

Part B Insider (Multispecialty) Coding Alert

NEUROLOGY: Don't Despair On MRA Coding--Help Is Here!

Look for retired local policies, carrier manual for help

If you're tearing out your hair over magnetic resonance angiography (MRA) coding and coverage, you're not alone.

In 2003, the **Centers for Medicare & Medicaid Services** issued a national coverage determination (NCD) for MRAs, which replaced all of the local coverage determinations (LCDs) your carriers had issued. This was a good thing because it standardized national coverage--but the CMS policy didn't include any coding information.

Confusion: Unlike the LCDs, the CMS policy doesn't tell you which ICD-9 diagnosis codes you can use to obtain coverage for MRAs. Many coders say they've found this code-free policy unhelpful and confusing.

You can figure out the diagnosis codes from these descriptions, says **Donna Richmond**, a consultant with **CodeRyte** in Bethesda, MD.

For example: CMS says it'll cover MRA for the abdomen for patients about to undergo abdominal aortic aneurysm (AAA) repair or to image the renal and aortoiliac arteries in the absence of AAA or aortic dissection. This lets you know that 441.3 and 441.4 are payable diagnoses for the first indication, and diagnoses such as 403.xx and 405.01 will work for the second indication.

Medicare will cover chest MRAs for pulmonary embolism or thoracic aortic dissection or aneurysm. Richmond says it's easy to figure out which diagnosis codes these indications refer to, including 415.19 and 441.2.

The CMS policy also says Medicare won't ever pay for upper-extremity MRA or spine MRA. Medicare will pay for head and neck MRAs for patients who will probably have surgery for tumors, aneurysms, arteriovenous malformations or occlusions. MRA of the lower extremities is covered to determine the extent of peripheral vascular disease.

Look for LCDs: You can still find lists of specific diagnosis codes that will win coverage for MRAs, says Richmond. Some states still have LCDs that expand on CMS' policy by listing ICD-9 codes for coverage. Other states have -retired- LCDs listed on their Web sites, which will give you ICD-9 codes that should still be valid, says Richmond. If your state doesn't have a current or retired policy, look for other states-, she advises.

Check CPT book: The CMS policy also doesn't include specific CPT codes, but it does discuss each anatomical region separately. You can look in your CPT book for the codes that correspond with MRA for each region, Richmond suggests. Also, the NCD links to sections of the Medicare Carriers Manual and Intermediary Manual which include the CPT codes.