Local Coverage Determination (LCD):
Magnetic Resonance Imaging of the Spine (L34376)

Contractor Information

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<th>Contractor Name</th>
<th>Contract Type</th>
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<th>Jurisdiction</th>
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LCD Information

Document Information

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<td>L34376</td>
<td>For services performed on or after 10/01/2015</td>
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CMS National Coverage Policy

Language quoted from CMS National Coverage Determination (NCDs) and coverage provisions in interpretive manuals are italicized throughout the Local Coverage Determination (LCD). NCDs and coverage provisions in interpretive manuals are not subject to the LCD Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See §1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, italicized text represents quotation from one or more of the following CMS sources:

CMS Manual System, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 80.6 - 80.6.4
CMS Manual System, Pub. 100-3, Medicare National Coverage Determinations, Chapter 1, Part 4, Section 220.2
CMS Manual System, Pub. 100-4, Medicare Claims Processing, Chapter 13, Sections 140-140.3
Change Request 7296, Transmittals 132 and 2171, dated March 4, 2011
Change Request 7441, Transmittals 134 and 2293, dated August 26, 2011

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Magnetic Resonance Imaging (MRI) is used to diagnose a variety of central nervous system disorders. Unlike computed tomography (CT) scanning, MRI does not make use of ionizing radiation or require iodinated contrast material (known for causing hypersensitivity reactions and nephrotoxicity in susceptible patients) to distinguish normal from pathologic tissue. Rather, the difference in the number of protons contained within hydrogen-rich molecules in the body (water, proteins, lipids, and other macromolecules) determines recorded image qualities and makes possible the distinction of spinal cord from intra-vertebral disc, tumor from normal tissue, and flowing blood within vascular structures.

MRI is able to image in multiple planes, a distinct advantage in the diagnosis of spinal cord and vertebral column anomalies. MRI is also superior to myelography, a riskier, more uncomfortable, and less informative procedure than MRI.

Magnetic Resonance Imaging of the Spine will be considered medically reasonable and necessary when used to aid in the diagnosis and to assist in therapeutic decision making of the following:

- Lesions in the spinal cord;
- Syringomyelia;
- Spinal cord demyelination or inflammation;
- Tumors of the spine and spinal cord;
- Spinal cord infarcts;
- Spinal trauma;
- Discitis and osteomyelitis;
- Epidural abscess;
- Spinal dysraphism and other developmental abnormalities of the spine;
- Spinal stenosis;
Spinal cord compression and post-operative scarring;
Herniation of disc;
Where soft tissue contrast is necessary;
When bone artifacts limit CT, or coronal, coronosagittal or parasagittal images are desired; and/or
For procedures in which iodinated contrast material are contraindicated.

Contraindications:

The MRI is not covered when the following patient-specific contraindications are present:

- MRI is not covered for patients with cardiac pacemakers or with metallic clips on vascular aneurysms unless the Medicare beneficiary meets the provisions of the following exceptions:

Effective for claims with dates of service on or after July 7, 2011, the contraindications will not apply to pacemakers when used according to the FDA-approved labeling in an MRI environment, or effective for claims with dates of service on or after February 24, 2011, CMS believes that the evidence is promising although not yet convincing that MRI will improve patient health outcomes if certain safeguards are in place to ensure that the exposure of the device to an MRI environment adversely affects neither the interpretation of the MRI result nor the proper functioning of the implanted device itself. We believe that specific precautions (as listed below) could maximize benefits of MRI exposure for beneficiaries enrolled in clinical trials designed to assess the utility and safety of MRI exposure. Therefore, CMS determines that MRI will be covered by Medicare when provided in a clinical study under section 1862(a)(1)(E) (consistent with section 1142 of the Act) through the Coverage with Study Participation (CSP) form of Coverage with Evidence Development (CED) if the study meets the criteria in each of the three paragraphs in CMS Pub 100-03, CMS National Coverage Determination Manual, Chapter 1, Section 220.2.C.1.

- MRI during a viable pregnancy is also contraindicated at this time.

- The danger inherent in bringing ferromagnetic materials within range of MRI units generally constrains the use of MRI on acutely ill patients requiring life support systems and monitoring devices that employ ferromagnetic materials.

- In addition, the long imaging time and the enclosed position of the patient may result in claustrophobia, making patients who have a history of claustrophobia unsuitable candidates for MRI procedures.

Nationally Non-Covered Indications:

CMS has determined that MRI of cortical bone and calcifications, and procedures involving spatial resolution of bone and calcifications, are not considered reasonable and necessary indications within the meaning of section 1862(a)(1)(A) of the Act, and are therefore non-covered.

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

012x Hospital Inpatient (Medicare Part B only)
013x Hospital Outpatient
014x Hospital - Laboratory Services Provided to Non-patients
021x Skilled Nursing - Inpatient (Including Medicare Part A)
022x Skilled Nursing - Inpatient (Medicare Part B only)
023x Skilled Nursing - Outpatient
085x Critical Access Hospital
Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

032X  Radiology - Diagnostic - General Classification
0612  Magnetic Resonance Technology (MRT) - MRI - Spinal Cord/Spine

CPT/HCPCS Codes

Group 1 Paragraph:
N/A

Group 1 Codes:

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<td>72141</td>
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<td>72142</td>
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ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:
N/A

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ICD-10 Codes that DO NOT Support Medical Necessity
N/A

ICD-10 Additional Information

General Information
Associated Information
Documentation Requirements

The documentation of the study requires a formal written report, with clear identifying demographics, the name of the interpreting provider, reason for the test, and interpretive report and copies of all images obtained. The computerized data with image reconstruction should also be maintained.

The medical record must contain documentation, including a written or electronic request for the procedure which fully supports the medical necessity of the procedure performed. This documentation includes, but is not limited to relevant medical history, physical examination, diagnosis (if known), pertinent signs and symptoms and results of pertinent diagnostic tests and/or procedures. This entire documentation—not just the test report or the findings/diagnosis on the order, must be made available upon request.

When a CT scan and MRI are performed on the same day for the same anatomical area, the medical record must clearly reflect the medical necessity for performing both tests.

Rules for Testing Facility to Furnish Additional Tests:
If the testing facility cannot reach the treating physician/practitioner to change the order or obtain a new order and documents this in the medical record, then the testing facility may furnish the additional diagnostic test if all of the following criteria apply:

- The testing center performs the diagnostic test ordered by the treating physician/practitioner;
- The interpreting physician at the testing facility determines and documents that, because of the abnormal result of the diagnostic test performed, an additional diagnostic test is medically necessary;
- Delaying the performance of the additional diagnostic test would have an adverse effect on the care of the beneficiary;
- The result of the test is communicated to and is used by the treating physician/practitioner in the treatment of the beneficiary; and
- The interpreting physician at the testing facility documents in his/her report why additional testing was done.

Rules for Testing Facility Interpreting Physician to Furnish Different or Additional Tests:
The following applies to an interpreting physician of a testing facility who furnishes a diagnostic test to a beneficiary who is not a hospital inpatient or outpatient. The interpreting physician must document accordingly in his/her report to the treating physician/practitioner.

Test Design:
Unless specified in the order, the interpreting physician may determine, without notifying the treating physician/practitioner, the parameters of the diagnostic test (e.g., number of radiographic views obtained, thickness or tomographic sections acquired, use or non-use of contrast media).

If the provider of the service is other than the ordering/referring physician, that provider must maintain hard copy documentation of test results and interpretation, along with copies of the ordering/referring physician’s order for the study. The physician must state the clinical indication/medical necessity for the study in his order for the test.

Utilization Guidelines

N/A

Sources of Information and Basis for Decision
FCSO reference LCD number(s) – L28928, L29222, L29449

American College of Physicians: Position paper: Magnetic resonance imaging of the brain and spine. Annals of Internal Medicine, 120(10), 872-75.


Revision History Information

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<td>• Provider Education/Guidance</td>
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Associated Documents

Attachments
N/A

Related Local Coverage Documents
N/A

Related National Coverage Documents
N/A

Keywords
N/A