

<b>Subject: MCR Chest MRA (71555)</b>		<b>Original Effective Date: 12/13/17</b>
<b>Policy Number: 615</b>	<b>Revision Date(s): 11/15/18</b>	
<b>Review Date: 12/13/17, 12/13/18, 12/10/19</b>		

**DISCLAIMER**

*This Molina Clinical Review (MCR) is intended to facilitate the Utilization Management process. It expresses Molina's determination as to whether certain services or supplies are medically necessary, experimental, investigational, or cosmetic for purposes of determining appropriateness of payment. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered (i.e., will be paid for by Molina) for a particular member. The member's benefit plan determines coverage. Each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their providers will need to consult the member's benefit plan to determine if there are any exclusion(s) or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and a member's plan of benefits, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of a State, the Federal government or CMS for Medicare and Medicaid members. CMS's Coverage Database can be found on the CMS website. The coverage directive(s) and criteria from an existing National Coverage Determination (NCD) or Local Coverage Determination (LCD) will supersede the contents of this Molina Clinical Review (MCR) document and provide the directive for all Medicare members.*

**DESCRIPTION OF PROCEDURE/SERVICE/PHARMACEUTICAL**

Magnetic resonance angiography (MRA) is a non-invasive procedure that enhances certain anatomic views of vascular structures. This procedure complements traditional angiography and allows reconstruction of the images in different planes and removal of surrounding structures, leaving only the vessels to be studied.

**APPROVAL SUPPORT**

Aneurysm/Dissection

- Thoracic/thoracoabdominal aneurysm or dissection suspected by clinical history, such as hypertension, “tearing type” chest pain, or trauma
- Known vascular disease, such as prior surgery, extensive atherosclerosis, Takayasu’s arteritis, etc.

Embolism or other occlusions

- Suspected or known pulmonary embolism (excludes low risk \* with negative D-Dimer)

Fistula

- Suspected or known arteriovenous malformation (e.g. after chest tube placement)

Stenosis

- Pulmonary hypertension
- Vascular insufficiency of the neck or arms, subclavian steal with abnormal ultrasound

- Differentiate aortic aneurysms from tumors near the aorta
- Differentiate between vascular and nonvascular tumors
- Evaluate hemorrhage or trauma
- Traumatic or Post Procedural

#### Congenital

- Coarctation, great vessel transposition, or other vascular abnormality suggested by abnormal imaging or EKG.
- AVM (Arterio Venous Malformation)

#### Pre/Post Procedural

- Pre-operative or Pre procedural evaluation and the chest blood vessel detail is needed. (Examples: Breast reconstructive surgery, Transcatheter Aortic Valve replacement, RadioFrequency Ablation for Atrial Fibrillation, etc.)
- Post-operative/Post-procedural for routine recommended follow up or for potential post- operative complications,
- A repeat study may be needed to help evaluate a patient's progress after treatment procedure intervention or surgery. The reason for the repeat study and that it will affect care must be clear.

#### Combination

- Chest MRA and Abdomen/Pelvis MRA is appropriate for evaluation for possible TAVR (Transcatheter Aortic Valve Replacement) for Aortic Stenosis

### ADDITIONAL CRITICAL INFORMATION

\*Low risk of pulmonary embolism is defined as answering NO to all of the following criteria:

1. Clinical signs and symptoms of a DVT
2. Pulmonary Embolism is the most likely diagnosis
3. Heart rate is greater than 100 bpm.
4. Had undergone surgery in the last 4 weeks or have been recently immobilized.
5. Had a prior DVT or pulmonary embolism
6. Hemoptysis
7. Have an underlying malignancy

The above medical necessity recommendations are used to determine the best diagnostic study based on a patient's specific clinical circumstances. The recommendations were developed using evidence based studies and current accepted clinical practices. Medical necessity will be determined using a combination of these recommendations as well as the patient's individual clinical or social circumstances.

- Tests that will not change treatment plans should not be recommended.
- Same or similar tests recently completed need a specific reason for repeat imaging.

## REFERENCES USED FOR DETERMINATIONS

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8. American College of Radiology. (2016). ACR Appropriateness Criteria® Retrieved from <https://acsearch.acr.org/list>.
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11. Stein, P.D., Fowler, S.E., Goodman, L.R., et al. (2006). Multidetector computed tomography for acute pulmonary embolism. *The New England Journal of Medicine*, 354(22), 2317-2327. doi: 10.1056/NEJMoa052367.
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THIS LIST OF CODES MAY NOT BE ALL INCLUSIVE.

	Description
71555	MRA (Magnetic Resonance Angiography) Chest/Thorax with and without contrast MRA (Magnetic Resonance Angiography) Chest/Thorax with and without contrast