Medical Policy
MR Angiography (MRA) Chest

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Policy Number: 786
BCBSA Reference Number: N/A

Related Policies
- Medicare Advantage: High-Technology Radiology and Sleep Disorder Management Clinical and Utilization Guidance Redirect, #923
- CT/MR Angiography (CTA/MRA) Head: Cerebrovascular, #768
- CT/MR Angiography (CTA/MRA) Neck, #769
- MR Angiography (MRA) Spinal Canal, #789

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

ADULTS

MR Angiography (MRA) Chest is considered MEDICALLY NECESSARY for the following conditions:

Common Chest MRA

Developmental anomalies of the thoracic vasculature
- Examples of congenital thoracic vascular anomalies include but are not limited to the following:
  - Aortic coarctation
  - Double aortic arch
  - Hypoplastic or atretic pulmonary arteries
  - Inferior vena caval interruption
  - Partial anomalous pulmonary venous return
  - Patent ductus arteriosus
  - Persistent left-sided superior vena cava
  - Right-sided aortic arch
  - Total anomalous pulmonary venous return
  - Transposition of the great vessels
  - Truncus arteriosus
Post-traumatic vascular injury

Subclavian steal

Systemic venous thrombosis or occlusion, including superior vena cava (SVC) syndrome

Thoracic outlet syndrome

Vascular involvement from neoplasm in the chest

Thoracic Aorta and Great Vessel

Atheromatous disease

(All of the following)
- When CT is contraindicated
- Evaluation of the thoracic aorta as a source of distal emboli when transthoracic and/or transesophageal echocardiography are non-diagnostic

Post-operative or post-procedure evaluation

Stent graft evaluation, including detection of an endoleak
- Pre-procedure assessment and post-procedure follow-up

Thoracic aorta evaluation

Acute aortic syndrome

(any one of the following)
- Diagnosis and management
- Periodic surveillance in patients with established acute aortic syndrome undergoing medical management

Note: Initial diagnosis of acute aortic syndrome is considered a medical emergency. This policy includes aortic rupture, dissection, pseudoaneurysm, mural hematoma, and penetrating ulcer mediastinal hematoma

Non-acute thoracic aorta

(any one of the following)
- In patients with suspected thoracic aortic aneurysm
- In patients with confirmed thoracic aortic aneurysm with new or worsening signs/symptoms
- For ongoing surveillance of stable patients with confirmed thoracic aortic aneurysm who have not undergone imaging of the thoracic aorta within the preceding six months
- In patients with confirmed aortic dissection in whom surgical repair is anticipated (to assist in preoperative planning)
- For ongoing surveillance of stable patients with confirmed aortic dissection who have not undergone imaging of the thoracic aorta within the preceding year
- In patients with confirmed aortic dissection or thoracic aortic aneurysm who have undergone surgical repair within the preceding year and have not undergone imaging of the thoracic aorta within the preceding six months
- In patients being evaluated for potential transcatheter aortic valve implantation/replacement (TAVI or TAVR) provided that the patient has not undergone CTA or MRA of the chest within the preceding 60 days

Note: See acute aortic syndrome (section above) for complications of aneurysm including aortic dissection.

Vasculitis

Pulmonary Artery and Vein
Pulmonary arterial hypertension
Pulmonary arteriovenous malformation (AVM)
Pulmonary sequestration

**PEDIATRICS**

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

**General Chest**

Developmental anomaly of the thoracic vasculature  
(any one of the following)
- Aortic coarctation
- Double aortic arch
- Hypoplastic or atretic pulmonary arteries
- Inferior vena caval interruption
- Partial anomalous pulmonary venous return
- Patent ductus arteriosus
- Persistent left-sided superior vena cava
- Right-sided aortic arch
- Total anomalous pulmonary venous return
- Transposition of the great vessels
- Truncus arteriosus

Post-traumatic vascular injury

Subclavian steal syndrome

Systemic venous thrombosis or occlusion
*Note: Includes superior vena cava (SVC) syndrome*

Thoracic outlet syndrome

Vascular involvement from neoplasm in the chest

**Pulmonary Artery and Vein**

Arteriovenous malformation (AVM), pulmonary

Pulmonary arterial hypertension

Pulmonary embolism  
(any one of the following)
- Pulmonary embolism is clinically suspected
- Follow-up when recurrent thromboembolism is a concern in patients on adequate medical therapy

*Note: MRA/MRV is rarely requested to evaluate pulmonary embolism. It is used only in selected cases.*

For example, intravenous iodinated contrast material for a CTA is contraindicated due to significant iodinated contrast allergy, and a diagnostic ventilation/perfusion (V/Q) study cannot be obtained

Pulmonary sequestration

**Thoracic Aorta and Great Vessel**
Evaluation of the thoracic aorta
(any one of the following)
- Evaluation when there is concern for complications (such as dissection)
- Further characterization of suspected aneurysm based on prior diagnostic or imaging study
- Patient with confirmed aortic dissection experiencing new or worsening symptoms
- Periodic surveillance (any one of the following)
  - High risk patient (patient with connective tissue disease or coarctation of the aorta)
  - Patient with known thoracic aneurysm
- Post-operative evaluation
- Preoperative evaluation

Note: Echocardiogram is generally recommended as a first line modality for evaluation of the ascending aorta in pediatric patients

Hematoma

Post-operative or post-procedure evaluation

Vasculitis

♣ List may not be exclusive

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>Commercial Managed Care (HMO and POS)</th>
<th>The requirements of BCBSMA Radiology Management Program may require a precertification/prior authorization via AIM Specialty Health.</th>
</tr>
</thead>
<tbody>
<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.aimspeciallyhealth.com">www.aimspeciallyhealth.com</a> or call 1-866-745-1783 (when applicable).</td>
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Policy History

<table>
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<tr>
<th>Date</th>
<th>Action</th>
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<tr>
<td>1/2018</td>
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<td>2016</td>
<td>Clarified coding information.</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


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:

<table>
<thead>
<tr>
<th>CPT codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>71555</td>
<td>MRA of chest (excluding the myocardium) without contrast, followed by re-imaging with contrast</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:
<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>ICD-10 Name</th>
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<tbody>
<tr>
<td>A52.01</td>
<td>Syphilitic aneurysm of aorta</td>
</tr>
<tr>
<td>C34.00</td>
<td>Malignant neoplasm of unspecified main bronchus</td>
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<tr>
<td>C34.01</td>
<td>Malignant neoplasm of right main bronchus</td>
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<tr>
<td>C34.02</td>
<td>Malignant neoplasm of left main bronchus</td>
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<tr>
<td>C34.10</td>
<td>Malignant neoplasm of upper lobe, unspecified bronchus or lung</td>
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<tr>
<td>C34.11</td>
<td>Malignant neoplasm of upper lobe, right bronchus or lung</td>
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<tr>
<td>C34.12</td>
<td>Malignant neoplasm of upper lobe, left bronchus or lung</td>
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<tr>
<td>C34.2</td>
<td>Malignant neoplasm of middle lobe, bronchus or lung</td>
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<tr>
<td>C34.30</td>
<td>Malignant neoplasm of lower lobe, unspecified bronchus or lung</td>
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<tr>
<td>C34.31</td>
<td>Malignant neoplasm of lower lobe, right bronchus or lung</td>
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<tr>
<td>C34.32</td>
<td>Malignant neoplasm of lower lobe, left bronchus or lung</td>
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<td>C34.80</td>
<td>Malignant neoplasm of overlapping sites of unspecified bronchus and lung</td>
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<td>Malignant neoplasm of overlapping sites of right bronchus and lung</td>
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<td>C34.90</td>
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<td>C34.91</td>
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<td>C34.92</td>
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<tr>
<td>C37</td>
<td>Malignant neoplasm of thymus</td>
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<tr>
<td>C38.0</td>
<td>Malignant neoplasm of heart</td>
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<tr>
<td>C38.1</td>
<td>Malignant neoplasm of anterior mediastinum</td>
</tr>
<tr>
<td>C38.2</td>
<td>Malignant neoplasm of posterior mediastinum</td>
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<tr>
<td>C38.3</td>
<td>Malignant neoplasm of mediastinum, part unspecified</td>
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<tr>
<td>C38.4</td>
<td>Malignant neoplasm of pleura</td>
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<tr>
<td>C38.8</td>
<td>Malignant neoplasm of overlapping sites of heart, mediastinum and pleura</td>
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<tr>
<td>C39.0</td>
<td>Malignant neoplasm of upper respiratory tract, part unspecified</td>
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<tr>
<td>C39.9</td>
<td>Malignant neoplasm of lower respiratory tract, part unspecified</td>
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<tr>
<td>C41.3</td>
<td>Malignant neoplasm of ribs, sternum and clavicle</td>
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<tr>
<td>C45.0</td>
<td>Mesothelioma of pleura</td>
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<td>C45.1</td>
<td>Mesothelioma of peritoneum</td>
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<td>C45.2</td>
<td>Mesothelioma of pericardium</td>
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<td>C45.7</td>
<td>Mesothelioma of other sites</td>
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<td>C45.9</td>
<td>Mesothelioma, unspecified</td>
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<tr>
<td>C46.3</td>
<td>Kaposi's sarcoma of lymph nodes</td>
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<tr>
<td>C46.50</td>
<td>Kaposi's sarcoma of unspecified lung</td>
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<td>C46.51</td>
<td>Kaposi's sarcoma of right lung</td>
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<td>Kaposi's sarcoma of left lung</td>
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<td>C47.3</td>
<td>Malignant neoplasm of peripheral nerves of thorax</td>
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<td>C49.3</td>
<td>Malignant neoplasm of connective and soft tissue of thorax</td>
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<td>C78.1</td>
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<td>Secondary malignant neoplasm of breast</td>
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<td>C79.89</td>
<td>Secondary malignant neoplasm of other specified sites</td>
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<td>C7A.090</td>
<td>Malignant carcinoid tumor of the bronchus and lung</td>
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<td>C7A.091</td>
<td>Malignant carcinoid tumor of the thymus</td>
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<td>Disseminated malignant neoplasm, unspecified</td>
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<td>Malignant (primary) neoplasm, unspecified</td>
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<td>C80.2</td>
<td>Malignant neoplasm associated with transplanted organ</td>
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<td>C81.02</td>
<td>Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes</td>
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<td>C81.12</td>
<td>Nodular sclerosis classical Hodgkin lymphoma, intrathoracic lymph nodes</td>
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<td>C81.22</td>
<td>Mixed cellularity classical Hodgkin lymphoma, intrathoracic lymph nodes</td>
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<td>C81.32</td>
<td>Lymphocyte depleted classical Hodgkin lymphoma, intrathoracic lymph nodes</td>
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<td>C81.42</td>
<td>Lymphocyte-rich classical Hodgkin lymphoma, intrathoracic lymph nodes</td>
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<td>C81.72</td>
<td>Other classical Hodgkin lymphoma, intrathoracic lymph nodes</td>
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<td>Hodgkin lymphoma, unspecified, intrathoracic lymph nodes</td>
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<td>C82.02</td>
<td>Follicular lymphoma grade I, intrathoracic lymph nodes</td>
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<td>C82.42</td>
<td>Follicular lymphoma grade IIb, intrathoracic lymph nodes</td>
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<td>C82.52</td>
<td>Diffuse follicle center lymphoma, intrathoracic lymph nodes</td>
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<td>C82.62</td>
<td>Cutaneous follicle center lymphoma, intrathoracic lymph nodes</td>
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<td>C82.82</td>
<td>Other types of follicular lymphoma, intrathoracic lymph nodes</td>
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<tr>
<td>C83.02</td>
<td>Small cell B-cell lymphoma, intrathoracic lymph nodes</td>
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<td>Mantle cell lymphoma, intrathoracic lymph nodes</td>
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<td>Congenital malformation syndromes involving early overgrowth</td>
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<td>Other Specified Injury Of Unspecified Pulmonary Blood Vessels, Sequela</td>
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<td>T80.0xxA</td>
<td>Air embolism following infusion, transfusion and therapeutic injection, initial encounter</td>
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<td>T82.818A</td>
<td>Embolism of vascular prosthetic devices, implants and grafts, initial encounter</td>
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<td>Embolism of vascular prosthetic devices, implants and grafts, sequela</td>
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<td>T82.897A</td>
<td>Other specified complication of cardiac prosthetic devices, implants and grafts, initial encounter</td>
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<td>Hemorrhage due to nervous system prosthetic devices, implants and grafts, initial encounter</td>
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<td>Encounter for preprocedural cardiovascular examination</td>
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<tr>
<td>Z09</td>
<td>Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm</td>
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<td>Z82.49</td>
<td>Family history of ischemic heart disease and other diseases of the circulatory system</td>
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<tr>
<td>Z95.818</td>
<td>Presence of other cardiac implants and grafts</td>
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<td>Z98.890</td>
<td>Other specified postprocedural states</td>
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**Endnotes**