatitis and abnormalities. Added criteria for pancreatobiliary disease and acute pancreatitis. Deleted pre-operative and post-operative evaluation. Updated references.
05/15/22	Review/revision. Expanded indications and criteria. Updated references.
07/01/22	Revision to Program Exceptions section.
04/15/24	Review; maintain position statements. Updated references.