Medical Policy

MR Angiography (MRA) Spinal Canal

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Policy Number: 789

BCBSA Reference Number: N/A

Related Policies
- Medicare Advantage: High-Technology Radiology and Sleep Disorder Management Clinical and Utilization Guidance Redirect, #923
- MR Angiography (MRA) Chest, #786
- CT/MR Angiography (CTA/MRA) Head: Cerebrovascular, #768
- CT/MR Angiography (CTA/MRA) Neck, #769

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

ADULTS

MR Angiography (MRA) Spinal Canal is considered **MEDICALLY NECESSARY** for the following conditions:

- Abnormalities detected on other imaging studies which require additional clarification to direct treatment
- Post-operative or post-procedure evaluation
- Preoperative or pre-procedure evaluation

*Note: This indication is for preoperative evaluation of conditions not specifically referenced elsewhere in this policy.*

PEDIATRICS

MR Angiography (MRA) Spinal Canal is considered **MEDICALLY NECESSARY** for the following conditions:
Abnormality detected on other imaging study which requires additional clarification to direct treatment

Post-operative or post-procedure evaluation

Pre-operative or pre-procedure evaluation

**Prior Authorization Information**

**Inpatient**
- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

**Outpatient**
- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

<table>
<thead>
<tr>
<th>Commercial Managed Care (HMO and POS)</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial PPO and Indemnity</td>
<td>The requirements of BCBSMA Radiology Management Program may require a precertification/prior authorization via AIM Specialty Health. These requirements are member-specific:</td>
</tr>
<tr>
<td></td>
<td>Please verify member eligibility and requirements through <strong>Online Services</strong> by logging onto <strong>Provider Central</strong>. Refer to our <strong>Quick Tip</strong> for an overview of pre-certification and prior authorization requirements.</td>
</tr>
<tr>
<td></td>
<td>Ordering clinicians should request pre-certification from <strong>AIM Specialty Health</strong> or call 1-866-745-1783 (when applicable).</td>
</tr>
<tr>
<td></td>
<td>Prior authorization information for Medicare HMO Blue and Medicare PPO Blue is addressed in <strong>medical policy #923, High Technology Radiology and Sleep Disorder Management for Medicare Advantage Products</strong>.</td>
</tr>
</tbody>
</table>

**CPT Codes / HCPCS Codes / ICD Codes**

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

**CPT Codes**

<table>
<thead>
<tr>
<th>CPT codes</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>72159</td>
<td>Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)</td>
</tr>
</tbody>
</table>
## Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
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<tbody>
<tr>
<td>1/2018</td>
<td>Prior authorization information for Medicare HMO Blue and Medicare PPO Blue removed. Prior authorization information for Medicare HMO Blue and Medicare PPO Blue is addressed in medical policy #923, High Technology Radiology and Sleep Disorder Management for Medicare Advantage Products. 1/1/2018</td>
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<tr>
<td>8/2017</td>
<td>Local Coverage Determination (LCD): Magnetic Resonance Angiography (MRA) (L33633) added for Medicare Advantage members. 8/1/2017</td>
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<tr>
<td>5/2017</td>
<td>Prior Authorization Information clarified. 5/1/2017</td>
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<tr>
<td>2/2017</td>
<td>Clinical literature was reviewed.</td>
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</table>

## Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:
- Medical Policy Terms of Use
- Managed Care Guidelines
- Indemnity/PPO Guidelines
- Clinical Exception Process
- Medical Technology Assessment Guidelines

## Spine Bibliography


**Endnotes**