Medical Policy
MR Angiography (MRA) Spinal Canal

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Policy Number: 789
BCBSA Reference Number: N/A
NCD/LCD: N/A

Related Policies
MR Angiography (MRA) Chest, #786
MR Angiography (MRA) Head: Cerebrovascular, #787
MR Angiography (MRA) Neck, #788

Policy1
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity
Medicare HMO BlueSM and Medicare PPO BlueSM Members

ADULT
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-procedural evaluation

Pre-operative or pre-procedural evaluation
Note: This indication is to be used for pre-operative evaluation of conditions not specifically referenced elsewhere in this policy.

PEDiatric
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**
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>
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<tbody>
<tr>
<td><strong>Commercial Managed Care (HMO and POS)</strong></td>
<td>The requirements of BCBSMA Radiology Management Program may require a precertification/prior authorization via AIM Specialty Health. These requirements are member-specific: please verify member eligibility and requirements through <a href="https://www.bluecrossma.com/provider">Online Services</a> by logging onto <a href="https://www.bluecrossma.com/provider">Provider Central</a>. Refer to our <em>Quick Tip</em> to learn how to use technologies to determine if pre-certification or prior authorization applies. 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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<tr>
<td><strong>Commercial PPO and Indemnity</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Medicare HMO Blue℠</strong></td>
<td>The requirements of BCBSMA Radiology Management Program may require a precertification/prior authorization via AIM Specialty Health. These requirements are member-specific: please verify member eligibility and requirements through <a href="https://www.bluecrossma.com/provider">Online Services</a> by logging onto <a href="https://www.bluecrossma.com/provider">Provider Central</a>. Refer to our <em>Quick Tip</em> to learn how to use technologies to determine if pre-certification or prior authorization applies. 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>
</tr>
<tr>
<td><strong>Medicare PPO Blue℠</strong></td>
<td>No</td>
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**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, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

### CPT Codes

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

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<th>Date</th>
<th>Action</th>
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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

### Spine Bibliography


43. Staiger TO, Pauw DS, Deyo RA, Jarvik JG. Imaging studies for acute low back pain. When and when not to order

**Endnotes**