

2025 Magnetic Resonance Angiography/Venography (MRA/ MRV) Pelvis

Diagnostic Imaging

MRA-Pelvis-HH
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Magnetic Resonance Angiography/Magnetic Resonance Venography (MRA/MRV) Pelvis

MRA/MRV Pelvis Related National Coverage Determination (NCD)/Local Coverage Determination (LCD)

Please refer to <https://www.cms.gov/medicare-coverage-database/search.aspx> if applicable to the individual's health plan membership.

Type/ID Number	Title
NCD 220.2	Magnetic Resonance Imaging
LCD 33633	Magnetic Resonance Angiography
LCD 34372	Magnetic Resonance Angiography
LCD 34865	Magnetic Resonance Angiography

Clinical Judgment

These medical policies are designed to provide clinical guidance and do not supplant a provider's independent professional judgment. Physicians retain full and independent authority to determine appropriate care based on each patient's individual clinical circumstances. Although services may be subject to documentation requirements, medical necessity review, or coverage limitations, nothing in this policy is intended to restrict or interfere with a physician's independent medical judgment.

MRA Contraindications

An MRA is contraindicated for **ANY** of the following:

- Safety, related to clinical status (eg, body mass index exceeds MR capability, intravascular stents within recent 6 weeks)
- Safety, related to contrast material (eg, allergy, renal impairment)
- Safety, related to implanted devices (aneurysm clip, cochlear implant, insulin pump, spinal cord stimulator)



IMPORTANT

Some implanted devices that were once absolute contraindications to a MRI, may now be accepted. Considerations include if the MRI is able to accommodate the device, or the device is deemed safe for MRI.



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References: [7] [40] [26] [19] [3]

Preamble: Pediatric Diagnostic Imaging

HealthHelp's clinical guidelines for the Diagnostic Imaging program, are intended to apply to both adults and pediatrics (21 years of age or younger), unless otherwise specified within the criteria.

MRA/MRV Pelvis Guideline

Magnetic resonance angiography/magnetic resonance venography (MRA/MRV) of the pelvis is considered medically appropriate when the documentation demonstrates **ANY** of the following:

1. Arterial vascular disease is suspected or known and **ANY** of the following:
 - a. Aneurysm (eg, abdominal aorta, adnexal, iliac artery, mesenteric artery, renal artery, visceral) is suspected or known, ultrasound is non-diagnostic or indeterminate **AND** CTA is **contraindicated or unavailable** and **ANY** of the following:
 - i. Aneurysm is suspected and symptomatic (eg, pelvic or back pain, hypotension)
 - ii. Aneurysm is known and complications are suspected (eg, new onset abdominal pain).
 - iii. Aneurysm, iliac, for surveillance imaging as follows:
 - A. 2.0 cm to 2.9 cm; every 3 years
 - B. 3.0 cm to 3.4 cm; annually
 - C. 3.5 cm or more; every 6 months
 - b. Large vessel disease (aorta, iliac arteries/veins, mesenteric, vena cava) is known, localized to the abdomen, when ultrasound is non-diagnostic or indeterminate.
 - c. Vascular abnormality (eg, arteriovenous malformations [AVM], compression syndromes, dissection, fistulas, intramural hematoma, vasculitis) is known **AND** ultrasound is non-diagnostic or indeterminate.
 - d. Vascular abnormality risk is increased and **ANY** of the following:
 - i. Connective tissue disease is known for **ANY** of the following:
 - A. Ehlers-Danlos (vascular); diagnosis and every 18 months thereafter, more frequently if abnormalities are found.
 - B. Loeys-Dietz syndrome; diagnosis and every 2 years thereafter, more frequently if abnormalities are found.

- C. Marfan syndrome; at diagnosis and every 3 years thereafter, more frequently if abnormalities are found.
 - ii. Fibromuscular dysplasia (FMD); one-time vascular study from brain to pelvis
 - iii. Neurofibromatosis 1; image at development of hypertension
 - iv. Takayasu's arteritis; diagnosis and clinically as indicated
 - v. Williams syndrome and prior physical exam or imaging is abnormal, non-diagnostic or indeterminate.
- e. Vascular ischemia or hemorrhage and **EITHER** of the following:
 - i. Mesenteric ischemia/ischemic colitis is suspected or known **AND** CTA is **contraindicated or unavailable**.
 - ii. Retroperitoneal hematoma or hemorrhage is known, to determine vascular source when CT is non-diagnostic or indeterminate **AND** CTA is **contraindicated or unavailable**.

References: [39] [38] [9] [15] [21] [10] [33] [2] [18] [32] [25] [16] [34] [37]

- 2. Pre-procedural evaluation, to guide treatment planning or post-surgical assessments (within 90 days of procedure) for evaluation of complications or disease recurrence
- 3. Tumor-related vascular invasion or displacement is demonstrated on prior imaging.

References: [23]

- 4. Venous vascular disease, is suspected or known and **ANY** of the following:
 - a. Edema of lower extremities (typically asymmetric or unilateral) is diffuse and unexplained, **AND** ultrasound is non-diagnostic or indeterminate.
 - b. May-Thurner syndrome (iliac compression syndrome) is suspected or known and CTV is **contraindicated or unavailable**.
 - c. Pelvic vascular disease **OR** pelvic congestion syndrome is suspected, and ultrasound is non-diagnostic or indeterminate.
 - d. Venous thrombosis, of iliac vein, is suspected or known and prior imaging is non-diagnostic or indeterminate.

References: [4] [11] [31] [29]

MRA/MRV Pelvis Summary of Changes

MRA/MRV Pelvis guideline had the following version changes from 2024 to 2025:

Table 1. 2026 MRA Pelvis Summary of Changes

Date	Type of Change	Summary
05/21/2025	Annual	<ul style="list-style-type: none"> • Added the following new indications to keep in line with current evidence: <ul style="list-style-type: none"> ▪ "ultrasound is <u>non-diagnostic or indeterminate</u> AND CTA is contraindicated or unavailable" to "Aneurysm is suspected or known" under "Arterial vascular disease" per ACR ▪ Under "Vascular abnormality risk is increased" per EBM <ul style="list-style-type: none"> ◦ "Neurofibromatosis 1" ◦ "Takayasu's arteritis" ◦ "Williams syndrome" • Moved the following for clarity: <ul style="list-style-type: none"> ▪ "Large vessel disease" to under "Arterial vascular disease" • Removed the following as current evidence no longer supports the indication: <ul style="list-style-type: none"> ▪ "Asymptomatic AND ultrasound is non-diagnostic or indeterminate" from under "Aneurysm is suspected or known" due to lack of evidence ▪ Combination studies as they are redundant ▪ "Prior MRA pelvis imaging is <u>non-diagnostic or indeterminate</u>" as it is too broad ▪ "Spontaneous coronary artery dissection" as it is an emergent criteria • Reworded the following for clarity: <ul style="list-style-type: none"> ▪ "Mass, abdominal, with suspected vascular displacement or invasion" to "Tumor-related vascular invasion" ▪ "Thrombosis, venous" to "Venous thrombosis" ▪ "Vascular abnormalities are visualized" into "Vascular abnormality is known"

MRA/MRV Pelvis Procedure Codes

Table 1. MRA Pelvis Associated Procedure Codes

CODE	DESCRIPTION
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)
C8918	Magnetic resonance angiography with contrast, pelvis
C8919	Magnetic resonance angiography without contrast, pelvis
C8920	Magnetic resonance angiography without contrast followed by with contrast, pelvis

MRA/MRV Pelvis Definitions

Aneurysm refers to weakness in an artery wall, allowing it to abnormally balloon out or widen.

Aortic dissection is a serious condition in which the integrity of the body's main artery (aorta) is compromised and blood passes through the inner lining and between the layers of the arterial wall.

Aortic dissection types:

- **Type A** is the most common and dangerous type involves a tear in the part of the aorta where it exits the heart. The tear may also occur in the upper aorta (ascending aorta), which may extend into the abdomen.
- **Type B** involves a tear in the lower aorta only (descending aorta), which may also extend into the abdomen

Arteriovenous fistula (AVF) is an abnormal connection between an artery and a vein. It happens when one or more arteries are directly connected to one or more veins or venous spaces called sinuses.

Arteriovenous malformation (AVM) are congenital high-flow vascular malformations characterized by abnormal shunting of blood from high-flow feeding arteries to low-resistance veins via a cluster of aberrant blood vessels termed a central nidus, bypassing the normal capillary bed.

Colitis is a chronic digestive disease that causes inflammation of the large intestine, or colon.

Compression is reducing in size, quantity or volume, as if by squeezing.

Computed tomography angiography (CTA) is a medical test that combines a computed tomography (CT) scan with an injection of a special dye to produce pictures of blood vessels and tissues in a part of the body.

Dissection refers to the separation of the layers within the wall of an artery, most commonly the aorta, due to a tear in the intimal layer, leading to the formation of a false lumen.

Edema an abnormal infiltration and excess accumulation of serous fluid in connective tissue or in a serous cavity.

Ehlers-Danlos syndrome is a group of hereditary connective tissue disorders that manifests clinically with skin hyperelasticity, hypermobility of joints, atrophic scarring and fragility of blood vessels.

Endovascular aneurysm repair (EVAR) is a minimally invasive procedure that treats abdominal aortic aneurysms (AAAs). The procedure involves placing a stent-graft within the aorta to reduce the risk of rupture.

Fibromuscular dysplasia is a rare blood vessel disorder that causes arteries to narrow and grow larger. FMD occurs when the strong, flexible cells in arteries are replaced with less strong, less flexible cells. This makes the arteries stiffer and more likely to be damaged.

Fistula is an abnormal connection between two epithelialized surfaces, often involving organs such as the gut, bladder, vagina, or skin, and can result from various causes including surgery, trauma, Crohn's disease, diverticular disease, or malignancy.

Hematoma is a mass of usually clotted blood that forms in a tissue, organ or body space as a result of a broken blood vessel.

Hemorrhage is a copious or heavy discharge of blood from the blood vessels.

Iliac vein compression syndrome (May-Thurner syndrome) also known as May-Thurner syndrome, is a condition where the left common iliac vein is compressed by the overlying right common iliac artery and the underlying vertebral body, leading to venous congestion and stasis, which predisposes to venous thromboembolism (VTE).

Indeterminate findings are inconclusive or insufficient for treatment planning.

Intestinal ischemic syndrome refers to a condition where there is insufficient blood flow to the intestines, leading to tissue damage and necrosis.

Ischemia is a deficient supply of blood to a body part (such as the heart or brain) due to obstruction of the inflow of arterial blood.

Loeys-Dietz syndrome is a rare autosomal dominant connective tissue disorder characterized by aggressive aortic aneurysms, arterial tortuosity, and distinctive craniofacial and skeletal features.

Magnetic resonance angiogram (MRA) is a test that uses a magnetic field and pulses of radio wave energy to provide images of blood vessels inside the body, allowing for evaluation of blood flow and blood vessel wall condition. MRA is used to look for aneurysms, clots, tears in the aorta, arteriovenous malformations and stenosis caused by plaque in the carotid arteries (neck) or blood vessels leading to the lungs, kidneys or legs.

Magnetic resonance venogram (MRV) is a diagnostic procedure that uses a combination of a large magnet, radiofrequencies, and a computer to produce detailed images of organs and structures within the body. An MRV uses magnetic resonance technology and intravenous (IV) contrast dye to visualize the veins. Contrast dye causes the blood vessels to appear opaque on the X-ray image, allowing the visualization the blood vessels being evaluated. MRV is useful in some cases because it can help detect causes of leg pain other than vein problems.

Marfan syndrome is a disorder of connective tissue inherited as a dominant trait, characterized by abnormal elongation of the long bones and often with ocular and circulatory defects.

May-Thurner syndrome (iliac vein compression syndrome) is a condition where the left common iliac vein is compressed by the overlying right common iliac artery and the underlying vertebral body, leading to venous congestion and stasis, which predisposes to venous thromboembolism (VTE).

Mesenteric is a fold of membrane that attaches the intestine to the abdominal wall and holds it in place.

Non-diagnostic is a result that does not lead to a confirmed diagnosis.

Pediatric approximate ages are defined by the US Department of Health (USDH), the Food and Drug Administration (FDA), and the American Academy of Pediatrics (AAP) as the following:

1. Infancy, between birth and 2 years of age
2. Childhood, from 2 to 12 years of age

3. Adolescence, from 12 to 21 years of age, further defined by the AAP into:
 - a. Early (ages 11–14 years)
 - b. Middle (ages 15–17 years),
 - c. Late (ages 18–21 years)
 - d. Older ages may be appropriate for children with special healthcare needs.

Pelvic congestion syndrome occurs when varicose veins develop around the ovaries, similar to varicose veins that occur in the legs. The valves in the veins no longer function normally, which causes blood to back up. The veins become engorged or “congested”, which can be very painful.

Retroperitoneal describes the area behind the smooth transparent serous membrane that lines the cavity of the abdomen.

Retroperitoneal bleed occurs when blood enters into space immediately behind the posterior reflection of the abdominal peritoneum. The organs of this space include the esophagus, aorta, inferior vena cava, kidneys, ureters, adrenals, rectum, parts of the duodenum, parts of the pancreas and parts of the colon.

Stenosis is a narrowing or constriction of the diameter of a bodily passage or orifice.

Surveillance in cancer is the ongoing, timely and systematic collection and analysis of information on new cancer cases, extent of disease, screening tests, treatment, survival and cancer deaths.

Takayasu's arteritis is a chronic inflammatory disease especially of the aorta and its major branches (the brachiocephalic artery and left common carotid artery) that result in progressive stenosis, occlusion and aneurysm formation marked by diminution or loss of the pulse (as in the arm) and ischemic symptoms.

Thoracic outlet syndrome is a condition caused by the compression of neurovascular structures as they pass through the thoracic outlet, leading to symptoms such as pain, paresthesia, and weakness in the upper extremity.

Thrombosis is the formation of a blood clot (partial or complete blockage) within blood vessels, whether venous or arterial, limiting the natural flow of blood and resulting in clinical sequela.

Transcatheter Aortic Valve Implantation/Replacement (TAVI/TAVR) is a minimally invasive procedure that replaces a diseased aortic valve with a man-made or animal tissue valve. TAVR is for patients with severe aortic stenosis, which is a narrowing of the valve opening. The procedure only requires a small cut in the skin and does not require open-heart surgery.

Ultrasound is the diagnostic or therapeutic use of ultrasound and especially a noninvasive technique involving the formation of images used for the examination and measurement of internal body structures and the detection of bodily abnormalities.

MRA/MRV Pelvis References

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Disclaimer section

Purpose

The purpose of the HealthHelp's clinical guidelines is to assist healthcare professionals in selecting the medical service that may be appropriate and supported by evidence to safely improve

outcomes. Medical information is constantly evolving, and HealthHelp reserves the right to review and update these clinical guidelines periodically. HealthHelp reserves the right to include in these guidelines the clinical indications as appropriate for the organization's program objectives. Therefore the guidelines are not a list of all the clinical indications for a stated procedure, and associated Procedure Code Tables may not represent all codes available for that state procedure or that are managed by a specific client-organization.

Clinician Review

These clinical guidelines neither preempt clinical judgment of trained professionals nor advise anyone on how to practice medicine. Healthcare professionals using these clinical guidelines are responsible for all clinical decisions based on their assessment. All Clinical Reviewers are instructed to apply clinical indications based on individual patient assessment and documentation, within the scope of their clinical license.

Payment

The use of these clinical guidelines does not provide authorization, certification, explanation of benefits, or guarantee of payment; nor do the guidelines substitute for, or constitute, medical advice. Federal and State law, as well as member benefit contract language (including definitions and specific contract provisions/exclusions) take precedence over clinical guidelines and must be considered first when determining eligibility for coverage. All final determinations on coverage and payment are the responsibility of the health plan. Nothing contained within this document can be interpreted to mean otherwise.

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National and Local Coverage Determination (NCD and LCD)



NOTICE

To ensure appropriate review occurs to the most current NCD and/or LCD, always defer to <https://www.cms.gov/medicare-coverage-database/search.aspx>.



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Background

National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) are payment policy documents outlined by the Centers for Medicare and Medicaid Services (CMS) and the government's delegated Medicare Audit Contractors (MACs) that operate regionally in jurisdictions.

CMS introduced variation between different jurisdictions/Medicare Audit Contractors (MACs) and their associated covered code lists with the transition to ICD 10. The variation resulted in jurisdictions independently defining how codes are applied for exclusions, limitations, groupings, ranges, etc. for the medical necessity indications outlined in the NCD and LCD. Due to this variation, there is an inconsistent use/application of codes and coverage determinations across the United States between the different MACs.

In addition, **WITHOUT** notice, CMS can change the codes that indicate medical necessity and the format of the coverage determinations/associated documents (eg, Articles). This is an additional challenge for organizations to keep up with ongoing, unplanned changes in covered codes and medical necessity indications.

Medical Necessity Codes

Due to the variation in code application between jurisdictions/MACs and that updates can happen without notification, HealthHelp is not able to guarantee full accuracy of the codes listed for any Coverage Determination, and advises that prior to use, the associated Coverage Determination Articles are reviewed to ensure applicability to HealthHelp's programs and any associated NCDs and LCDs.

For Internal Use Only:

11248 11249 11253 11282 11325 11328 11333 11349 11350 11351 11352 11354 11355 11356
11358 11359 11360 11361 11362 11365 11366 11367 11368 11369 11370 11374 11375 11394
11395 11396 11565