



News Flash – The audio transcript of the June 15, 2010 national provider conference call, “ICD-10 Implementation in a 5010 Environment”, hosted by the Centers for Medicare & Medicaid Services (CMS) is now available. To access the transcript, go to <http://www.cms.gov/Medicare/Coding/ICD10/index.html> on the CMS website. In the Downloads section select the June 15, 2010 ICD-10 Conference Call Zip file. The audio transcript is 1 hour and 51 minutes in length. The written transcript will be available soon.

MLN Matters® Number: MM7040

Related Change Request (CR) #: 7040

Related CR Release Date: July 9, 2010

Effective Date: June 3, 2010

Related CR Transmittal #: R1998CP and R123NCD Implementation Date: August 9, 2010

Note: This article was updated on December 7, 2012, to reflect current Web addresses. All other information remains unchanged.

Magnetic Resonance Angiography (MRA)

Provider Types Affected

All physicians, providers and suppliers submitting claims to Medicare contractors (Fiscal Intermediaries (FI), carriers, and A/B Medicare Administrative Contractors (MAC)) for Magnetic Resonance Angiography (MRA) services provided to Medicare beneficiaries are affected.

Provider Action Needed

This article is based on Change Request (CR) 7040. You need to know that, effective for claims with dates of services on or after June 3, 2010, Medicare contractors will have the discretion to cover or not cover all indications of MRA (and magnetic resonance imaging (MRI)) that are not specifically nationally covered or nationally non-covered. Existing national coverage for both MRI and MRA will be maintained. Please ensure that your billing staffs are aware of these changes.

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This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

Background

The Centers for Medicare & Medicaid Services (CMS) in October, 1995, set forth the original conditions under which MRA would be covered. Revisions to the national coverage determination (NCD) policy took place in 1997, 1999, and 2003 to expand coverage for additional indications. Currently covered indications include using MRA for specific conditions to evaluate flow in internal carotid vessels of the head and neck, peripheral arteries of lower extremities, abdomen and pelvis, and the chest. All other uses of MRA are nationally non-covered unless coverage is specifically indicated.

In addition, CMS recently reconsidered the NCD for MRI at section 220.2 of the NCD Manual and removed national non-coverage for MRI for blood flow determination, thereby permitting local Medicare contractors to make local coverage determinations within their respective jurisdictions effective for claims with dates of service on or after June 3, 2010. Such local determinations would apply to all indications of MRA/MRI that are not specifically covered nationally or non-covered nationally.

While reviewing published scientific evidence for the MRI reconsideration, CMS became aware of evidence that may speak to currently non-covered indications for MRA. As a result, CMS initiated this reconsideration to evaluate the current evidence for the non-covered indications for the MRA NCD at section 220.3.C of the NCD Manual.

MRA is a specific application of MRI. CMS believes that the continued existence of separate NCDs is unnecessary, and that the provisions of the MRA NCD at section 220.3 should be merged under the NCD for MRI at section 220.2. Thus, section 220.3, MRA, of the NCD Manual, will no longer appear as a separate NCD.

The effect of this change will maintain existing national coverage for both MRI and MRA, and will eliminate the non-coverage language that currently exists for MRA at section 220.3.C of the NCD Manual, thereby permitting local Medicare contractors to cover (or not cover) all indications of MRA (and MRI) that are not specifically nationally covered or nationally non-covered.

Additional Information

If you have questions, please contact your Medicare carrier and/or MAC at their toll-free number which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website. The official instruction, CR 7040, was issued to your Medicare contractor via two transmittals. The first transmittal modifies the NCD Manual as discussed above and that transmittal is

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available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R123NCD.pdf> on the CMS website. The second transmittal updates the Medicare Claims Processing Manual and that is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1998CP.pdf> on the CMS website.

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