

## Medical Review Guidelines Magnetic Resonance Imaging - Chest

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**Medical Guideline Number: MRG2006-01**

**Effective Date: 12/1/2006**

**Revised Effective Date: 1/1/2008**

**OHCA Reference OAC 317:30-5-24.** Radiology. (f) *Magnetic Resonance Imaging. MRI /MRA scans are covered when medically necessary. Documentation in the progress notes must reflect medical necessity for the MRI.*

### **Description:**

MRI is a noninvasive diagnostic scanning technique of representing the distribution of water and other hydrogen-rich molecules in the body in the absence of ionizing radiation and in the presence of a powerful, highly uniform, static magnetic field. MRI is useful in examining the head and central nervous system abnormalities.

MRI may also be useful in the diagnosis of mediastinal and retroperitoneal masses, including abnormalities of the large vessels such as aneurysms and dissecting aneurysms. MRI may be used to detect and stage pelvic and retroperitoneal neoplasms, to evaluate disorders of cancellous bone and soft tissues, and in the detection of pericardial thickening.

### HCPCS CODES

71550	MRI, chest, without contrast material
71551	MRI, chest, with contrast material
71552	MRI, chest, without contrast material, followed by contrast material

### COVERED ICD-9 CODES

150.0	Cervical esophagus
150.1	Thoracic esophagus
150.2	Abdominal esophagus
150.3	Upper third of esophagus
150.4	Middle third of esophagus
150.5	Lower third of esophagus
162.0	Malignant neoplasm of trachea
162.2	Malignant neoplasm of main bronchus
162.3	Malignant neoplasm of upper lobe, bronchus or lung
162.4	Malignant neoplasm of middle lobe, bronchus or lung
162.5	Malignant neoplasm of lower lobe, bronchus or lung
162.8	Malignant neoplasm of other parts of bronchus or lung
163.0	Malignant neoplasm of parietal pleura
163.1	Malignant neoplasm of visceral pleura
164.0	Malignant neoplasm of thymus
164.1	Malignant neoplasm of heart
164.2	Malignant neoplasm of anterior mediastinum
164.3	Malignant neoplasm of posterior mediastinum
170.3	Malignant neoplasm of ribs, sternum, and clavicle
171.0	Malignant neoplasm of head, face and neck
171.4	Malignant neoplasm of thorax
174.0	Malignant neoplasm of female breast, nipple and areola
174.1	Malignant neoplasm of female breast, central portion

174.2	Malignant neoplasm of female breast, upper-inner quadrant
174.3	Malignant neoplasm of female breast, lower-inner quadrant
174.4	Malignant neoplasm of female breast, upper-outer quadrant
174.5	Malignant neoplasm of female breast, lower-outer quadrant
174.6	Malignant neoplasm of female breast, axillary tail
175.0	Malignant neoplasm of male breast, nipple and areola
175.9	Malignant neoplasm of male breast, other specified sites
176.4	Kaposi's sarcoma lung
194.6	Malignant neoplasm of aortic body and other paraganglia
195.1	Malignant neoplasm of thorax
195.2	Malignant neoplasm of abdomen
196.1	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes
197.0	Secondary malignant neoplasm of lung
197.1	Secondary malignant neoplasm of mediastinum
197.2	Secondary malignant neoplasm of pleura
200.02	Reticularsarcoma, intrathoracic lymph nodes
200.12	Lymphosarcoma, intrathoracic lymph nodes
200.22	Burkitt's tumor or lymphoma, intrathoracic lymph nodes
200.82	Other named variants, intrathoracic lymph nodes
201.02	Hodgkins paragranuloma, intrathoracic lymph nodes
201.12	Hodgkin's granuloma, intrathoracic lymph nodes
201.22	Hodgkin's sarcoma, intrathoracic lymph nodes
201.42	Lymphocytic-histiocytic predominance, intrathoracic lymph nodes
201.52	Nodular sclerosis, intrathoracic lymph nodes
201.62	Mixed cellularity, intrathoracic lymph nodes
201.72	Lymphocytic depletion, intrathoracic lymph nodes
201.92	Hodgkin's disease, unspecified, intrathoracic lymph nodes
202.02	Nodular lymphoma, intrathoracic lymph nodes
202.12	Mycosis fungoides, intrathoracic lymph nodes
202.22	Sezary's disease, intrathoracic lymph nodes
202.32	Malignant histiocytosis, intrathoracic lymph nodes
202.42	Leukemic reticuloendotheliosis, intrathoracic lymph nodes
202.52	Letterer-Siwe disease, intrathoracic lymph nodes
202.62	Malignant mast cell tumors, intrathoracic lymph nodes
202.82	Other lymphomas, intrathoracic lymph nodes
202.92	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue. intrathoracic lymph nodes
227.6	Benign neoplasm of aortic body and other paraganglia
235.7	Neoplasm of uncertain behavior of trachea, bronchus and lung
235.8	Neoplasm of uncertain behavior of pleura, thymus and mediastinum
239.1	Neoplasm of unspecified nature, respiratory system
239.3	Neoplasm of unspecified nature, breast
414.10	Aneurysm of heart (wall)
414.11	Aneurysm of coronary vessels
415.11	Iatrogenic pulmonary embolism and infarction
415.19	Other pulmonary embolism and infarction
417.1	Aneurysm of pulmonary artery
441.01	Dissection of aorta, thoracic
441.1	Thoracic aneurysm, ruptured
441.2	Thoracic aneurysm without mention of rupture
441.6	Thoracoabdominal aneurysm, ruptured
441.7	Thoracoabdominal aneurysm without mention of rupture
444.1	Arterial embolism and thrombosis of thoracic artery
513.0	Abscess of lung
513.1	Abscess of mediastinum
748.4	Congenital cystic lung

748.5	Agenesis, hypoplasia, and dysplasia of lung
748.60	Anomaly of lung, unspecified
748.61	Congenital bronchiectasis
748.69	Other anomalies of lung
748.8	Other specified anomalies of respiratory system
750.3	Tracheoesophageal fistula, esophageal atresia and stenosis
750.6	Congenital hiatus hernia
756.6	Anomalies of diaphragm
756.82	Absence of muscle or tendon
793.81	Mammographic microcalcification
860.0	Internal injury of pneumothorax without mention of open wound into thorax
860.1	with open wound into thorax
860.2	Internal injury of hemothorax without mention of open wound into thorax
860.3	with open wound into thorax
860.4	Internal injury of pneumohemothorax without mention of open wound into thorax
860.5	with open wound into thorax
861.02	Laceration without penetration of heart chambers
	Personal history of malignant neoplasm
V10.03	esophagus
V10.11	bronchus and lung
V10.12	trachea
V10.3	breast

**Contraindications:**

1. Patients with cardiac pacemakers or metallic clips on vascular aneurysms or other metallic implants.
2. Patients requiring life support systems and monitoring devices which employ Ferro magnetic materials (metal that could be magnetized).
3. Patients who have claustrophobia.
4. Patients who have ferrous ocular foreign bodies, imbedded shrapnel fragments or cochlear implants.

**Coding Guidelines:**

Diagnosis codes other than those listed above will require review for medical necessity and prior authorization.

**Documentation Requirements**

The ordering physician is responsible for certifying the medical necessity of the procedure. The physician must have documentation in the medical record to support the referral.

Documentation in the progress notes must reflect medical necessity for the MRI.

Medical records can be used in any post-payment review and must include the information necessary to substantiate the need for the procedure.

In order for an MRI to be covered for a diagnosis of headache, the headache must have features suggestive of increased intracranial pressure, such as headaches which awaken patients from sleep, are made worse by coughing or straining, or headaches which are becoming progressively more severe, or headaches which are associated with other neurological findings such as nuchal rigidity or focal neurologic findings on examination. These findings must be documented in the patient's medical record.

**Reference:**

CMS Local Coverage Determination (LCD) L9966- effective date 11/30/2005, L:1639 – effective date 2/28/2006, L4780 – 3/31/2005.

Revised 1/1/2008 – Removed 093.0