

MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	MAGNETIC RESONANCE SPECTROSCOPY (MRS)
Policy Number	6.01.03
Category	Technology Assessment
Effective Date	10/18/01
Revised Date	10/18/01, 09/19/02, 09/18/03, 07/15/04, 01/05/05, 07/21/05, 05/18/06, 05/17/07, 08/16/07, 06/19/08, 06/18/09, 11/18/10, 11/17/11, 11/15/12
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Product Disclaimer	<ul style="list-style-type: none"> • If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply. • If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit. • If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.

POLICY STATEMENT

- I. Based upon our criteria and review of the peer-reviewed literature, magnetic resonance spectroscopy (MRS) has been medically proven to be effective and, therefore, is considered **medically appropriate** for the following indications:
 - A. Differentiation of cerebral tumor versus abscess or other infectious or inflammatory process; and
 - B. Differentiation of cerebral tumor versus radiation necrosis.
- II. Based upon our criteria and review of peer-reviewed literature, MRS has not been medically proven to be effective and, therefore, is considered **investigational** for all other indications.

Refer to Corporate Medical Policy #11.01.03 Experimental and Investigational Services.

Refer to Corporate Medical Policy #6.01.29 Positron Emission Tomography (PET) Oncologic Applications

POLICY GUIDELINES

- I. Although some indications may be determined by positron emission tomography (PET) or MRS, only one technique (PET or MRS) should be performed, not both.
- II. The Federal Employee Health Benefit Program (FEHBP/FEP) requires that procedures, devices or laboratory tests approved by the U.S. Food and Drug Administration (FDA) may not be considered investigational and, thus, these procedures, devices or laboratory tests may be assessed only on the basis of their medical necessity

DESCRIPTION

MRS is a non-invasive procedure used to measure the concentrations of different low molecular weight chemicals within tissues. It is also known as nuclear magnetic resonance (NMR) spectroscopy. MRS utilizes the same equipment as magnetic resonance imaging (MRI), modified with additional software and hardware, but applies different signals or frequencies to acquire information. In MRI, the frequency is determined by spatial position, whereas, in MRS, the chemical content of the substance scanned determines the frequency. While an MRI provides an anatomic image, MRS provides a functional image related to underlying dynamic physiology. It has become possible to integrate MRS with routine MRI, so that local abnormalities detected by MRI can also be examined biochemically by MRS before and after

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therapeutic interventions. An MRI image is first generated, and then MRS spectra are developed at the site of interest, termed the voxel.

In normal brain tissue, MRS depicts the following principal spectral peaks: N-acetyl groups, especially N-acetylaspartate (NAA); choline-containing compound (Cho), such as a membrane phospholipid (e.g., phosphocholine or glycerophosphocholine); and creatine and phosphocreatine.

MRS has been studied most extensively in a variety of brain pathologies. Different spectral patterns in both healthy and diseased brains are the basis of clinical applications of MRS. MRS findings characteristically associated with non-necrotic brain tumors include elevated Cho levels and reduced NAA levels. Peripheral applications of MRS include the study of myocardial ischemia, peripheral vascular disease, and skeletal muscle. Applications in non-CNS oncologic evaluation have also been explored.

RATIONALE

The basic hardware for MRS is substantially equivalent to that used for conventional MRI. A number of MRI scanners have received 510(k) clearance for marketing by the FDA for use in the United States. Multiple software packages for performing proton MRS have received clearance by the FDA through the 510(k) process since 1993. The FDA requires specific clearance of probes for different neutron probes for MRS.

Although there are many studies available regarding MRS, controlled clinical trials are limited. However, small studies have indicated that MRS can change patient management in the determination of cerebral tumor versus abscess or other infectious or inflammatory process, and cerebral tumor versus radiation necrosis. Studies with very small sample size and methodological flaws indicate possible future use of MRS for evaluation of prostate cancer, breast cancer, cervical cancer, pancreatic cancer, esophageal cancer, and myocardial ischemia.

Several clinical trials, in various stages, are studying MRS for several indications, including prostate cancer, malignant glioma, brain metabolism, breast cancer, and human immunodeficiency virus (HIV)-infected subjects.

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*
- ***CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.***
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*

CPT Codes

Code	Description
76390	Magnetic resonance spectroscopy
0609T (E/I)	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs (Effective 07/01/2020)
0610T (E/I)	transmission of biomarker data for software analysis (Effective 07/01/2020)
0611T (E/I)	postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs (Effective 07/01/2020)
0612T (E/I)	interpretation and report (Effective 07/01/2020)

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Code	Description
No code(s)	

ICD10 Codes

Code	Description
C71.5	Malignant neoplasm of cerebral ventricle
C71.6	Malignant neoplasm of cerebellum
C79.31-C79.49	Secondary malignant neoplasm of brain and other part of the nervous system (code range)
G03.9	Meningitis, unspecified
G04.90	Encephalitis and encephalomyelitis, unspecified
G04.91	Myelitis, unspecified
G06.0	Intracranial abscess and granuloma
G37.4	Subacute necrotizing myelitis of central nervous system
G46.3-G46.8	Vascular syndromes of brain in cerebrovascular diseases (code range)
I67.89	Other cerebrovascular disease
I68.0	Cerebral amyloid angiopathy
I68.8	Other cerebrovascular disorders in diseases classified elsewhere

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*Key Article

KEY WORDS

MRS, Nuclear magnetic resonance spectroscopy, Nuclear MRS, Proton magnetic resonance spectroscopy, Proton MRS

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a National Coverage Determination (NCD) for Magnetic Resonance Spectroscopy. Please refer to the following websites for Medicare Members: <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=287&ncdver=1&bc=AgAAgAAAAAA&>

There is currently a Local Coverage Determination (LCD) for Category III CPT® Codes. Please refer to the following LCD website for Medicare Members: https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33392&ver=98&CntrctrSelected=298*1&Cntrctr=298&s=41&DocType=1&bc=AAgAAAQBAAA&

There is currently a Local Coverage Article (LCA) for Category III CPT® Codes. Please refer to the following LCA website for Medicare Members: https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=56195&ver=21&LCDId=33392&ContrId=298&ContrVer=1&CntrctrSelected=298*1&Cntrctr=298&s=41&DocType=1&bc=AAgAAAQAQAAA&

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