MAGNETIC RESONANCE SPECTROSCOPY (NCD 220.2.1)

Guideline Number: MPG201.05  Approval Date: April 10, 2019

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OVERVIEW

Magnetic Resonance Spectroscopy (MRS) is an application of magnetic resonance imaging (MRI). It is a non-invasive diagnostic test that uses strong magnetic fields to measure and analyze the chemical composition of human tissues. MRS can be done at the same time as standard MRI, which yields cross-sectional, anatomic information about the spatial properties of a region relative to its surrounding areas; MRS however, provides rich information about the biochemical composition or metabolite concentration levels of the localized region, identifying very subtle changes.

GUIDELINES

On March 22, 1994, CMS considered MRS an investigational procedure and issued a national non-coverage determination for all indications of MRS.

After thorough review and reconsideration of the existing national non-coverage determination for MRS, as well as the available evidence for the use of MRS as a diagnostic tool for distinguishing indeterminate brain lesions, and/or as an aid in conducting brain biopsies, CMS has determined that the evidence is not adequate to conclude that MRS is reasonable and necessary within the meaning of section 1862(a)(1)(A) of the Social Security Act, for use in the diagnosis of brain tumors. Therefore, CMS reaffirms its current national non-coverage determination for all indications of MRS (09/10/2004).

APPLICABLE CODES

The following list(s) of 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.

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<th>CPT Code</th>
<th>Description</th>
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<tr>
<td>76390</td>
<td>Magnetic Resonance Spectroscopy (Status indicator of &quot;N&quot;; not covered by Medicare)</td>
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DEFINITIONS

MRS: Magnetic Resonance Spectroscopy
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 LCDs, NCDs, 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.

REFERENCES

CMS National Coverage Determinations (NCDs)
NCD 220.2.1 Magnetic Resonance Spectroscopy
Reference NCDs: NCD 220.2 Magnetic Resonance Imaging, NCD 220.3 Magnetic Resonance Angiography

CMS Transmittals
Transmittal 21, Change Request 3425, Dated 09/10/2004 (Magnetic Resonance Spectroscopy for Diagnosing Brain Tumors)
Transmittal 727, Change Request 6912, Dated 07/09/2010 (Mailing To All Individual Practitioners, Medical Groups and Clinics and Independent Diagnostic Testing Facilities (IDTF) Who Are Billing or Have Billed For Advanced Diagnostic Imaging Services)

MLN Matters
Article MM3425, Magnetic Resonance Spectroscopy (MRS) for Diagnosing Brain Tumors

UnitedHealthcare Commercial Policies
Magnetic Resonance Spectroscopy (MRS)

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.

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<tr>
<th>Date</th>
<th>Action/Description</th>
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<tr>
<td>04/10/2019</td>
<td>• Annual review</td>
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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.

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*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.