Medical Policy
**Magnetic Resonance Spectroscopy (MRS)**

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**Policy Number:** 488
BCBSA Reference Number: N/A

**Related Policies**
- Medicare Advantage: High-Technology Radiology and Sleep Disorder Management Clinical and Utilization Guidance Redirect, #923
- Fetal MRI, #770
- Functional Magnetic Resonance Imaging (fMRI) Brain, #771
- Magnetic Resonance Imaging (MRI) Abdomen/Cholangiopancreatography (MRCP) Abdomen, #773
- Magnetic Resonance Imaging (MRI) Bone Marrow Blood Supply, #798
- Magnetic Resonance Imaging (MRI) Breast (Also referred to as MR Mammography (MRM), #774
- Magnetic Resonance Imaging (MRI) Cardiac, #835
- Magnetic Resonance Imaging (MRI) Cervical Spine, #775
- Magnetic Resonance Imaging (MRI) Chest, #776
- Magnetic Resonance Imaging (MRI) Head/Brain, #777
- Magnetic Resonance Imaging (MRI) Lower Extremity (Joint & Non-Joint), #779
- Magnetic Resonance Imaging (MRI) Lumbar Spine, #778
- Magnetic Resonance Imaging (MRI) Orbit, Face & Neck (Soft Tissues), #780
- Magnetic Resonance Imaging (MRI) Pelvis, #781
- Magnetic Resonance Imaging (MRI) Temporomandibular Joint (TMJ), #782
- Magnetic Resonance Imaging (MRI) Thoracic Spine, #783
- Magnetic Resonance Imaging (MRI) Upper Extremity (Any Joint), #784
- Magnetic Resonance Imaging (MRI) Upper Extremity (Non-Joint), #785

**Policy**

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

Magnetic Resonance Spectroscopy (MRS) is considered **MEDICALLY NECESSARY** for the following conditions:

Differentiate recurrent or residual brain tumor from post-therapy changes, (e.g., delayed radiation necrosis)
Differentiate brain tumor from other non-tumor diagnoses, (e.g., abscesses or other infectious or inflammatory processes)

**Prior Authorization Information**
Pre-service approval is required for all inpatient services for all products. See below for situations where prior authorization may be required or may not be required. Yes indicates that prior authorization is required. No indicates that prior authorization is not required. N/A indicates that this service is primarily performed in an inpatient setting.

<table>
<thead>
<tr>
<th>Outpatient</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
<td>The requirements of BCBSMA Radiology Management Program may require a precertification/prior authorization via AIM Specialty Health.</td>
</tr>
<tr>
<td>Commercial PPO and Indemnity</td>
<td>These requirements are member-specific: please verify member eligibility and requirements through Online Services by logging onto Provider Central (<a href="http://www.bluecrossma.com/provider">www.bluecrossma.com/provider</a>). Refer to our Quick Tip <a href="https://provider.bluecrossma.com/ProviderHome/portal/home/office-resources/plans-and-products/bluecard-and-out-of-area-programs/">https://provider.bluecrossma.com/ProviderHome/portal/home/office-resources/plans-and-products/bluecard-and-out-of-area-programs/</a> for an overview of pre-certification and prior authorization requirements. Ordering clinicians should request pre-certification from AIM Specialty Health at <a href="http://www.aimspecialtyhealth.com">www.aimspecialtyhealth.com</a> or call 1-866-745-1783 (when applicable).</td>
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</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>76390</td>
<td>Magnetic Resonance Spectroscopy (MRS)</td>
</tr>
</tbody>
</table>

The following ICD Diagnosis Codes are considered medically necessary when submitted with the CPT codes above if medical necessity criteria are met

**ICD-10 Diagnosis Coding**

<table>
<thead>
<tr>
<th>ICD-10-CM-diagnosis codes:</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>C70.0</td>
<td>Malignant neoplasm of cerebral meninges</td>
</tr>
<tr>
<td>C71.0</td>
<td>Malignant neoplasm of cerebrum, except lobes and ventricles</td>
</tr>
<tr>
<td>C71.1</td>
<td>Malignant neoplasm of frontal lobe</td>
</tr>
</tbody>
</table>
C71.2 Malignant neoplasm of temporal lobe
C71.3 Malignant neoplasm of parietal lobe
C71.4 Malignant neoplasm of occipital lobe
C71.5 Malignant neoplasm of cerebral ventricle
C71.6 Malignant neoplasm of cerebellum
C71.7 Malignant neoplasm of brain stem
C71.8 Malignant neoplasm of overlapping sites of brain
C71.9 Malignant neoplasm of brain, unspecified
C71.31 Secondary malignant neoplasm of brain
C71.32 Secondary malignant neoplasm of cerebral meninges
D32.0 Benign neoplasm of cerebral meninges
D33.0 Benign neoplasm of brain, supratentorial
D33.1 Benign neoplasm of brain, infratentorial
D33.2 Benign neoplasm of brain, unspecified
D42.0 Neoplasm of uncertain behavior of cerebral meninges
D43.0 Neoplasm of uncertain behavior of brain, supratentorial
D43.1 Neoplasm of uncertain behavior of brain, infratentorial
D43.2 Neoplasm of uncertain behavior of brain, unspecified
D49.6 Neoplasm of unspecified behavior of brain
D49.7 Neoplasm of unspecified behavior of endocrine glands and other parts of nervous system

Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>1/2018</td>
<td>Prior authorization information for Medicare HMO Blue and Medicare PPO Blue removed. 1/1/2018</td>
</tr>
<tr>
<td>8/2017</td>
<td>National Coverage Determination (NCD) for Magnetic Resonance Spectroscopy (220.2.1) 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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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

References


Endnotes