

# Magnetic Resonance Imaging (NCD 220.2)

Guideline Number: MPG200.07  
Approval Date: April 8, 2020

[↪ Terms and Conditions](#)

Table of Contents	Page
<a href="#">Policy Summary</a> .....	1
<a href="#">Applicable Codes</a> .....	4
<a href="#">References</a> .....	7
<a href="#">Guideline History/Revision Information</a> .....	8
<a href="#">Purpose</a> .....	9
<a href="#">Terms and Conditions</a> .....	9

- Related Medicare Advantage Policy Guideline
  - [KX Modifier](#)
- Related Medicare Advantage Reimbursement Policy
  - [Multiple Procedure Payment Reduction \(MPPR\) for Diagnostic Imaging Policy, Professional](#)

## Policy Summary

[↪ See Purpose](#)

### Overview

Magnetic Resonance Imaging (MRI), formerly called nuclear magnetic resonance (NMR), is a non-invasive method of graphically representing the distribution of water and other hydrogen-rich molecules in the human body. In contrast to conventional radiographs or computed tomography (CT) scans, in which the image is produced by x-ray beam attenuation by an object, MRI is capable of producing images by several techniques. In fact, various combinations of MRI image production methods may be employed to emphasize particular characteristics of the tissue or body part being examined. The basic elements by which MRI produces an image are the density of hydrogen nuclei in the object being examined, their motion, and the relaxation times, and the period of time required for the nuclei to return to their original states in the main, static magnetic field after being subjected to a brief additional magnetic field. These relaxation times reflect the physical-chemical properties of tissue and the molecular environment of its hydrogen nuclei. Only hydrogen atoms are present in human tissues in sufficient concentration for current use in clinical MRI.

Magnetic Resonance Angiography (MRA) is a non-invasive diagnostic test that is an application of MRI. By analyzing the amount of energy released from tissues exposed to a strong magnetic field, MRA provides images of normal and diseased blood vessels, as well as visualization and quantification of blood flow through these vessels.

Overall, MRI is a useful diagnostic imaging modality that is capable of demonstrating a wide variety of soft-tissue lesions with contrast resolution equal or superior to CT scanning in various parts of the body.

Among the advantages of MRI are the absence of ionizing radiation and the ability to achieve high levels of tissue contrast resolution without injected iodinated radiological contrast agents. Recent advances in technology have resulted in development and Food and Drug Administration (FDA) approval of new paramagnetic contrast agents for MRI which allow even better visualization in some instances. Multislice imaging and the ability to image in multiple planes, especially sagittal and coronal, have provided flexibility not easily available with other modalities. Because cortical (outer layer) bone and metallic prostheses do not cause distortion of MR images, it has been possible to visualize certain lesions and body regions with greater certainty than has been possible with CT. The use of MRI on certain soft tissue structures for the purpose of detecting disruptive, neoplastic, degenerative, or inflammatory lesions has now become established in medical practice.

Phase contrast (PC) and time-of-flight (TOF) are some of the available MRA techniques at the time these instructions are being issued. PC measures the difference between the phases of proton spins in tissue and blood and measures both the venous and

arterial blood flow at any point in the cardiac cycle. TOF measures the difference between the amount of magnetization of tissue and blood and provides information on the structure of blood vessels, thus indirectly indicating blood flow. Two-dimensional (2D) and three-dimensional (3D) images can be obtained using each method.

Contrast-enhanced MRA (CE-MRA) involves blood flow imaging after the patient receives an intravenous injection of a contrast agent. Gadolinium, a non-ionic element, is the foundation of all contrast agents currently in use. Gadolinium affects the way in which tissues respond to magnetization, resulting in better visualization of structures when compared to un-enhanced studies. Unlike ionic (i.e., iodine-based) contrast agents used in conventional contrast angiography (CA), allergic reactions to gadolinium are extremely rare. Additionally, gadolinium does not cause the kidney failure occasionally seen with ionic contrast agents. Digital subtraction angiography (DSA) is a computer-augmented form of CA that obtains digital blood flow images as contrast agent courses through a blood vessel. The computer “subtracts” bone and other tissue from the image, thereby improving visualization of blood vessels. Physicians elect to use a specific MRA or CA technique based upon clinical information from each patient.

Coverage is limited to MRI units that have received Food and Drug Administration (FDA) premarket approval, and such units must be operated within the parameters specified by the approval. Other uses of MRI for which CMS has not specifically indicated national coverage or national non-coverage are at the discretion of Medicare’s local contractors.

## **Nationally Covered MRI and MRA Indications**

### ***MRI***

- Examination of the head, central nervous system, and spine. Multiple sclerosis can be diagnosed with MRI and the contents of the posterior fossa are visible. The inherent tissue contrast resolution of MRI makes it an appropriate standard diagnostic modality for general neuroradiology.
- Establishing a differential diagnosis of mediastinal and retroperitoneal masses, including abnormalities of the large vessels such as aneurysms and dissection. When a clinical need exists to visualize the parenchyma of solid organs to detect anatomic disruption or neoplasia, this can be accomplished in the liver, urogenital system, adrenals, and pelvic organs without the use of radiological contrast materials. The use of paramagnetic contrast materials may be covered as part of the study. MRI may also be used to detect and stage pelvic and retroperitoneal neoplasms and to evaluate disorders of cancellous bone and soft tissues. It may also be used in the detection of pericardial thickening. Primary and secondary bone neoplasm and aseptic necrosis can be detected at an early stage and monitored with MRI. Patients with metallic prostheses, especially of the hip, can be imaged in order to detect the early stages of infection of the bone to which the prosthesis is attached.
- Gating devices and surface coils, that eliminate distorted images caused by cardiac and respiratory movement cycles may be covered. Surface and other specialty coils may also be covered, as they are used routinely for high resolution imaging where small limited regions of the body are studied. They produce high signal-to-noise ratios resulting in images of enhanced anatomic detail.
- Diagnosing disc disease without regard to whether radiological imaging has been tried first to diagnose the problem.

### ***MRA (MRI for Blood Flow)***

- Evaluation of the carotid arteries, the circle of Willis, the anterior, middle or posterior cerebral arteries, the vertebral or basilar arteries or the venous sinuses.
- Pre-operative evaluation for conditions including, but not limited to, tumor, aneurysms, vascular malformations, vascular occlusion or thrombosis.
- Determination of the presence and extent of peripheral vascular disease in lower extremities.
- Pre-operative evaluation of patients undergoing elective abdominal aortic aneurysm (AAA) repair.
- Imaging the renal arteries and the aortoiliac arteries.
- Diagnosing a suspected pulmonary embolism when it is contraindicated for the patient to receive intravascular iodinated contrast material for a pulmonary angiogram.
- Pre-operative and post-operative evaluation of thoracic aortic dissection of aneurysm.

## ***MRI for Patients with an Implanted Pacemaker, Implantable Cardioverter Defibrillator (ICD), Cardiac Resynchronization Therapy Pacemaker (CRT-PP, or Cardiac Resynchronization Therapy Defibrillators (CRT-D)***

- Effective for claims with dates of service on or after April 10, 2018, CMS determined the evidence is sufficient to conclude that MRI for patients with an Implanted Pacemaker (PM), Implantable Cardioverter Defibrillator (ICD), Cardiac Resynchronization Therapy Pacemaker (CRT-P), or Cardiac Resynchronization Therapy Defibrillator (CRT-D) is reasonable and necessary under certain circumstances.
- An MRI is covered when used according to the FDA labeling in an MRI environment for patients with an implanted pacemaker, implantable cardioverter defibrillator (ICD) cardiac resynchronization therapy pacemaker (CRT-P), or cardiac resynchronization therapy defibrillator (CRT-D).
- Any MRI for patients with an implanted pacemaker, ICD, CRT-P, or CRT-D that does not have FDA labeling specific to use in an MRI environment is only covered under the following conditions:
  - MRI field strength is 1.5 Tesla using Normal Operating Mode;
  - The implanted pacemaker, ICD, CRT-P, or CRT-D system has no fractured, epicardial, or abandoned leads;
  - The facility has implemented a checklist which includes the following:
    - Patient assessment is performed to identify the presence of an implanted pacemaker, ICD, CRT-P, or CRT-D;
    - Before the scan benefits and harms of the MRI scan are communicated with the patient or the patient's delegated decision-maker;
    - Prior to the MRI scan, the implanted pacemaker, ICD, CRT-P, or CRT-D is interrogated and programmed into the appropriate MRI scanning mode;
    - A qualified physician, nurse practitioner, or physician assistant with expertise with implanted pacemakers, ICDs, CRT-Ps, or CRT-Ds must directly supervise the MRI scan as defined in 42 CFR § §410.28 and 410.32;
    - Patients are observed throughout the MRI scan via visual and voice contact and monitored with equipment to assess vital signs and cardiac rhythm;
    - An advanced cardiac life support provider must be present for the duration of the MRI scan;
    - A discharge plan that includes before being discharged from the hospital/facility, the patient is evaluated and the implanted pacemaker, ICD, CRT-P, or CRT-D is reinterrogated immediately after the MRI scan to detect and correct any abnormalities that might have developed.

## **Contraindications and Nationally Non-Covered Indications**

Compliance with the provisions in this policy is subject to monitoring by post payment data analysis and subsequent medical review. Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states " ...no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis and treatment of illness or injury...". Furthermore, it has been longstanding CMS policy that "tests that are performed in the absence of signs, symptoms, complaints, or personal history of disease or injury are not covered unless explicitly authorized by statute".

### ***Contraindications***

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

- MRI during a viable pregnancy.
- 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.
- 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 862(a)(1)(A) of the Act, and are therefore non-covered.
- MRI is not covered for patients with metallic clips on vascular aneurysms.

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
70336	Magnetic resonance (e.g., proton) imaging, temporomandibular joint(s)
70540	Magnetic resonance (e.g., proton) imaging, orbit, face, and/or neck; without contrast material(s)
70542	Magnetic resonance (e.g., proton) imaging, orbit, face, and/or neck; with contrast material(s)
70543	Magnetic resonance (e.g., proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences
70544	Magnetic resonance angiography, head; without contrast material(s)
70545	Magnetic resonance angiography, head; with contrast material(s)
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences
70547	Magnetic resonance angiography, neck; without contrast material(s)
70548	Magnetic resonance angiography, neck; with contrast material(s)
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences
70551	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material
70552	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); with contrast material(s)
70553	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences
70554	Magnetic resonance imaging, brain, including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration
70555	Magnetic resonance imaging, brain, requiring physician or psychologist administration of entire neurofunctional testing
70557	Magnetic resonance (e.g., proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (e.g., to assess for residual tumor or residual vascular malformation); without contrast material
70558	Magnetic resonance (e.g., proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (e.g., to assess for residual tumor or residual vascular malformation); with contrast material(s)
70559	Magnetic resonance (e.g., proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (e.g., to assess for residual tumor or residual vascular malformation); without contrast material(s), followed by contrast material(s) and further sequences
71550	Magnetic resonance (e.g., proton) imaging, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)
71551	Magnetic resonance (e.g., proton) imaging, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)
71552	Magnetic resonance (e.g., proton) imaging, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences
71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)
72141	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, cervical; without contrast material
72142	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, cervical; with contrast material(s)

CPT Code	Description
72146	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, thoracic; without contrast material
72147	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, thoracic; with contrast material(s)
72148	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, lumbar; without contrast material
72149	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, lumbar; with contrast material(s)
72156	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical
72157	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic
72158	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)(Non-covered)
72195	Magnetic resonance (e.g., proton) imaging, pelvis; without contrast material(s)
72196	Magnetic resonance (e.g., proton) imaging, pelvis; with contrast material(s)
72197	Magnetic resonance (e.g., proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)
73218	Magnetic resonance (e.g., proton) imaging, upper extremity, other than joint; without contrast material(s)
73219	Magnetic resonance (e.g., proton) imaging, upper extremity, other than joint; with contrast material(s)
73220	Magnetic resonance (e.g., proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences
73221	Magnetic resonance (e.g., proton) imaging, any joint of upper extremity; without contrast material(s)
73222	Magnetic resonance (e.g., proton) imaging, any joint of upper extremity; with contrast material(s)
73223	Magnetic resonance (e.g., proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences
73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)(Non-covered)
73718	Magnetic resonance (e.g., proton) imaging, lower extremity other than joint; without contrast material(s)
73719	Magnetic resonance (e.g., proton) imaging, lower extremity other than joint; with contrast material(s)
73720	Magnetic resonance (e.g., proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences
73721	Magnetic resonance (e.g., proton) imaging, any joint of lower extremity; without contrast material
73722	Magnetic resonance (e.g., proton) imaging, any joint of lower extremity; with contrast material(s)
73723	Magnetic resonance (e.g., proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences
73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)
74181	Magnetic resonance (e.g., proton) imaging, abdomen; without contrast material(s)
74182	Magnetic resonance (e.g., proton) imaging, abdomen; with contrast material(s)
74183	Magnetic resonance (e.g., proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences

CPT Code	Description
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging
75565	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)
77046	Magnetic resonance imaging, breast, without contrast material; unilateral (Effective 01/01/2019)
77047	Magnetic resonance imaging, breast, without contrast material; bilateral (Effective 01/01/2019)
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral (Effective 01/01/2019)
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral (Effective 01/01/2019)
77058	Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral (Deleted 12/31/2018)
77059	Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral (Deleted 12/31/2018)

*CPT® is a registered trademark of the American Medical Association*

HCPCS Code	Description
<b>“C” codes are for facility claims only</b>	
C8900	Magnetic resonance angiography without contrast, abdomen
C8901	Magnetic resonance angiography without contrast, abdomen
C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen
C8903	Magnetic resonance imaging with contrast, breast; unilateral
C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral
C8906	Magnetic resonance imaging with contrast, breast; bilateral
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral
C8909	Magnetic resonance angiography with contrast, chest (excluding myocardium)
C8910	Magnetic resonance angiography without contrast, chest (excluding myocardium)
C8911	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)
C8912	Magnetic resonance angiography with contrast, lower extremity
C8913	Magnetic resonance angiography without contrast, lower extremity
C8914	Magnetic resonance angiography without contrast followed by with contrast, lower extremity
C8918	Magnetic resonance angiography with contrast, pelvis
C8919	Magnetic resonance angiography without contrast, pelvis
C8920	Magnetic resonance angiography without contrast followed by with contrast, pelvis
C8931	Magnetic resonance angiography with contrast, spinal canal and contents
C8932	Magnetic resonance angiography without contrast, spinal canal and contents
C8933	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents
C8934	Magnetic resonance angiography with contrast, upper extremity
C8935	Magnetic resonance angiography without contrast, upper extremity
C8936	Magnetic resonance angiography without contrast followed by with contrast, upper extremity

## Non-Covered Diagnosis Code

### [Non-Covered Diagnosis Codes List](#)

This list contains diagnosis codes that are never covered when given as the primary reason for the test. If a code from this section is given as the reason for the test and you know or have reason to believe the service may not be covered, call UnitedHealthcare to issue an Integrated Denial Notice (IDN) to the member and you. The IDN informs the member of their liability for the non-covered service or item and appeal rights. You must make sure the member has received the IDN prior to rendering or referring for non-covered services or items in order to collect payment.

## References

### CMS National Coverage Determinations (NCDs)

[NCD 220.2 Magnetic Resonance Imaging](#)

Reference NCDs: [NCD 220.2.1 Magnetic Resonance Spectroscopy](#), [NCD 220.3 Magnetic Resonance Angiography](#)

### CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
<a href="#">L33585 Breast Imaging: Breast Echography (Sonography)/Breast MRI/Ductography</a>	<a href="#">A52849 Billing and Coding: Breast Imaging: Breast Echography (Sonography)/Breast MRI/Ductography</a>	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
<a href="#">L33633 Magnetic Resonance Angiography (MRA)</a>	<a href="#">A56747 Billing and Coding: Magnetic Resonance Angiography (MRA)</a>	NGS	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
<a href="#">L33950 Breast Imaging Mammography/Breast Echography (Sonography)/Breast MRI/Ductography</a>	<a href="#">A56448 Billing and Coding: Breast Imaging Mammography/Breast Echography (Sonography)/Breast MRI/Ductography</a>	CGS	KY, OH	KY, OH
<a href="#">L34220 Lumbar MRI</a>	<a href="#">A57206 Billing and Coding: Lumbar MRI</a>	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
<a href="#">L34372 Magnetic Resonance Angiography (MRA)</a>	<a href="#">A57779 Billing and Coding: Magnetic Resonance Angiography (MRA)</a>	First Coast	FL, PR, VI	FI, PR, VI
<a href="#">L34424 Magnetic Resonance Angiography</a>	<a href="#">A56775 Billing and Coding: Magnetic Resonance Angiography</a>	Palmetto	AL, GA, NC, SC, TN, VA, WV	
<a href="#">L34425 Magnetic Resonance Imaging of the Orbit, Face, and/or Neck</a>	<a href="#">A56729 Billing and Coding: Magnetic Resonance Imaging of the Orbit, Face, and/or Neck</a>	Palmetto	AL, GA, NC, SC, TN, VA, WV	
<a href="#">L34865 Magnetic Resonance Angiography (MRA)</a>	<a href="#">A56805 Billing and Coding: Magnetic Resonance Angiography (MRA)</a>	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
<a href="#">L35175 MRI and CT Scans of the Head and Neck</a>	<a href="#">A57215 Billing and Coding: MRI and CT Scans of the Head and Neck</a>	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
<a href="#">L35391 Multiple Imaging in Oncology</a>	<a href="#">A56848 Billing and Coding: Multiple Imaging in Oncology</a>	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX

LCD	Article	Contractor	Medicare Part A	Medicare Part B
<a href="#">L35448 Independent Diagnostic Testing Facility (IDTF)</a>	<a href="#">A53252 Billing and Coding: Independent Diagnostic Testing Facility (IDTF)</a>	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
<a href="#">L37281 Lumbar MRI</a>	<a href="#">A57207 Billing and Coding: Lumbar MRI</a>	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
<a href="#">L37373 MRI and CT Scans of the Head and Neck</a>	<a href="#">A57204 Billing and Coding: MRI and CT Scans of the Head and Neck</a>	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
<a href="#">L38396 (Cardiology Non-emergent Outpatient Stress Testing)</a>	<a href="#">A56952 Billing and Coding: Cardiology Non-emergent Outpatient Stress Testing</a>	First Coast	FL, PR, VI	FI, PR, VI

## CMS Benefit Policy Manual

[Chapter 15, § 80.6.2 Interpreting Physician Determines a Different Diagnostic Test is Appropriate, § 80.6.3 Rules for Testing Facility to Furnish Additional Tests, § 80.6.4 Rules for Testing Facility Interpreting Physician to Furnish Different or Additional Tests](#)

[Chapter 16; § 170 Inpatient Hospital or SNF Services Not Delivered Directly or Under Arrangement by the Provider](#)

## CMS Claims Processing Manual

[Chapter 13; § 40-40.2 Magnetic Resonance Imaging \(MRI\) Procedures](#)

## CMS Transmittal(s)

[Transmittal 208, Change Request 10877, Dated 10/19/2018 \(Magnetic Resonance Imaging \(MRI\)\)](#)

[Transmittal 4147, Change Request 10877, Dated 10/19/2018, \(Magnetic Resonance Imaging \(MRI\)\)](#)

## MLN Matters

[Article MM6672, Magnetic Resonance Imaging \(MRI\)](#)

## Other(s)

[Medicare Coverage of Imaging Services Fact Sheet, CMS Website](#)

## Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	<b>Template Update</b> <ul style="list-style-type: none"> <li>Reformatted policy; transferred content to new template</li> </ul>
06/01/2020	<ul style="list-style-type: none"> <li>Updated and reformatted list of <i>Non-Covered ICD-10 Diagnosis Codes</i>; removed Z04.8, Z13.3, and Z13.4</li> </ul>
04/08/2020	<b>Applicable Codes</b> <ul style="list-style-type: none"> <li>Added ICD-10 diagnosis code Z11.7</li> <li>Removed HCPCS code S8042</li> </ul> <b>Supporting Information</b> <ul style="list-style-type: none"> <li>Updated <i>References</i> section to reflect the most current information</li> <li>Archived previous policy version MPG200.06</li> </ul>



## Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

## Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document\* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

\*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).