



News Flash – The revised Rural Health Bookmark (April 2009), which provides information about educational resources that are available to the rural health community, is available in downloadable and print formats. The Rural Health Fact Sheet Series (Summer 2009), which provides information about rural facility types and coverage and payment policies, is available in CD-Rom format. To access the downloadable version of the Rural Health Bookmark, visit <http://www.cms.hhs.gov/MLNProducts/downloads/Ruralbookmark.pdf> and to place your order for the print version of the Rural Health Bookmark or the Rural Health Fact Sheet Series CD-Rom, visit <http://www.cms.hhs.gov/MLNGenInfo/>, scroll down to “Related Links Inside CMS” and select “MLN Product Ordering Page.”

MLN Matters® Number: MM6672

Related Change Request (CR) #: 6672

Related CR Release Date: October 16, 2009

Effective Date: September 28, 2009

Related CR Transmittal #: R1831CP & R107NCD

Implementation Date: January 4, 2010

Magnetic Resonance Imaging (MRI)

Provider Types Affected

Physicians and other providers who bill Medicare contractors (carriers, fiscal intermediaries (FI), or Medicare Administrative Contractors (MAC)) should be aware of this issue if they provide Magnetic Resonance Imaging (MRI) services to Medicare beneficiaries.

What You Need to Know

Historically, the use of Magnetic Resonance Imaging (MRI) for blood flow determination has been a Medicare “non-covered” procedure. CR 6672, from which this article is taken, announces that the Centers for Medicare & Medicaid Services (CMS) found that the non-coverage of MRI for blood flow determination is no longer supported by the available evidence. Therefore, effective September 28, 2009, CMS is removing blood flow measurement as a nationally non-covered indication for MRI, and is giving local Medicare contractors the discretion to cover (or not to cover) this use of MRI in blood flow measurement. You should ensure that your billing staffs are aware of this change.

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Background

CMS received a request to delete the national non-coverage of blood flow measurement from the MRI National Coverage Determination (NCD) in section 220.2 (Magnetic Resonance Imaging), subsection C.2 (National Non-covered Indications) of the *Medicare National Coverage Determinations Manual* because of an apparent contradiction between this non-coverage provision and the national coverage of MRI under the Magnetic Resonance Angiography NCD in the Manual's Section 220.3 (Magnetic Resonance Angiography).

In concert with this change, the following four Current Procedural Terminology (CPT) codes will be changed from "non-covered" to "covered" and will appear in the January 2010 Integrated Outpatient Code Editor (IOCE) Quarterly Updates:

- 75558, Cardiac MRI for morphology/function w/o contrast materials; w/flow/velocity quantification;
- 75560, Cardiac MRI for morphology/function w/o contrast materials; w/flow/velocity quantification & stress;
- 75562, Cardiac MRI for morphology/function w/o contrast materials; followed by contrast materials/further sequences, w/flow/velocity quantification; and
- 75564, Cardiac MRI for morphology/function w/o contrast materials; followed by contrast materials/further sequences, w/flow/velocity quantification & stress.

Please note that all other MRI uses noted in the *NCD manual*, Section 220.2 remain unchanged, including non-coverage of imaging of cortical bone and calcifications, procedures involving spatial resolution of bone and calcifications, for patients with FDA-approved (for an MRI environment) implanted cardioverter-defibrillators or cardiac pacemakers, or for patients with metallic clips on vascular aneurysms.

CMS also received a separate request to revise the reference to cardiac pacemakers to permit coverage for MRI when a beneficiary has an implanted device that has been designed, tested and Food and Drug Administration (FDA)-labeled for use in the MRI environment. In response to this request, CMS has not found evidence that MRI improves health outcomes in beneficiaries who have an implanted cardioverter-defibrillator or cardiac pacemaker approved by FDA for use in an MRI environment; in fact, CMS notes that there are currently no such devices. Therefore, no changes are proposed as a result of this request and the current policy remains in effect.

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Note that your Medicare contractor will not search for previously-processed claims with dates of service of September 28, 2009, through December 31, 2009, but will adjust any claims that you bring to their attention.

Additional Information

CR 6672 was issued in two transmittals. One transmittal updated the *Medicare National Coverage Determinations (NCD) Manual*, Chapter 1, Part 4 (Sections 200 – 310.1) Coverage Determination, Section 220.2 (Magnetic Resonance Imaging) and that transmittal is at

<http://www.cms.hhs.gov/Transmittals/downloads/R107NCD.pdf> on the CMS website. The other transmittal is at

<http://www.cms.hhs.gov/Transmittals/downloads/R1831CP.pdf> and that transmittal updates the *Medicare Claims Processing Manual*, Chapter 13 (Radiology Services and Other Diagnostic Procedures), Section 40 (Magnetic Resonance Imaging (MRI) Procedures).

If you have any questions, please contact your carrier, FI, or A/B MAC at their toll-free number, which may be found at

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

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