

## Final Comments for Magnetic Resonance Angiography (RAD-023) DL31355

### **Comment:**

A group of providers requested that the following indication is added to the LCD:

Evaluation of pulmonary veins prior to radiofrequency ablation for atrial fibrillation and Left atrial and pulmonary venous anatomy including dimensions of veins for mapping purposes.

The provider group stated further;

“Currently these patients have Medicare coverage under the coronary CTA policy. Flexibility to allow coverage within the MRA modality would lessen the radiation exposure to this patient population.”

### **Response:**

This is not allowed by national Medicare regulations (National Coverage Determination).

### **Comment:**

Requests were received from radiologists for the inclusion of the following OCD-9-CM codes:

#### MRA Head/Neck (70544-70549)

298.9	Unspecified psychosis
378.54	Sixth or abducens nerve palsy
782.0	Disturbance of skin sensation
781.94	Facial weakness
368.9	Unspecified visual disturbance
443.21	Dissection of carotid artery
723.1	Cervicalgia

#### MRA Chest (71555)

786.50	Chest pain, unspecified
427.31	Atrial fibrillation
785.0	Tachycardia, unspecified
747.10	Coarctation of aorta (preductal) (postductal)
746.4	Congenital insufficiency of aortic valve

#### MRA Abdomen (74185)

557	Vascular insufficiency of intestine (billed with 74185 –MRA Abdomen
789.00	Abdominal pain, unspecified site

#### MRA Lower Extremity (73725)

443.9	Unspecified peripheral vascular disease
453.4	Acute venous embolism and thrombosis of deep vessels of lower extremity
453.41	Acute venous embolism and thrombosis of deep vessels of proximal lower extremity
729.5	Other disorders of soft tissue; pain in limb
440.20	Of native arteries of the extremities; Atherosclerosis of extremities, unspecified
707.15	Ulcer of other part of foot

### **Response:**

Unfortunately, most of these requests conflict with the National Coverage determination (NCD) on MRA (OIM 100-03, 220.3 – Magnetic Resonance Angiography) (Rev. 21, Issued: 09-10-04, Effective: As Noted, Implementation: 09-10-04)

After careful consideration the following ICD-9-CM codes have been added to the policy:

MRA Head and Neck

443.21 Dissection of carotid artery

723.1 Cervicalgia

MRA Lower Extremity

443.9 Unspecified peripheral vascular

440.20 Atherosclerosis of native arteries of the extremities unspecified

All other ICD-9-CM codes listed in the comment above were evaluated and found to be in conflict with the MRA LCD.

**Comment:**

An imaging association stated sentence D, found in the Indications and Limitations of Coverage and/or Medical Necessity section is in conflict with CMS regulations and requested its removal

D. If contrast materials are utilized to enhance the MRA image, the costs is I incorporated in each MRA CPT codes and are not covered separately.

**Response:**

WPS Medicare agrees and has removed sentence D from the LCD.

**Comment:**

An imaging association requested that the policy be amended to reaffirm that WPS Medicare will pay separately for contrast agent drugs on the same basis as other drugs administered incident to physician services.

**Response:**

WPS Medicare considered the request to amend the policy to reaffirm that contrast imaging agents are payable separately and determined not to include this statement in this LCD at this time.

**Comment:**

A provider questioned if MRA services are payable in all places of service

**Response:**

MRA, like other services cannot be performed at all places of service.