

# Magnetic Resonance Spectroscopy (NCD 220.2.1)

<b>Policy Number</b>	220.2.1	<b>Approved By</b>	UnitedHealthcare Medicare Reimbursement Policy Committee	<b>Current Approval Date</b>	04/23/2014
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## IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies 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.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee's benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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## Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPSC/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code

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combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

### Summary

#### 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.

#### Reimbursement Guidelines

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

After thorough review and reconsideration of the existing national noncoverage 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.

### CPT/HCPCS Codes

Code	Description
76390	Magnetic Resonance Spectroscopy (Status Indicator of "N"; Not Covered by Medicare)

### References Included (but not limited to):

#### CMS NCD(s)

NCD 220.2.1 Magnetic Resonance Spectroscopy

Reference NCDs: 220.2 Magnetic Resonance Imaging; NCD 220.3 Magnetic Resonance Angiography;

NCD 220.2.1 CMS Medicare National Coverage Determinations Manual

#### CMS Transmittals

CMS Transmittal 727, Change Request 6912, Dated 07/09/10 (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 SE0665, Multiple Procedure Reduction on the Technical Component (TC) of Certain Diagnostic Imaging Procedures and Cap on the TC of Imaging Procedures

#### UnitedHealthcare Medicare Advantage Coverage Summaries

Radiologic Diagnostic Procedures

#### UnitedHealthcare Reimbursement Policies

Magnetic Resonance Imaging

#### UnitedHealthcare Medical Policies

Magnetic Resonance Spectroscopy (MRS)

**Magnetic Resonance Spectroscopy (NCD 220.2.1)****History**

<b>Date</b>	<b>Revisions</b>
09/04/2014	Administrative updates
04/23/2014	Administrative updates
04/10/2013	Policy re-review presented to MRPC for approval 2013
04/25/2012	<ul style="list-style-type: none"><li>• Annual review</li><li>• Administrative updates</li></ul>
03/23/2011	Administrative updates