Local Coverage Article:
Billing and Coding: Magnetic Resonance Angiography (A56775)

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Contractor Information

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Article Information

General Information

**Article ID**
A56775

**Original Effective Date**
08/01/2019

**Article Title**
Billing and Coding: Magnetic Resonance Angiography

**Revision Effective Date**
10/17/2019

**Article Type**
Billing and Coding

**Revision Ending Date**
N/A

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Title XVIII of the Social Security Act, §1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process that claim.


**Article Guidance**

**Article Text:**

The information in this article contains billing, coding or other guidelines that complement the Local Coverage Determination (LCD) for Magnetic Resonance Angiography L34424.

**Coding Information**

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**CPT/HCPCS Modifiers**

N/A

**ICD-10 Codes that Support Medical Necessity**
Group 1 Paragraph:

70544, 70545, 70546, 70547, 70548, 70549 Magnetic Resonance Angiography, Head and/or Neck With or Without Contrast Material(s) and Further Sequences

Group 1 Codes:

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<td>Postprocedural hematoma of eye and adnexa following an ophthalmic procedure, bilateral</td>
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<td>Postprocedural hematoma of unspecified eye and adnexa following an ophthalmic procedure</td>
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<td>Postprocedural hematoma of right eye and adnexa following other procedure</td>
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<td>Postprocedural hematoma of left eye and adnexa following other procedure</td>
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<td>Postprocedural hematoma of eye and adnexa following other procedure, bilateral</td>
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<td>Conductive hearing loss, unilateral, left ear with restricted hearing on the contralateral side</td>
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<td>Sensorineural hearing loss, unilateral, right ear, with restricted hearing on the contralateral side</td>
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<td>Mixed conductive and sensorineural hearing loss, unilateral, right ear with restricted hearing on the contralateral side</td>
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<td>Saddle embolus of pulmonary artery without acute cor pulmonale</td>
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<td>Single subsegmental pulmonary embolism without acute cor pulmonale</td>
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<td>Multiple subsegmental pulmonary emboli without acute cor pulmonale</td>
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<td>Injury of blood vessels of head, not elsewhere classified, subsequent encounter</td>
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**Group 2 Paragraph:**

C8912-C8914 Magnetic Resonance Angiography, Lower Extremity

**Group 2 Codes:**

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<td>Other atherosclerosis of unspecified type of bypass graft(s) of the extremities,</td>
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<td>I70.398</td>
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<td>Aneurysm of artery of lower extremity</td>
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<tr>
<td>I73.00</td>
<td>Raynaud's syndrome without gangrene</td>
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<td>Raynaud's syndrome with gangrene</td>
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<tr>
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<td>Thromboangiitis obliterans [Buerger's disease]</td>
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<td>Other arterial embolism and thrombosis of abdominal aorta</td>
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<td>Embolism and thrombosis of unspecified parts of aorta</td>
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<td>Stricture of artery</td>
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**Group 3 Paragraph:**

**C8900-C8902 Magnetic Resonance Angiography, Abdomen**

**Group 3 Codes:**

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**Group 4 Paragraph:**

**C8909-C8911 Magnetic Resonance Angiography, Chest**

**Group 4 Codes:**

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Group 5 Paragraph:

C8918-C8920 Magnetic Resonance Angiography, Pelvis

Group 5 Codes:

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<td>S35.531A</td>
<td>Injury of right uterine artery, initial encounter</td>
</tr>
<tr>
<td>S35.531D</td>
<td>Injury of right uterine artery, subsequent encounter</td>
</tr>
<tr>
<td>S35.531S</td>
<td>Injury of right uterine artery, sequela</td>
</tr>
<tr>
<td>S35.532A</td>
<td>Injury of left uterine artery, initial encounter</td>
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<td>S35.532D</td>
<td>Injury of left uterine artery, subsequent encounter</td>
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<td>S35.532S</td>
<td>Injury of left uterine artery, sequela</td>
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<tr>
<td>S35.534A</td>
<td>Injury of right uterine vein, initial encounter</td>
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<td>Injury of right uterine vein, sequela</td>
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<tr>
<td>S35.535A</td>
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<tr>
<td>S35.535D</td>
<td>Injury of left uterine vein, subsequent encounter</td>
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<tr>
<td>S35.535S</td>
<td>Injury of left uterine vein, sequela</td>
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<tr>
<td>T81.711A</td>
<td>Complication of renal artery following a procedure, not elsewhere classified, initial encounter</td>
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<tr>
<td>T86.11</td>
<td>Kidney transplant rejection</td>
</tr>
<tr>
<td>ICD-10 CODE</td>
<td>DESCRIPTION</td>
</tr>
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<tr>
<td>T86.12</td>
<td>Kidney transplant failure</td>
</tr>
<tr>
<td>T86.19</td>
<td>Other complication of kidney transplant</td>
</tr>
<tr>
<td>T86.830</td>
<td>Bone graft rejection</td>
</tr>
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<td>T86.831</td>
<td>Bone graft failure</td>
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<td>T86.838</td>
<td>Other complications of bone graft</td>
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<td>T86.890</td>
<td>Other transplanted tissue rejection</td>
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<td>T86.891</td>
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<td>T86.898</td>
<td>Other complications of other transplanted tissue</td>
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Group 6 Paragraph:

**C8934, C8935, C8936, Magnetic Resonance Angiography, Upper Extremity, with or without contrast**

Group 6 Codes:

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<tr>
<th>ICD-10 CODE</th>
<th>DESCRIPTION</th>
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<tr>
<td>I72.1</td>
<td>Aneurysm of artery of upper extremity</td>
</tr>
<tr>
<td>I75.011</td>
<td>Atheroembolism of right upper extremity</td>
</tr>
<tr>
<td>I75.012</td>
<td>Atheroembolism of left upper extremity</td>
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<tr>
<td>I77.6</td>
<td>Arteritis, unspecified</td>
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<tr>
<td>I82.601</td>
<td>Acute embolism and thrombosis of unspecified veins of right upper extremity</td>
</tr>
<tr>
<td>I82.602</td>
<td>Acute embolism and thrombosis of unspecified veins of left upper extremity</td>
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<tr>
<td>I82.603</td>
<td>Acute embolism and thrombosis of unspecified veins of upper extremity, bilateral</td>
</tr>
<tr>
<td>I82.701</td>
<td>Chronic embolism and thrombosis of unspecified veins of right upper extremity</td>
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<td>I82.702</td>
<td>Chronic embolism and thrombosis of unspecified veins of left upper extremity</td>
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<td>I82.703</td>
<td>Chronic embolism and thrombosis of unspecified veins of upper extremity, bilateral</td>
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<tr>
<td>I82.711</td>
<td>Chronic embolism and thrombosis of superficial veins of right upper extremity</td>
</tr>
<tr>
<td>I82.712</td>
<td>Chronic embolism and thrombosis of superficial veins of left upper extremity</td>
</tr>
<tr>
<td>I82.713</td>
<td>Chronic embolism and thrombosis of superficial veins of upper extremity, bilateral</td>
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<tr>
<td>I82.721</td>
<td>Chronic embolism and thrombosis of deep veins of right upper extremity</td>
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<td>I82.722</td>
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<tr>
<td>I82.723</td>
<td>Chronic embolism and thrombosis of deep veins of upper extremity, bilateral</td>
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<tr>
<td>M79.A11</td>
<td>Nontraumatic compartment syndrome of right upper extremity</td>
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<tr>
<td>M79.A12</td>
<td>Nontraumatic compartment syndrome of left upper extremity</td>
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<tr>
<td>T87.0X1</td>
<td>Complications of reattached (part of) right upper extremity</td>
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ICD-10 CODE | DESCRIPTION
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T87.0X2 | Complications of reattached (part of) left upper extremity

ICD-10 Codes that DO NOT Support Medical Necessity
N/A

Additional ICD-10 Information
N/A

Bill Type Codes:
Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.
N/A

Revenue Codes:
Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.
N/A

Other Coding Information
N/A

Revision History Information

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<th>REVISION HISTORY NUMBER</th>
<th>REVISION HISTORY EXPLANATION</th>
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<tr>
<td>10/17/2019</td>
<td>R3</td>
<td>This article is being revised in order to adhere to CMS requirements per chapter 13, section 13.5.1 of the Program Integrity Manual, to remove all coding from LCDs and incorporate into related Billing and Coding Articles. Regulations regarding billing and coding were removed from the CMS National Coverage Policy section of the related</td>
</tr>
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</table>

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<table>
<thead>
<tr>
<th>REVISION HISTORY DATE</th>
<th>REVISION HISTORY NUMBER</th>
<th>REVISION HISTORY EXPLANATION</th>
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<tr>
<td>10/01/2019</td>
<td>R2</td>
<td>Under <strong>Covered ICD-10 Codes Group 1, 2, 3, 4 and 5: Codes</strong> added ICD-10 Codes I26.93 and I26.94. Under <strong>Covered ICD-10 Codes Group 2: Codes</strong> added ICD-10 Codes I80.241, I80.242, I80.243, I80.249, I80.251, I80.252, I80.253 and I80.259. Under <strong>Covered ICD-10 Codes Group 3 and 5: Codes</strong> added ICD-10 Code N99.85. Under <strong>Covered ICD-10 Codes Group 1: Codes</strong> the code descriptions were revised for ICD-10 Codes G43.A0 and G43.A1. Under <strong>Covered ICD-10 Codes Group 2, 3 and 5: Codes</strong> the code descriptions were revised for ICD-10 Codes I70.238 and I70.248. This revision is due to the Annual ICD-10 Code Update and becomes effective on 10/1/2019.</td>
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<tr>
<td>08/01/2019</td>
<td>R1</td>
<td>All coding located in the <strong>Coding Information</strong> section has been removed from the related Magnetic Resonance Angiography L34424 LCD and added to this article.</td>
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### Associated Documents

**Related Local Coverage Document(s)**

LCD(s)

L34424 - Magnetic Resonance Angiography

**Related National Coverage Document(s)**

N/A

**Statutory Requirements URL(s)**

N/A

**Rules and Regulations URL(s)**

N/A

**CMS Manual Explanations URL(s)**

N/A

**Other URL(s)**

N/A

**Public Version(s)**

Updated on 10/09/2019 with effective dates 10/17/2019 - N/A

Updated on 08/21/2019 with effective dates 10/01/2019 - N/A

Updated on 07/22/2019 with effective dates 08/01/2019 - N/A

Updated on 07/22/2019 with effective dates 08/01/2019 - N/A

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### Keywords

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- MRA
- Magnetic Resonance Angiography