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# 2025 Magnetic Resonance Imaging (MRI) Chest

## *Diagnostic Imaging*

MRI-Chest-HH



**Last Review Date: 05/16/2025**
Previous Review Date: 10/28/2024
Guideline Initiated: 06/30/2019

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# Table of Contents

# Magnetic Resonance Imaging (MRI) Chest

## MRI Chest 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 |
|---|---|
| LCD 35391 | Multiple Imaging in Oncology |

## 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.

## MRI General Contraindications

MRI is contraindicated for **ANY** of the following:

- Safety, related to clinical status (body mass index exceeds MRI capability, intravascular stents within recent 6 weeks)
- Safety, related to implanted devices (aneurysm clips, cochlear implant, implantable cardio-defibrillators, insulin pump, permanent pace maker, spinal cord stimulator)[1]
  ***References:*** [7] [3] [6]

## 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.

## MRI Chest Guideline

Magnetic resonance imaging (MRI) of the chest is considered medically appropriate when the documentation demonstrates **ANY** of the following:

[1]Some implanted devices that were once absolute contraindications to a MRI may now be accepted, including if the specific MRI is able to accommodate the device or the device itself is deemed safe for MRI.

1. Brachial plexus, mass or trauma, is suspected or known and **ANY** of the following: (*__NOTE__: *Chest MRI is preferred study, but neck and/or shoulder (upper extremity) MRI can be ordered depending on location of injury*.)
    a. Electromyography/nerve conduction velocity studies are abnormal, non-diagnostic or indeterminate.
    b. Mechanism of injury is known.

    ***References:*** [10]

2. Chest wall area pathology, chest X-ray is completed, CT is **contraindicated or unavailable** and **ANY** of the following:
    a. Infection signs/symptoms are present (eg, fever, elevated inflammatory markers, infection at other site) and chest wall involvement is suspected.
    b. Injuries are suspected (eg, costochondral cartilage, manubriosternal joint injuries, musculotendinous, sternoclavicular joint, pectoralis major), for treatment planning.
    c. Pain in the chest area is non-traumatic **AND** chest and/or rib films are completed.

    ***References:*** [9]

3. Congenital malformation is known with **ANY** of the following:
    a. Congenital heart disease **AND** pulmonary hypertension
    b. Pulmonary sequestration is suspected or known.
    c. Symptomatic (eg, chest pain, shortness of breath, wheezing), for treatment planning (eg, pectus excavatum, pectus carinatum, scoliosis).
    d. Thoracic malformation is demonstrated on prior imaging (eg, CT, chest X-ray, echocardiogram, gastrointestinal study)

    ***References:*** [2] [4]

4. Cystic fibrosis complication evaluation (eg, bronchiectasis, mucus plugging, perfusion abnormalities), for treatment planning. **AND** CT is **contraindicated or unavailable**.
***References:*** [5]

5. Mass/tumor evaluation and **ANY** of the following:
    a. Cancer in the chest is suspected or known **AND** CT is **contraindicated or unavailable**.
    b. Mediastinal mass is demonstrated on prior imaging.
    c. Thymoma screening and Myasthenia Gravis is known.

    ***References:*** [1]

6. Post-surgical assessments for evaluation of complications or disease recurrence (within 90 days)
7. Vascular disease is suspected or known and **ANY** of the following:
    a. Pulmonary hypertension is suspected based on echocardiogram (ECHO) **OR** right-heart catheterization.
    b. Subclavian steal syndrome evaluation when ultrasound is positive, non-diagnostic or indeterminate and computed tomography angiography (CTA) and magnetic resonance angiography (MRA) are **contraindicated or unavailable**
    c. Superior vena cava syndrome (SVC) evaluation
    d. Thoracic outlet syndrome evaluation and CTA and MRA are **contraindicated or unavailable**

***References:*** [8] [12]

## MRI Chest with Xenon XE 129 Gas Blend

Magnetic resonance imaging (MRI) for evaluation of the chest with Xenon XE 129 gas blend is considered medically appropriate for evaluation when the documentation demonstrates **ALL** of the following:

1. Age is 12 years or older.
   ***References:*** [11]
2. Obstructive lung disease (eg, asthma, bronchiolitis obliterans, chronic obstructive pulmonary disease [COPD], cystic fibrosis, interstitial lung disease or pulmonary hypertension) is suspected or known, to further characterize disease burden or to monitor treatment response.
   ***References:*** [11]

## Blood/Bone Marrow Cancers Surveillance section

## Acute Lymphoblastic Leukemia Surveillance

Acute lymphoblastic leukemia: No imaging surveillance suggested.
***References:*** [2024 Acute Lymphoblastic Leukemia Version 3.2024]

## Acute Myeloid Leukemia Surveillance reuse

Blastic plasmacytoid dendritic cell neoplasm surveillance includes a repeat PET/CT for individuals with prior evidence of extramedullary disease.
***References:*** [2025 Acute Myeloid Leukemia (Age ≥18) Version 1.2026]

## Chronic Lymphocytic Leukemia/Small Cell Lymphocytic Lymphoma Surveillance

Chronic lymphocytic leukemia/small cell lymphocytic lymphoma: No imaging surveillance suggested.
***References:*** [2025 Chronic Lymphocytic Leukemia/Small Lymphocytic Leukemia Version 1.2025]

## Chronic Myeloid Leukemia Surveillance

Chronic Myeloid Leukemia: No imaging surveillance suggested.
***References:*** [2025 Chronic Myeloid Leukemia Version 1.2026]

## Hairy Cell Leukemia Surveillance

Hairy cell leukemia: No imaging surveillance suggested.
***References:*** [2025 Hairy Cell Leukemia Version 1.2025]

## Multiple Myeloma Surveillance

Multiple myeloma surveillance includes **ANY** of the following:

1. Multiple myeloma, surveillance imaging when recurrence is suspected with **ANY** of the following:
    a. CT scan, low dose
    b. FDG PET/CT
    c. MRI (- contrast material), whole-body
2. Smoldering myeloma, surveillance imaging annually (or more often when recurrence is suspected) with **ANY** of the following:
    a. CT scan, low dose
    b. FDG PET/CT
    c. MRI (- contrast material), whole-body

***References:*** [2025 Multple Myeloma Version 2.2025]

## Chest Surveillance section

## Bone Cancer Surveillance

Bone cancer surveillance includes **ANY** of the following:

1. Chondrosarcoma surveillance for **ANY** of the following:

a. Atypical cartilaginous tumor surveillance with cross-sectional imaging (CT + contrast, MRI ± contrast) every 6 to 12 months for 2 years, then annually as clinically indicated

b. Low-grade, extracompartmental appendicular tumor, grade I axial tumors or high-grade (grade II or III, clear cell or extracompartmental) tumors surveillance with **ALL** of the following:

i. Chest CT at least every 6 months for 5 years, then annually for at least 10 years, then if symptoms are new or progressing.

ii. MRI (± contrast) or CT (+ contrast) if symptoms are new or progressing.

2. Chordoma surveillance with **ALL** of the following:

a. Chest CT imaging every 6 months, annually for 5 years, then annually thereafter, then if symptoms are new or worsening.

b. Imaging of primary site, timing and modality (eg, MRI ± CT [both + contrast]) if symptoms are new or progressing, up to 10 years

3. Ewing Sarcoma after primary treatment completed surveillance with **ALL** of the following:

a. Chest CT: every 3 months

b. Primary site imaging with MRI ± CT (both + contrast), increase intervals after 24 months and after 5 years, annually, then if symptoms are new or progressing (indefinitely) (*__NOTE__: *PET/CT [head-to-toe] is appropriate*)

4. Giant cell tumor of the bone surveillance with **ALL** of the following:

a. Chest CT or MRI imaging every 6 to 12 months for 4 years, then annually thereafter, then if symptoms are new or progressing

b. Surgical site imaging if symptoms are new or progressing (eg, CT and/or MRI, both with contrast)

5. Osteosarcoma surveillance with primary site and chest imaging (using same imaging that was done for initial work-up) for **ANY** of the following: (*__NOTE__: *PET/CT [head-to-toe] is appropriate*.)

a. Image every 3 months for years 1 and 2

b. Image every 4 months for year 3

c. Image every 6 months for years 4 and 5

d. Image annually for year 6 and thereafter, then if symptoms are new or progressing

***References:*** [2025 Bone Cancer Version 1.2026]

## Breast Cancer Surveillance

Breast cancer surveillance includes **ANY** of the following: (*__NOTE__: *The waiting period to begin annual surveillance after breast-conserving therapy (BCT) is 6 to 12 months after completing radiation therapy [RT].*)

1. Ductal carcinoma in situ includes a mammogram 6 to 12 months after breast conservation therapy (category 2B) or radiation therapy and annually thereafter.
2. Invasive breast cancer surveillance includes a mammogram every 12 months, beginning 6 months or more after completion of BCT. (*__NOTE__: *routine imaging of reconstructed breast is **NOT** indicated*.)

***References:*** [2025 Breast Cancer Version 4.2025]

## Esophageal and Esophagogastric Junction Cancer Surveillance

Esophageal and esophagogastric junction cancer surveillance includes **ANY** of the following[2]:

1. Adenocarcinoma, squamous cell carcinoma; imaging studies if symptoms are new or progressing
2. Tumor classification T1b[a] (N0 on ultrasound) after endoscopic resection or ablation, imaging surveillance includes computed tomography (CT) chest and abdomen (+ contrast, unless **contraindicated**) every 6 months for the first 2 years and annually for up to 5 years
3. Tumor classification T1b or greater, any N[a] or T1a N+, imaging surveillance includes esophagectomy performed with or **WITHOUT** adjuvant therapy then surveillance includes chest and abdomen CT (+ contrast, unless **contraindicated**) every 6 months for the first 2 years and annually for up to 5 years
4. Tumor classification any T and/or any N, with neoadjuvant chemotherapy **OR** chemoradiotherapy **AND** esophagectomy, with or **WITHOUT** adjuvant treatment, imaging surveillance includes chest and abdomen CT (+ contrast, unless **contraindicated**) every 6 months for up to 2 years, then annually for up to 5 years and EGD, then if symptoms are new or progressing
5. Tumor classification (pretreatment) N0 to N+, T1b to T4, T4b, with definitive chemoradiation (**WITHOUT** esophagectomy), surveillance imaging includes chest and abdomen CT (+ contrast unless **contraindicated**) every 3 to 6 months for the first 2 years and annually for up to 5 years

***References:*** [2025 Esophageal and Esophagogastric Junction Cancers Version 3.2025]

[2]Routine esophageal/esophagogastric junction cancers are **NOT** recommended for cancer-specific surveillance, for more than 5 years after the end of treatment.

## Mesothelioma: Pleural Surveillance

Mesothelioma: Pleural: No imaging surveillance suggested.
***References:*** [2025 Mesothelioma: Pleural Version 2.2025]

## Non-Small Cell Lung Cancer Surveillance

Non-small cell lung cancer imaging surveillance includes **ANY** of the following:

1. Stage I to stage II (primary treatment includes radiation therapy) **OR** stage III or stage IV (oligometastatic with all sites treated with definitive intent); follow-up with chest CT (± contrast) every 3 to 6 months for 3 years, followed by every 6 months for 2 years, then low-dose (- contrast) chest CT annually
2. Stage I to stage II (primary treatment includes surgery ± chemotherapy); follow-up with chest CT (± contrast) every 6 months for 2 to 3 years, then low-dose (- contrast) chest CT annually

***References:*** [2025 Non-Small Cell Lung Cancer Version 4.2025]

## Occult Primary Cancer Surveillance

Occult primary cancer surveillance imaging for long-term surveillance includes diagnostic tests based on symptomatology.
***References:*** [2025 Occult Primary Version 2.2025]

## Small Cell Lung Cancer Surveillance

Small cell lung cancer surveillance includes **ANY** of the following:

1. Brain magnetic resonance imaging MRI (preferred) or computed tomography (CT) (+ contrast) every 3 to 4 months for 1 year, then every 6 months for year 2, then if symptoms are new or progressing. (regardless of prophylactic cranial irradiation [PCI] status).
2. Chest CT (± CT abdomen and pelvis) every 2 to 6 months (more frequently in years 1 and 2, less frequently thereafter)
3. Fluorodeoxyglucose-positron emission tomography (FDG-PET)/CT is **NOT** recommended for routine follow-up unless CT or MRI (+contrast) is **contraindicated or unavailable**.

***References:*** [2025 Small Cell Lung Cancer Version 4.2025]

## Soft Tissue Sarcoma Surveillance

Soft tissue sarcoma surveillance includes **ANY** of the following: (*__NOTE__: *Use contrast imaging; for long term surveillance to minimize radiation exposure,MRI may be substituted.*)

1. Desmoid tumor (aggressive fibromatosis) imaging surveillance includes computed tomography (CT) or magnetic resonance imaging (MRI) every 3 to 6 months for 3 years, then every 6 to 12 months thereafter
2. Extremity, trunk or head and neck, for long-term follow-up with **ANY** of the following:
    a. Long-term follow-up with **ALL** of the following:
        i. Chest CT imaging (- contrast) to detect asymptomatic distant recurrence
        ii. MRI for imaging of primary site
    b. Stage I tumors and **ALL** of the following:
        i. Chest CT imaging (- contrast) every 6 to 12 months
        ii. Post-operative baseline and periodic imaging of primary site with MRI or CT if MRI is **contraindicated or unavailable**.
    c. Stage II and III tumors and **ANY** of the following:
        i. Baseline and periodic imaging of primary site
        ii. Chest and other known sites of metastatic disease imaging (CT [- contrast] or X-ray) every 2 to 6 months for 2 to 3 years, then every 6 months to complete a total of 5 years, then annually.
        iii. Post-operative reimaging to assess the primary tumor site and rule out metastatic disease (MRI or CT if MRI is **contraindicated or unavailable**.
3. Retroperitoneal/intra-abdominal, after management of primary disease imaging surveillance includes chest/abdomen/pelvis CT or MRI every 3 to 6 months for 3 years, then every 6 months for the next 2 years, then annually.

***References:*** [2025 Soft Tissue Sarcoma Version 1.2025]

## MRI Chest Summary of Changes

MRI Chest guideline had the following version changes from 2024 to 2025:

### Table 1. 2025 MRI Chest Summary of Changes

| Date | Type of Change | Summary |
|---|---|---|
| 05/16/2025 | Annual | • Added the following to keep in line with current evidence:<br>▪ Criteria under "Mass/tumor evaluation" per ACR<br>▪ "Infection signs/symptoms are present" under "Chest wall pathology" for clarity<br>• Moved "Thymoma is suspected" under "Mass/tumor" for consistency<br>• Removed the following as current evidence no longer supports the indication:<br>▪ "Aortic dissection is acute or chronic" from under "Vascular disease is suspected" as it is better imaged by CTA/MRA<br>▪ "Brachial plexus is suspected from electromyography/nerve conduction velocity studies" as it is redundant with indication below it.<br>▪ "Cancer in the chest" as CT is more appropriate test<br>▪ Combination studies as they are redundant<br>▪ "Mass or lesion evaluation" from under "Chest wall evaluation" as it is redundant with "Mass" indication below<br>▪ "Prior MRI chest imaging is non-diagnostic or indeterminate" as it is too broad.<br>▪ "Pulmonary embolus (PE) is suspected" from under "MRI Chest with Xenon XE 129 Gas blend" per EBM<br>▪ "Takayasu's arteritis evaluation" from under "Vascular disease is suspected" as it is better imaged by CTA/MRA |

# MRI Chest Procedure Codes

### Table 1. MRI Chest Associated Procedure Codes

| CODE | DESCRIPTION |
|---|---|
| 71550 | Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s) |
| 71551 | Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s) |
| 71552 | Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences |
| 0649T | Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); single organ |
| C9791 | Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent |

# MRI Chest Definitions

**Brachial plexopathy** is a type of peripheral neuropathy that occurs when the brachial plexus is damaged. The brachial plexus is a group of nerves that run from the lower neck to the upper shoulder. These nerves send signals from the spine to the shoulder, arm and hand.
**Bronchiectasis** permanent dilation of the bronchi and bronchioles due to repeated cycles of airway infection and inflammation, leading to chronic productive cough and recurrent acute infective exacerbations.
**Computed tomography (CT)** is an imaging test that uses X-rays to computer analysis to generate cross sectional images of the internal structures of the body that can be displayed in multiple planes.
**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.
**Congenital** is a condition or trait present from birth.
**Costochondral cartilage** refers to the cartilage that connects the ribs to the sternum.
**Cystic fibrosis** is a common hereditary disease in which exocrine (secretory) glands produce abnormally thick mucus. This mucus can cause problems in digestion, breathing and body cooling.
**Echocardiogram (ECHO)** is a test that uses high frequency sound waves (ultrasound) to make pictures of the heart. The test is also called echocardiography or diagnostic cardiac ultrasound. An ECHO uses sound waves to create pictures of the heart's chambers, valves, walls and the blood vessels (aorta, arteries, veins). A probe called a transducer is passed over the chest. The probe produces sound waves that bounce off the heart and "ECHO" back to the probe. These waves are changed into pictures viewed on a video monitor.
**Electromyogram (EMG)** is a diagnostic test that measures the electrical activity of muscles at rest and during contraction using a needle electrode inserted into the muscle.
**I-131 scan** is a non-invasive radionucleotide scan used for imaging of functional thyroid tissue and thyroid cancer remnant/metastasis.
**Indeterminate** findings are inconclusive or insufficient for treatment planning.
**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 imaging (MRI)** is a non-invasive diagnostic technique that produces computerized images of internal body tissues and is based on nuclear magnetic resonance of atoms within the body induced by the application of radio waves.

**Manubriosternal joint** is the joint between the upper part of the sternum and the manubrium. It's a cartilaginous joint that allows for some movement during breathing.
**Myasthenia gravis** is a disease that is characterized by progressive weakness and exhaustibility of voluntary muscles without atrophy and is caused by an autoimmune attack on muscle cell receptors which normally bind to acetylcholine released at nerve endings.
**Nerve conduction study (NCS)** is a test that measures how fast an electrical impulse moves through the nerve and can identify nerve damage.
**Non-diagnostic** is a result that does not lead to a confirmed diagnosis.
**Parenchymal** the essential and distinctive tissue of an organ or an abnormal growth as distinguished from its supportive framework.
**Pectus carinatum (PC)** is a chest wall deformity that causes the breastbone and ribs to push outward. It's also known as "pigeon chest". PC occurs when the cartilage between the ribs and sternum overgrows, causing the middle of the chest to stick out. It's most common in adolescent males, and 90% of cases are diagnosed after children are 11 years old.
**Pectus excavatum** is a medical term that describes a congenital chest wall deformity. It is caused by an abnormal growth of the cartilage that connects the ribs to the breastbone. This causes the ribs and breastbone to grow inward, forming a dent in the chest. The result is a caved-in or sunken appearance in the chest.
**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.

**Perfusion** is the passage of blood, a blood substitute or other fluid through the blood vessels or other natural channel in an organ or tissue.
**Pulmonary hypertension** is a chronic, progressive condition characterized by elevated pressure in the pulmonary arteries, defined as a mean pulmonary arterial pressure greater than 20 mm Hg at rest.
**Pulmonary sequestration vascular syndrome** is a condition in which a segment or lobe of dysplastic lung tissue exists with no communication with the rest of the tracheobronchial tree and receives an anomalous systemic vascular supply, separate from the rest of the lung. It is, therefore, a nonfunctional tissue.

**Recurrent** is when a disease is occurring often or repeatedly.
**Scoliosis** is a lateral curvature of the spine of at least 10° with vertebral rotation, presenting as a three-dimensional spinal deformity.
**Screening** is the systematic application of a test or inquiry to identify individuals at sufficient risk of a specific disorder to warrant further investigation or direct preventive action, among persons who have not sought medical attention for symptoms of that disorder.
**Sputum plugging**, also known as mucus plugging, is a buildup of thick, tenacious mucus in the airways, often leading to airway obstruction.
**Sternoclavicular joint (SC joint)** is the connection point between the clavicle (collarbone) and the sternum (breastbone). It's a crucial part of the shoulder girdle, acting as the single link between the upper limb and the axial skeleton.
**Subclavian steal syndrome (Vertebral artery flow reversal)** is a phenomenon causing retrograde flow in an ipsilateral vertebral artery due to stenosis or occlusion of the subclavian artery, proximal to the origin of the vertebral artery.
**Superior vena cava syndrome (SVC)** is a condition characterized by elevated venous pressure of the upper extremities with accompanying distension of the affected veins and swelling of the face and neck. Caused by blockage (as by a thrombus or an aneurysm) or compression (as by a tumor) of the superior vena cava.
**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.
**Thymoma** is a tumor of the thymus, an organ that is of the lymphatic system and is located in the chest, behind the chest bone.
**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.

# MRI Chest 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.

## 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