

Cardio Policy:

Cardiac Magnetic Resonance Imaging (MRI)

POLICY NUMBER UM CARDIO_1113	SUBJECT Cardiac Magnetic Resonance Imaging (MRI)		DEPT/PROGRAM UM Dept	PAGE 1 OF 3
DATES COMMITTEE REVIEWED 07/22/11, 12/12/12, 03/10/14, 02/17/15, 02/19/15, 08/12/15, 11/28/16, 12/21/16, 10/31/17, 02/21/19, 03/07/19, 04/25/19, 05/08/19, 12/11/19, 05/13/20, 05/28/21, 08/11/21, 11/10/21, 11/09/22, 10/18/23, 12/20/23	APPROVAL DATE December 20, 2023	EFFECTIVE DATE December 22, 2023	COMMITTEE APPROVAL DATES 07/22/11, 12/12/12, 03/10/14, 02/17/15, 02/19/15, 08/12/15, 11/28/16, 12/21/16, 10/31/17, 02/21/19, 03/07/19, 04/25/19, 05/08/19, 12/11/19, 05/13/20, 05/28/21, 08/11/21, 11/10/21, 11/09/22, 10/18/23, 12/20/23	
PRIMARY BUSINESS OWNER: UM		COMMITTEE/BOARD APPROVAL Utilization Management Committee		
NCQA STANDARDS UM 2		ADDITIONAL AREAS OF IMPACT		
CMS REQUIREMENTS	STATE/FEDERAL REQUIREMENTS		APPLICABLE LINES OF BUSINESS Commercial, Exchange, Medicaid	

I. PURPOSE

Indications for determining medical necessity for Cardiac Magnetic Resonance Imaging (MRI).

II. DEFINITIONS

Heart magnetic resonance imaging (MRI) is an imaging method that uses powerful magnets and radio waves to create pictures of the heart. It does not use radiation (x-rays).

An appropriate diagnostic or therapeutic procedure is one in which the expected clinical benefit exceeds the risks or negative consequences of the procedure by a sufficiently wide margin such that the procedure is generally considered acceptable or reasonable care. The ultimate objective of AUC is to improve patient care and health outcomes in a cost – effective manner but is not intended to ignore ambiguity and nuance intrinsic to clinical decision making.

Appropriate Care- Median Score 7-9

May be Appropriate Care- Median Score 4-6

Rarely Appropriate Care- Median Score 1-3

III. POLICY

Indications for approving a request for medical necessity are:

- A. Cardiac or pericardial mass with no prior Cardiac MRI done within the last 24 months (**AUC Score 9**)^{1,3,4,5}

- B. Congenital Heart Disease- Cardiac MRI is appropriate if there are new cardiovascular signs or symptoms in patients with Congenital Heart Disease. **(AUC Score 9)^{1,2,3,4,5}**
- C. In the absence of prior imaging documenting congenital heart disease, a cardiac MRI is appropriate for **(AUC Score 9)^{1,2,3,4,5}**
 - 1. Marfan’s syndrome
 - 2. Coarctation of the aorta
 - a. Suspected Coarctation
 - b. Known Coarctation and prior cardiac CT/MRI one or more years ago
 - c. Known Coarctation with surgical intervention less than one year ago
 - 3. Preoperative assessment for congenital heart disease surgery
 - 4. Anomalous pulmonary venous drainage
 - 5. Pulmonary outflow tract obstruction
 - 6. Prior to surgical or catheter intervention for congenital heart disease
 - 7. Evaluation of suspected coronary anomalies
- D. Cardiomyopathy **(AUC Score 8)^{1,3,4,5}**
 - 1. Cardiac sarcoid
 - 2. Cardiac amyloidosis
 - 3. Hemochromatosis
 - 4. Hemosiderosis
 - 5. Restrictive cardiomyopathy
 - 6. Cardio toxic chemotherapy
- E. Arrhythmogenic right ventricular dysplasia **(AUC Score 9)^{1,3,4,5}**
- F. Myocarditis **(AUC Score 8)^{1,3,4,5}**
- G. Pericardial disease **(AUC Score 8)^{1,3,4,5}**
- H. Pulmonary vein evaluation prior to ablation. (Requires documentation from an electro physiologist of the planned ablation). **(AUC Score 8)^{1,3,4,5}**
- I. Viability assessment when SPECT, PET or Dobutamine Echo has provided “equivocal or indeterminate” results. **(AUC Score 9)^{1,3,4,5}**

Limitations:

- A. Requests for services that are part of a surveillance protocol for patients who are involved in a clinical trial are considered out of scope (OOS) for New Century Health and cannot be reviewed.
- B. Aortic dissection, aortic aneurysm, and prior aortic surgery do not require cardiac MRI and should be referred to appropriate CT/MRI chest ICD codes.

IV. PROCEDURE

- A. In order to review a request for medical necessity, the following items must be submitted for review:
 - 1. Latest cardiology or Electro physiologist notes
 - 2. Most recent echocardiogram

- B. Primary codes appropriate for this service: 75557, 75559, 75561, 75563; 75565: may be reported as an add-on code for studies involving congenital heart disease

V. APPROVAL AUTHORITY

- A. Review – Utilization Management Department
- B. Final Approval – Utilization Management Committee

VI. ATTACHMENTS

- A. None

VII. REFERENCES

1. Centers for Medicare and Medicaid Services. National Coverage Determination (NCD) (220.2). Magnetic Resonance Imaging. Retrieved from <https://www.cms.gov> [Accessed December 19, 2023].
2. Ritu Sachdeva, et al. ACC/AHA/ASE/HRS/ISACHD/SCAI/SCCT/SCMR/SOPE 2020 Appropriate Use Criteria for Multimodality Imaging During the Follow-Up Care of Patients With Congenital Heart Disease. *Journal of the American College of Cardiology*. February 18, 2020, Vol 75, No. 6, pp 657-703
3. Hendel RC, et al. ACCF/ACR/SCCT/SCMR/ASNC/NASCI/SCAI/SIR 2006 appropriateness criteria for cardiac computed tomography and cardiac magnetic resonance imaging. *Journal of the American College of Cardiology*. Oct 2006, Volume 48, Issue 7, Pages 1475-1497.
4. Wolk MJ, et al. ACCF/AHA/ASE/ASNC/HFSA/HRS/SCAI/SCCT/SCMR/STS 2013 multimodality appropriate use criteria for the detection and risk assessment of stable ischemic heart disease: a report of the American College of Cardiology Foundation Appropriate Use Criteria Task Force, American Heart Association, American Society of Echocardiography, American Society of Nuclear Cardiology, Heart Failure Society of America, Heart Rhythm Society, Society for Cardiovascular Angiography and Interventions, Society of Cardiovascular Computed Tomography, Society for Cardiovascular Magnetic Resonance, and Society of Thoracic Surgeons. *Journal of the American College of Cardiology*. 2014 Feb, Volume 63, Issue 4, Pages 380-406.
5. Robert C. Hendel MD, FACC, FAHA, et al. Appropriate use of cardiovascular technology: 2013 ACCF appropriate use criteria methodology update: a report of the American College of Cardiology Foundation appropriate use criteria task force. *Journal of the American College of Cardiology*. March 2013, Volume 61, Issue 12, Pages 1305-1317.
6. NCQA UM 2023 Standards and Elements.