Local Coverage Determination (LCD) for Radiology: Magnetic Resonance Imaging of the Brain (L30051)

**Contractor Name**  
Cahaba Government Benefit Administrators®, LLC

**Document Information**

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• Title XVIII of the Social Security Act, Section 1833 (e). This section states that no payment shall be made to any provider for any claims that lack the necessary information to process the claim.

• Title XVIII of the Social Security Act, Section 1862(a)(1)(A). This section allows coverage and payment for only those services that are considered to be reasonable and medically necessary, i.e., reasonable and necessary are those tests used in the diagnosis and management of illness or injury or to improve the function of a malformed body part.

• Title XVIII of the Social Security Act, Section 1862(a)(7). This section excludes routine physical examinations.

• Medicare National Coverage Determinations Manual (Pub. 100-03), Chapter 1, Section 220.2, Magnetic Resonance Imaging.

• Medicare Program Integrity Manual (Pub. 100-08), Chapter 13, Local Coverage Determinations.

**Indications and Limitations of Coverage and/or Medical Necessity**

**Indications**


2. Developmental abnormalities of the brain including neuroectodermal dysplasia;

3. Subacute central nervous system hemorrhage or hematoma;

4. Acute cerebrovascular accidents;

5. Complex partial seizures, seizures refractory to therapy, temporal lobe epilepsy, or other atypical seizure disorders;

6. Patients whose presentation indicates a focal problem or who have had a recent significant change in neurologic symptomology;

7. Brain infections;

8. Conditions where soft tissue contrast is necessary;

9. When bone artifacts limit CT

10. Coronal, coronosagittal or parasagittal images are desired; and/or

11. Procedures in which iodinated contrast material are contraindicated.
Limitations

1. MRI is usually not the procedure of choice in patients who have acute head trauma, acute intracranial bleeding, for investigation of skull fracture or other bone abnormality, or as follow-up for hydrocephalus.

2. For 2007 CPT codes 70554 and 70555 have been added. Coverage for these CPT codes is not covered in this LCD.

3. Certain uses of MRI are considered investigational, and are therefore, not covered by Medicare. These include:

   A. spectroscopy;
   B. cortical bone and calcifications imaging;
   C. procedures involving spatial resolution of bone or calcifications.

4. Three dimension reconstruction of MRI of the Brain (CPT code 76376 or 76377) is expected to be utilized rarely. CPT 76376 or 76377 are not an appropriate part of every MRI examination.

5. For patients with cardiac pacemakers or metallic clips on vascular aneurysms, please refer to the National Coverage Determination (NCD) for Magnetic Resonance Imaging (220.2) for special provisions of coverage.

Bill Type Codes:
Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

999x Not Applicable

Revenue Codes:
Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

999999 Not Applicable
CPT/HCPCS Codes
70551 Mri brain w/o dye
70552 Mri brain w/dye
70553 Mri brain w/o & w/dye

ICD-9 Codes that Support Medical Necessity

The correct use of an ICD-9-CM code listed in the "ICD-9 Codes that Support Medical Necessity" section does not guarantee coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this LCD.

ICD-9 codes must be coded to the highest level of specificity. Consult the ‘Official ICD-9-CM Guidelines for Coding and Reporting’ in the current ICD-9-CM book for correct coding guidelines. This LCD does not take precedence over the Correct Coding Initiative (CCI).

006.5 AMEBIC BRAIN ABSCESS
013.00 - TUBERCULOUS MENINGITIS UNSPECIFIED EXAMINATION - TUBERCULOMA OF SPINAL CORD TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
013.46 TUBERCULOUS ENCEPHALITIS OR MYELITIS UNSPECIFIED EXAMINATION - UNSPECIFIED TUBERCULOSIS OF CENTRAL NERVOUS SYSTEM TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
013.60 - TUBERCULOSIS OF MASTOID UNSPECIFIED EXAMINATION - TUBERCULOSIS OF MASTOID TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
013.96 - MENINGOCOCCAL MENINGITIS
036.1 MENINGOCOCCAL ENCEPHALITIS
036.2 MENINGOCOCCEMIA
036.3 WATERHOUSE-FRIDERICHSEN SYNDROME MENINGOCOCCAL
036.81 MENINGOCOCCAL OPTIC NEURITIS
042 HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE
046.0 - KURU - UNSPECIFIED SLOW VIRUS INFECTION OF CENTRAL NERVOUS SYSTEM
047.0 - MENINGITIS DUE TO COXSACKIE VIRUS - UNSPECIFIED
049.9  NON-ARTHROPOD-BORNE VIRAL DISEASES OF CENTRAL NERVOUS SYSTEM
052.0  POSTVARICELLA ENCEPHALITIS
053.0  HERPES ZOSTER WITH MENINGITIS
053.14 HERPES ZOSTER MYELITIS
054.3  HERPETIC MENINGOENCEPHALITIS
054.40 HERPES SIMPLEX WITH UNSPECIFIED OPHTHALMIC COMPLICATION - HERPES SIMPLEX WITH OTHER
054.49 OPHTHALMIC COMPLICATIONS
054.5  HERPETIC SEPTICEMIA
054.72 HERPES SIMPLEX MENINGITIS
054.74 HERPES SIMPLEX MYELITIS
055.0  POSTMEASLES ENCEPHALITIS
056.00 RUBELLA WITH UNSPECIFIED NEUROLOGICAL COMPLICATION - RUBELLA WITH OTHER NEUROLOGICAL COMPLICATIONS
062.0  - JAPANESE ENCEPHALITIS - MOSQUITO-BORNE VIRAL ENCEPHALITIS UNSPECIFIED
063.0  - RUSSIAN SPRING-SUMMER (TAIGA) ENCEPHALITIS - TICK-BORNE VIRAL ENCEPHALITIS UNSPECIFIED
064  VIRAL ENCEPHALITIS TRANSMITTED BY OTHER AND UNSPECIFIED ARTHROPODS
066.2 VENEZUELAN EQUINE FEVER
071 RABIES
072.1  - MUMPS MENINGITIS - MUMPS ENCEPHALITIS
072.2
086.5  AFRICAN TRYpanosomiasis UNSPECIFIED
090.40 JUVENILE NEUROSYPHILIS UNSPECIFIED - OTHER JUVENILE NEUROSYPHILIS
090.49
091.81 ACUTE SYPHILITIC MENINGITIS (SECONDARY)
094.0  TABES DORSALIS
094.1  GENERAL PARESIS
094.2  SYPHILITIC MENINGITIS
094.81 SYPHILITIC ENCEPHALITIS - NEUROSYPHILIS UNSPECIFIED
- 094.9
112.83 CANDIDAL MENINGITIS
114.2  COCCIDIOIDAL MENINGITIS
115.01 HISTOPLASMA CAPSULATUM MENINGITIS
115.11 HISTOPLASMA DUBOISII MENINGITIS
115.91 HISTOPLASMOSIS MENINGITIS UNSPECIFIED
130.0 MENINGOENCEPHALITIS DUE TO TOXOPLASMOSIS
136.21 SPECIFIC INFECTION DUE TO ACANTHAMOEBA
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137.1 LATE EFFECTS OF CENTRAL NERVOUS SYSTEM TUBERCULOSIS
139.0 LATE EFFECTS OF VIRAL ENCEPHALITIS
160.0 - MALIGNANT NEOPLASM OF NASAL CAVITIES - MALIGNANT NEOPLASM OF ACCESSORY SINUS UNSPECIFIED
162.2 - MALIGNANT NEOPLASM OF MAIN BRONCHUS - MALIGNANT NEOPLASM OF BRONCHUS AND LUNG UNSPECIFIED
170.0 MALIGNANT NEOPLASM OF BONES OF SKULL AND FACE EXCEPT MANDIBLE
171.0 MALIGNANT NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF HEAD FACE AND NECK
174.0 - MALIGNANT NEOPLASM OF NIPPLE AND AREOLA OF FEMALE BREAST - MALIGNANT NEOPLASM OF BREAST (FEMALE) UNSPECIFIED SITE
175.0 - MALIGNANT NEOPLASM OF NIPPLE AND AREOLA OF MALE BREAST - MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED SITES OF MALE BREAST
191.0 - MALIGNANT NEOPLASM OF CEREBRUM EXCEPT LOBES AND VENTRICLES - MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED SITE
192.0 MALIGNANT NEOPLASM OF CRANIAL NERVES
192.1 MALIGNANT NEOPLASM OF CEREBRAL MENINGES
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196.0 SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF HEAD FACE AND NECK
198.3 SECONDARY MALIGNANT NEOPLASM OF BRAIN AND SPINAL CORD
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198.5 SECONDARY MALIGNANT NEOPLASM OF BONE AND BONE MARROW
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200.08 RETICULOSARCOMA INVOLVING LYMPH NODES OF MULTIPLE SITES
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MERKEL CELL CARCINOMA OF THE SCALP AND NECK
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BENIGN NEOPLASM OF BRAIN
BENIGN NEOPLASM OF CRANIAL NERVES
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438.9 GIANT CELL ARTERITIS
446.7 TAKAYASU'S DISEASE
519.11 ACUTE BRONCHOSPASM
668.20 CENTRAL NERVOUS SYSTEM COMPLICATIONS OF ANESTHESIA OR OTHER SEDATION IN LABOR AND DELIVERY - UNSPECIFIED AS TO EPISODE OF CARE - CENTRAL NERVOUS SYSTEM COMPLICATIONS OF ANESTHESIA OR OTHER SEDATION IN LABOR AND DELIVERY POSTPARTUM
668.24 CEREBROVASCULAR DISORDERS OCCURRING IN PREGNANCY - CHILDBIRTH OR THE PUERPERIUM UNSPECIFIED AS TO EPISODE OF CARE - POSTPARTUM CEREBROVASCULAR
DISORDERS

739.0 NONALLOPATHIC LESIONS OF HEAD REGION NOT ELSEWHERE CLASSIFIED
742.0 ENCEPHALOCELE
742.2 CONGENITAL REDUCTION DEFORMITIES OF BRAIN
742.3 CONGENITAL HYDROCEPHALUS
742.4 OTHER SPECIFIED CONGENITAL ANOMALIES OF BRAIN
742.8 OTHER SPECIFIED CONGENITAL ANOMALIES OF NERVOUS SYSTEM
742.9 UNSPECIFIED CONGENITAL ANOMALY OF BRAIN SPINAL CORD AND NERVOUS SYSTEM
747.81 CONGENITAL ANOMALIES OF CEREBROVASCULAR SYSTEM
767.0 - SUBDURAL AND CEREBRAL HEMORRHAGE DUE TO BIRTH
767.9 TRAUMA - UNSPECIFIED BIRTH TRAUMA
780.01 COMA
780.02 TRANSIENT ALTERATION OF AWARENESS
780.03 PERSISTENT VEGETATIVE STATE
780.09 ALTERATION OF CONSCIOUSNESS OTHER
780.1 HALLUCINATIONS
780.2 SYNCOPE AND COLLAPSE
780.31 FEBRILE CONVULSIONS (SIMPLE), UNSPECIFIED
780.33 POST TRAUMATIC SEIZURES
780.39 OTHER CONVULSIONS
780.4 DIZZINESS AND GIDDINESS
780.93 MEMORY LOSS
780.99 OTHER GENERAL SYMPTOMS
781.0 ABNORMAL INVOLUNTARY MOVEMENTS
781.1 DISTURBANCES OF SENSATION OF SMELL AND TASTE
781.2 ABNORMALITY OF GAIT
781.3 LACK OF COORDINATION
781.4 TRANSIENT PARALYSIS OF LIMB
781.6 MENINGISMUS
781.8 NEUROLOGIC NEGLECT SYNDROME
781.94 FACIAL WEAKNESS
782.0 DISTURBANCE OF SKIN SENSATION
784.0 HEADACHE
784.2 SWELLING MASS OR LUMP IN HEAD AND NECK
784.3 APHASIA
784.40 VOICE AND RESONANCE DISORDER, UNSPECIFIED - OTHER
- VOICE AND RESONANCE DISORDERS
DYSARTHRIA
OTHER SPEECH DISTURBANCE
NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF SKULL AND HEAD
UNSPECIFIED ABNORMAL FUNCTION STUDY OF BRAIN AND CENTRAL NERVOUS SYSTEM - OTHER NONSPECIFIC
ABNORMAL RESULTS OF FUNCTION STUDY OF BRAIN AND CENTRAL NERVOUS SYSTEM
CLOSED FRACTURE OF VAULT OF SKULL WITHOUT INTRACRANIAL INJURY WITH STATE OF CONSCIOUSNESS UNSPECIFIED - OPEN FRACTURE OF BASE OF SKULL WITH INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITH CONCUSSION UNSPECIFIED
INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITH CONCUSSION UNSPECIFIED
OTHER CLOSED SKULL FRACTURE WITHOUT INTRACRANIAL INJURY WITH STATE OF CONSCIOUSNESS UNSPECIFIED - OPEN FRACTURE OF BASE OF SKULL WITH INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITH CONCUSSION UNSPECIFIED
OTHER OPEN SKULL FRACTURE WITH INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITH CONCUSSION UNSPECIFIED
OTHER CLOSED SKULL FRACTURE WITHOUT INTRACRANIAL INJURY WITH STATE OF CONSCIOUSNESS UNSPECIFIED - OPEN FRACTURE OF BASE OF SKULL WITH INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITH CONCUSSION UNSPECIFIED
CLOSED FRACTURES INVOLVING SKULL OR FACE WITH OTHER BONES WITHOUT INTRACRANIAL INJURY WITH STATE OF CONSCIOUSNESS UNSPECIFIED - OPEN FRACTURES INVOLVING SKULL OR FACE WITH OTHER BONES WITH INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITH CONCUSSION UNSPECIFIED
CONCUSSION WITH NO LOSS OF CONSCIOUSNESS - CONCUSSION UNSPECIFIED
CORTEX (CEREBRAL) CONTUSION WITHOUT OPEN INTRACRANIAL WOUND STATE OF CONSCIOUSNESS UNSPECIFIED - OTHER AND UNSPECIFIED CEREBRAL LACERATION AND CONTUSION WITH OPEN INTRACRANIAL WOUND WITH CONCUSSION UNSPECIFIED
SUBARACHNOID HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND WITH STATE OF CONSCIOUSNESS UNSPECIFIED - EXTRADURAL HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND WITH CONCUSSION UNSPECIFIED OTHER AND UNSPECIFIED INTRACRANIAL HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND WITH STATE OF CONSCIOUSNESS UNSPECIFIED - OTHER AND UNSPECIFIED INTRACRANIAL HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND WITH CONCUSSION UNSPECIFIED
INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE
854.00 WITHOUT OPEN INTRACRANIAL WOUND WITH STATE OF
- CONSCIOUSNESS UNSPECIFIED - INTRACRANIAL INJURY OF
854.19 OTHER AND UNSPECIFIED NATURE WITH OPEN
INTRACRANIAL WOUND WITH CONCUSSION UNSPECIFIED
959.01 OTHER AND UNSPECIFIED INJURY TO HEAD
959.09 OTHER AND UNSPECIFIED INJURY TO FACE AND NECK
V10.85 PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BRAIN

Diagnoses that Support Medical Necessity
NA

ICD-9 Codes that DO NOT Support Medical Necessity
Any ICD-9-CM code that is not listed in the “ICD-9 Codes that Support Medical
Necessity” section of this LCD.
XX000* Not Applicable

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation
NA

Diagnoses that DO NOT Support Medical Necessity
Any diagnoses that are not listed in the “ICD-9 Codes that Support Medical Necessity”
section of this LCD.

Documentations Requirements
If one of these procedures is performed, documentation of the patient’s symptoms
and procedure used must be clearly documented in the patient’s medical record and
made available to Medicare upon request.

Documentation must support CMS 'signature requirements' as described in the
Medicare Program Integrity Manual (Pub. 100-08), Chapter 3.

Appendices
NA

Utilization Guidelines
NA

Sources of Information and Basis for Decision

- American College of Physicians: Position Papers: Magnetic Resonance Imaging
  of the Brain and Spine. Annals of Internal Medicine, 120 (10) 872-75.

- Consultation with Cahaba GBA Part A, Part B, representatives to the
  Intermediary Advisory Committee, the Carrier Advisory Committee and other
  Medicare Contractors.

Advisory Committee Meeting Notes
Start Date of Comment Period
End Date of Comment Period
Start Date of Notice Period
Revision History Number
9
Revision History Explanation

Revision 9

What's New Posted Date: September 2011
Effective Date: October 1, 2011

This LCD was updated based on the 2012 ICD-9 Coding Update. The following ICD-9
Codes were added: 294.20, 294.21. 331.6

Annual LCD Review: Template language in the ‘ICD-9 Codes that Support Medical
Necessity’ section was clarified regarding correct coding guidelines (What’s New April
8, 2011). Added to ‘Documentation Requirements’: ‘Documentation must support
CMS 'signature requirements' as described in the Medicare Program Integrity Manual
(Pub. 100-08), Chapter 3’. (Change Request 6698).

Revision 8

What's New Posted Date: March 2011
Effective Date: February 24, 2011

The ‘Limitations’ section is being clarified as follows:

A reference and link to the National Coverage Determination (NCD) for Magnetic
Resonance Imaging (220.2) is being added for the special provisions of coverage for
patients with cardiac pacemakers or metallic clips on vascular aneurysms. These
provisions were communicated in CMS Change Request 7296 dated March 4, 2011.

Providers are encouraged to review this LCD to ensure compliance.

Revision 7

What's New Posted Date: September 2010
Effective Date: October 1, 2010

This LCD was updated based on the 2011 ICD-9 Coding Update. ICD-9 Codes
237.73, 237.79, & 780.33 were added.

Revision 6

What's New Posted Date: August 2010
Effective Date: September 1, 2010

As the next step in the consolidation of J10 MAC LCDs, the Part A and Part B LCDs on
the same topic will be consolidated into a single document effective September 1,
2010. These LCDs are identical in content; therefore, consolidation will not alter the
content or coverage of the LCDs.

Retired Part A LCD L30018 will be incorporated into this Part B LCD effective
September 1, 2010. For dates of service prior to September 1, 2010, please refer to
the retired Part A LCD which can be accessed through ‘Related Documents’ found
below.

Revision 5
This LCD has been updated. The following diagnosis code has been added to the list of ‘ICD-9 Codes that Support Medical Necessity’:

- 793.0 (Nonspecific (abnormal) findings on radiological and other examination of head and skull)

Providers are encouraged to review this LCD to ensure compliance.

Revision 4
Posted: What’s New - Part B, November 2009
Effective Date: September 28, 2009
In accordance with CMS Change Request 6672 the 'Limitations' section is revised to remove the reference to the use of MRI for blood flow measurement as investigational.

Revision 3
Posted: What’s New - Part B, September 2009
Effective Date: October 1, 2009
This LCD was updated based on the 2010 ICD-9 Coding Update. ICD-9 code 348.8 was replaced with 348.81, 348.89. The following ICD-9 codes were added: 209.31, 209.32, 209.75, 239.81, 438.13, 438.14, 784.42-784.44, 784.51, 784.59.

Revision 2
Start Date of Notice Period: July 14, 2009
Effective Date: August 29, 2009
As part of the J10 MAC transition, LCD effective for contractor number 10302 – Tennessee Part B.

Revision 1
Start Date of Notice Period: June 17, 2009
Effective Date: August 1, 2009
As part of the J10 MAC transition, LCD effective for contractor number 10202 – Georgia Part B.

Original
Start Date of Notice Period: March 20, 2009
Effective Date: May 4, 2009
As part of the J10 MAC transition, LCD effective for contractor number 10102 – Alabama Part B.

09/06/2010 - This policy was updated by the ICD-9 2010-2011 Annual Update.
08/27/2011 - This policy was updated by the ICD-9 2011-2012 Annual Update.
Related Documents
LCD(s)
L30018 - Radiology: Magnetic Resonance Imaging of the Brain

LCD Attachments
There are no attachments for this LCD.

Updated on 09/16/2011 with effective dates 10/01/2011 - N/A
Updated on 03/18/2011 with effective dates 02/24/2011 - 09/30/2011
Updated on 12/10/2010 with effective dates 10/01/2010 - 02/23/2011
Updated on 09/17/2010 with effective dates 10/01/2010 - N/A
Updated on 08/16/2010 with effective dates 09/01/2010 - 09/30/2010
Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.
Read the LCD Disclaimer

RETIRE Local Coverage Determination (LCD)
for Radiology: Magnetic Resonance Imaging of the Brain (L30018)

Contractor Name
Cahaba Government
Benefit
Administrators®, LLC

Document Information
LCD ID Number
Oversight Region
Region IV
L30018

LCD Title
Radiology: Magnetic Resonance Imaging of the Brain

Original Determination
Effective Date
For services performed on or after 05/04/2009

Contractor's Determination Number

Original Determination Ending Date
08/31/2010

AMA CPT/ADA CDT Copyright Statement
CPT codes, descriptions and other data only are copyright 2010 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS Clauses Apply. Current Dental Terminology, (CDT) (including procedure codes, nomenclature, descriptors and other data contained therein) is copyright by the American Dental Association. © 2002, 2004 American Dental Association. All rights reserved. Applicable FARS/DFARS apply.

Revision Effective Date
For services performed on or after 08/31/2010

Revision Ending Date
08/31/2010

CMS National Coverage Policy

• Title XVIII of the Social Security Act, Section 1833 (e). This section states that no payment shall be made to any provider for any claims that lack the necessary information to process the claim.
• Title XVIII of the Social Security Act, Section 1862(a)(1)(A). This section allows coverage and payment for only those services that are considered to be reasonable and medically necessary, i.e., reasonable and necessary are those tests used in the diagnosis and management of illness or injury or to improve the function of a malformed body part.
• Title XVIII of the Social Security Act, Section 1862(a)(7). This section excludes routine physical examinations.
• Medicare National Coverage Determinations Manual (Pub. 100-03), Chapter 1, Section 220.2, Magnetic Resonance Imaging.
• Medicare Program Integrity Manual (Pub 100-08), Chapter 13. Local Coverage Determinations.
Indications and Limitations of Coverage and/or Medical Necessity

**Indications**

1. Extra-axial tumors, A-V malformations, cavernous hemangiomas, small intracranial aneurysms, cranial nerve lesions, demyelination disorders including multiple sclerosis, lesions near dense bone, acoustic neuromas, pituitary lesions, and brain radiation injuries
2. Developmental abnormalities of the brain including neuroectodermal dysplasia
3. Subacute central nervous system hemorrhage or hematoma
4. Acute cerebrovascular accidents
5. Complex partial seizures, seizures refractory to therapy, temporal lobe epilepsy, or other atypical seizure disorders
6. Patients whose presentation indicates a focal problem or who have had a recent significant change in neurologic symptomology
7. Brain infections
8. Conditions where soft tissue contrast is necessary
9. When bone artifacts limit CT
10. Coronal, coronosagittal or parasagittal images are desired; and/or
11. Procedures in which iodinated contrast material is contraindicated

**Limitations**

1. MRI is usually not the procedure of choice in patients who have acute head trauma, acute intracranial bleeding, for investigation of skull fracture or other bone abnormality, as follow-up for hydrocephalus or for patients with cardiac pacemakers or metallic clips on vascular aneurysms.
2. For 2007, CPT codes 70554 and 70555 have been added. Coverage for these CPT codes is not covered in this LCD.
3. Certain uses of MRI are considered investigational, and are therefore, not covered by Medicare. These include:
   a. spectroscopy
   b. cortical bone and calcifications imaging
   c. procedures involving spatial resolution of bone or calcifications
4. Three dimension reconstruction of MRI of the Brain (CPT code 76376 or 76377) is expected to be utilized rarely. CPT 76376 or 76377 are not an appropriate part of every MRI examination.
Bill Type Codes:
Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

999x Not Applicable

Revenue Codes:
Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

CPT/HCPCS Codes
70551 Mr1 brain w/o dye
70552 Mr1 brain w/dye
70553 Mr1 brain w/o & w/dye

ICD-9 Codes that Support Medical Necessity

The correct use of an ICD-9-CM code listed in the "ICD-9 Codes that Support Medical Necessity" section does not guarantee coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this LCD.

006.5 AMEBIC BRAIN ABSCESS

013.00 TUBERCULOUS MENINGITIS UNSPECIFIED EXAMINATION -

013.46 TUBERCULOMA OF SPINAL CORD TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)

013.60 TUBERCULOUS ENCEPHALITIS OR MYELITIS UNSPECIFIED EXAMINATION - UNSPECIFIED TUBERCULOSIS OF CENTRAL NERVOUS SYSTEM TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)

015.60 TUBERCULOSIS OF MASTOID UNSPECIFIED EXAMINATION -
- TUBERCULOSIS OF MASTOID TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)

015.66

036.0 MENINGOCOCCAL MENINGITIS
036.1 MENINGOCOCCAL ENCEPHALITIS
036.2 MENINGOCOCCEMIA
036.3 WATERHOUSE-FRIDERICHSEN SYNDROME MENINGOCOCCAL
036.81 MENINGOCOCCAL OPTIC NEURITIS
042 HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE
046.9 KURU - UNSPECIFIED SLOW VIRUS INFECTION OF CENTRAL NERVOUS SYSTEM
047.0 - MENINGITIS DUE TO COXSACKIE VIRUS - UNSPECIFIED NON-ARTHROPOD-BORNE VIRAL DISEASES OF CENTRAL NERVOUS SYSTEM
052.0 POSTVARICELLA ENCEPHALITIS
053.0 HERPES ZOSTER WITH MENINGITIS
053.14 HERPES ZOSTER MYELITIS
054.3 HERPETIC MENINGOENCEPHALITIS
054.40 HERPES SIMPLEX WITH UNSPECIFIED OPHTHALMIC COMPLICATION - HERPES SIMPLEX WITH OTHER OPHTHALMIC COMPLICATIONS
054.49 HERPETIC ENCEPHALITIS
054.5 HERPETIC SEPTICEMIA
054.72 HERPES SIMPLEX MENINGITIS
054.74 HERPES SIMPLEX MYELITIS
055.0 POSTMEASLES ENCEPHALITIS
056.00 - RUBELLA WITH UNSPECIFIED NEUROLOGICAL COMPLICATION - RUBELLA WITH OTHER NEUROLOGICAL COMPLICATIONS
056.09 - JAPANESE ENCEPHALITIS - MOSQUITO-BORNE VIRAL ENCEPHALITIS UNSPECIFIED
063.0 - RUSSIAN SPRING-SUMMER (TAIGA) ENCEPHALITIS - TICK-BORNE VIRAL ENCEPHALITIS UNSPECIFIED
064 VIRAL ENCEPHALITIS TRANSMITTED BY OTHER AND UNSPECIFIED ARTHROPODS
066.2 VENEZUELAN EQUINE FEVER
071 RABIES
072.1 - MUMPS MENINGITIS - MUMPS ENCEPHALITIS
086.5 AFRICAN TRYPANOSOMIASIS UNSPECIFIED
090.40 JUVENILE NEUROSYPHILIS UNSPECIFIED - OTHER JUVENILE
- NEUROSYPHILIS
090.49
091.81 ACUTE SYPHILITIC MENINGITIS (SECONDARY)
094.0 TABES DORSALIS
094.1 GENERAL PARESIS
094.2 SYPHILITIC MENINGITIS
094.81 SYPHILITIC ENCEPHALITIS - NEUROSYPHILIS UNSPECIFIED
- 094.9
112.83 CANDIDAL MENINGITIS
114.2 COCCIDIOIDAL MENINGITIS
115.01 HISTOPLASMA CAPSULATUM MENINGITIS
115.11 HISTOPLASMA DUBOISII MENINGITIS
115.91 HISTOPLASMOsis MENINGITIS UNSPECIFIED
130.0 MENINGENCEPHALITIS DUE TO TOXOPLASMOSIS
136.21 SPECIFIC INFECTION DUE TO ACANTHAMOEBA
136.29 OTHER SPECIFIC INFECTIONS BY FREE-LIVING AMEBAE
137.1 LATE EFFECTS OF CENTRAL NERVOUS SYSTEM TUBERCULOSIS
139.0 LATE EFFECTS OF VIRAL ENCEPHALITIS
160.0 - MALIGNANT NEOPLASM OF NASAL CAVITIES - MALIGNANT
160.9 - NEOPLASM OF ACCESSORY SINUS UNSPECIFIED
162.2 - MALIGNANT NEOPLASM OF MAIN BRONCHUS - MALIGNANT
162.9 - NEOPLASM OF BRONCHUS AND LUNG UNSPECIFIED
170.0 MALIGNANT NEOPLASM OF BONES OF SKULL AND FACE EXCEPT MANDIBLE
171.0 MALIGNANT NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF HEAD FACE AND NECK
174.0 - MALIGNANT NEOPLASM OF NIPPLE AND AREOLA OF FEMALE BREAST - MALIGNANT NEOPLASM OF BREAST (FEMALE) UNSPECIFIED SITE
175.0 - MALIGNANT NEOPLASM OF NIPPLE AND AREOLA OF MALE BREAST - MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED SITES OF MALE BREAST
191.0 - MALIGNANT NEOPLASM OF CEREBRUM EXCEPT LOBES AND VENTRICLES - MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED SITE
192.0 MALIGNANT NEOPLASM OF CRANIAL NERVES
192.1 MALIGNANT NEOPLASM OF CEREBRAL MENINGES
192.8 MALIGNANT NEOPLASM OF OTHER SPECIFIC SITES OF NERVOUS SYSTEM
194.3 - MALIGNANT NEOPLASM OF PITUITARY GLAND AND
194.6 CRANIOPHARYNGEAL DUCT - MALIGNANT NEOPLASM OF AORTIC BODY AND OTHER PARAGANGLIA
195.0 MALIGNANT NEOPLASM OF HEAD FACE AND NECK
196.0 SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF HEAD FACE AND NECK
198.3 SECONDARY MALIGNANT NEOPLASM OF BRAIN AND SPINAL CORD
198.4 SECONDARY MALIGNANT NEOPLASM OF OTHER PARTS OF NERVOUS SYSTEM
198.5 SECONDARY MALIGNANT NEOPLASM OF BONE AND BONE MARROW
199.0 DISSEMINATED MALIGNANT NEOPLASM
199.2 MALIGNANT NEOPLASM ASSOCIATED WITH TRANSPLANT ORGAN
200.01 RETICULOSARCOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK
200.08 RETICULOSARCOMA INVOLVING LYMPH NODES OF MULTIPLE SITES
200.11 LYMPHOSARCOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK
200.18 LYMPHOSARCOMA INVOLVING LYMPH NODES OF MULTIPLE SITES
200.21 BURKITT'S TUMOR OR LYMPHOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK
200.28 BURKITT'S TUMOR OR LYMPHOMA INVOLVING LYMPH NODES OF MULTIPLE SITES
200.31 MARGINAL ZONE LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
200.38 MARGINAL ZONE LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
200.41 MANTLE CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
200.48 MANTLE CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
200.50 PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA,
200.58 UNSPECIFIED SITE, EXTRANODAL AND SOLID ORGAN SITES - PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
200.61 ANAPLASTIC LARGE CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
200.68 ANAPLASTIC LARGE CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
200.71 LARGE CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND
<table>
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<th>Code</th>
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<td>200.78</td>
<td>LARGE CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES</td>
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<td>200.81</td>
<td>OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK</td>
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<td>OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA INVOLVING LYMPH NODES OF MULTIPLE SITES</td>
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<td>HODGKIN'S PARAGRANULOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK</td>
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<td>HODGKIN'S GRANULOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK</td>
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<td>HODGKIN'S GRANULOMA INVOLVING LYMPH NODES OF MULTIPLE SITES</td>
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<td>HODGKIN'S SARCOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK</td>
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<td>HODGKIN'S SARCOMA INVOLVING LYMPH NODES OF MULTIPLE SITES</td>
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<td>201.41</td>
<td>HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE INVOLVING LYMPH NODES OF HEAD FACE AND NECK</td>
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<td>HODGKIN'S DISEASE NODULAR SCLEROSIS INVOLVING LYMPH NODES OF HEAD FACE AND NECK</td>
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<td>HODGKIN'S DISEASE NODULAR SCLEROSIS INVOLVING LYMPH NODES OF MULTIPLE SITES</td>
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<td>201.61</td>
<td>HODGKIN'S DISEASE MIXED CELLULARITY INVOLVING LYMPH NODES OF HEAD FACE AND NECK</td>
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<td>201.68</td>
<td>HODGKIN'S DISEASE MIXED CELLULARITY INVOLVING LYMPH NODES OF MULTIPLE SITES</td>
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<td>HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION INVOLVING LYMPH NODES OF HEAD FACE AND NECK</td>
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<td>201.90</td>
<td>HODGKIN'S DISEASE UNSPECIFIED TYPE UNSPECIFIED SITE - OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE INVOLVING LYMPH NODES OF MULTIPLE SITES</td>
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| 202.98 | -
205.00  ACUTE MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHieved REMISSION - UNSPECIFIED MYELOID LEUKEMIA, IN RELAPSE
205.92  
209.31  MERKEL CELL CARCINOMA OF THE FACE
209.32  MERKEL CELL CARCINOMA OF THE SCALP AND NECK
209.75  SECONDARY MERKEL CELL CARCINOMA
225.0  BENIGN NEOPLASM OF BRAIN
225.1  BENIGN NEOPLASM OF CRANIAL NERVES
225.2  BENIGN NEOPLASM OF CEREBRAL MENINGES
225.8  BENIGN NEOPLASM OF OTHER SPECIFIED SITES OF NERVOUS SYSTEM
227.3  BENIGN NEOPLASM OF PITUITARY GLAND AND CRANIOPHARYNGEAL DUCT - BENIGN NEOPLASM OF AORTIC BODY AND OTHER PARAGANGLIA
228.02  HEMANGIOMA OF INTRACRANIAL STRUCTURES
235.0  NEOPLASM OF UNCERTAIN BEHAVIOR OF MAJOR SALIVARY GLANDS
237.0  NEOPLASM OF UNCERTAIN BEHAVIOR OF PITUITARY GLAND AND CRANIOPHARYNGEAL DUCT
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239.6  NEOPLASM OF UNSPECIFIED NATURE OF BRAIN
239.7  NEOPLASM OF UNSPECIFIED NATURE OF ENDOCRINE GLANDS AND OTHER PARTS OF NERVOUS SYSTEM
239.81  NEOPLASMS OF UNSPECIFIED NATURE, RETINA AND CHOROID
253.0  ACROMEGALY AND GIGANTISM - OTHER DISORDERS OF THE PITUITARY AND OTHER SYNDROMES OF DIENCEPHALOHYPOPHYSEAL ORIGIN
290.0  SENILE DEMENTIA UNCOMPPLICATED - VASCULAR DEMENTIA, WITH DEPRESSED MOOD
290.8  OTHER SPECIFIED SENILE PSYCHOTIC CONDITIONS
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293.0  DELIRIUM DUE TO CONDITIONS CLASSIFIED ELSEWHERE AMNESTIC DISORDER IN CONDITIONS CLASSIFIED ELSEWHERE
294.0  DEMENTIA IN CONDITIONS CLASSIFIED ELSEWHERE - WITHOUT BEHAVIORAL DISTURBANCE - DEMENTIA IN
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782.0 DISTURBANCE OF SKIN SENSATION
784.0 HEADACHE
784.2 SWELLING MASS OR LUMP IN HEAD AND NECK
784.3 APHASIA
784.40 - 784.49 VOICE AND RESONANCE DISORDER, UNSPECIFIED - OTHER VOICE AND RESONANCE DISORDERS
784.51 DYSARTHRIA
784.59 OTHER SPEECH DISTURBANCE
793.0 NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF SKULL AND HEAD
794.00 - 794.09 UNSPECIFIED ABNORMAL FUNCTION STUDY OF BRAIN AND CENTRAL NERVOUS SYSTEM - OTHER NONSPECIFIC ABNORMAL RESULTS OF FUNCTION STUDY OF BRAIN AND CENTRAL NERVOUS SYSTEM
800.00 - 801.99 CLOSED FRACTURE OF VAULT OF SKULL WITHOUT INTRACRANIAL INJURY WITH STATE OF CONSCIOUSNESS UNSPECIFIED - OPEN FRACTURE OF BASE OF SKULL WITH INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITH CONCUSSION UNSPECIFIED
803.00 - 803.99 OTHER CLOSED SKULL FRACTURE WITHOUT INTRACRANIAL INJURY WITH STATE OF CONSCIOUSNESS UNSPECIFIED - OTHER OPEN SKULL FRACTURE WITH INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITH CONCUSSION UNSPECIFIED
804.00 - 804.99 CLOSED FRACTURES INVOLVING SKULL OR FACE WITH OTHER BONES WITHOUT INTRACRANIAL INJURY WITH STATE OF CONSCIOUSNESS UNSPECIFIED - OPEN FRACTURES INVOLVING SKULL OR FACE WITH OTHER BONES WITH INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITH CONCUSSION UNSPECIFIED
850.0 - 850.9 CONCUSSION WITH NO LOSS OF CONSCIOUSNESS - CONCUSSION UNSPECIFIED
851.00 - 851.99 CORTEX (CEREBRAL) CONTUSION WITHOUT OPEN INTRACRANIAL WOUND STATE OF CONSCIOUSNESS UNSPECIFIED - OTHER AND UNSPECIFIED CEREBRAL LACERATION AND CONTUSION WITH OPEN INTRACRANIAL WOUND WITH CONCUSSION UNSPECIFIED
852.00 SUBARACHNOID HEMORRHAGE FOLLOWING INJURY
Diagnoses that Support Medical Necessity

N/A

ICD-9 Codes that DO NOT Support Medical Necessity

Any ICD-9 code that is not listed in the “ICD-9 Codes that Support Medical Necessity” section of this LCD.

XX000* Not Applicable

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

N/A

Diagnoses that DO NOT Support Medical Necessity

Any diagnoses that are not listed in the “ICD-9 Codes that Support Medical Necessity” section of this LCD.

Documentations Requirements

If one of these procedures is performed, documentation of the patient's symptoms and procedure used must be clearly documented in the patient's medical record and made available to Medicare upon request.

Appendices

Utilization Guidelines

Sources of Information and Basis for Decision
As the next step in the consolidation of J10 MAC LCDs, the Part A and Part B LCDs on the same topic will be consolidated into a single document effective September 1, 2010. These LCDs are identical in content; therefore, consolidation will not alter the content or coverage of the LCDs.

Effective August 31, 2010, this Part A LCD is retired and will be incorporated into the Part B LCD L30051 effective September 1, 2010.

Revision 5

Posted What’s New Date: June 2010
Effective Date: July 1, 2010

This LCD has been updated. The following diagnosis code has been added to the list of ‘ICD-9 Codes that Support Medical Necessity’:

- 793.0 (Nonspecific (abnormal) findings on radiological and other examination of head and skull)

Providers are encouraged to review this LCD to ensure compliance.

Revision 4

Posted What’s New Date: November 2009
Effective Date: September 28, 2009

In accordance with CMS Change Request 6672, the ‘Limitations’ section of this LCD has been revised to remove the reference to the use of MRI for blood flow measurement as investigational.

Providers are encouraged to review these revisions to ensure compliance.
Revision 3
Posted What’s New Date: September 2009
Effective Date: October 1, 2009

Effective 10/1/2009, the following invalid ICD-9-CM code has been removed from the list: 348.8

The following ICD-9-CM codes have been added to the list:

209.31, 209.32, 209.75, 239.81, 348.81, 348.89, 438.13, 438.14, 784.42-784.44, 784.51, 784.59

Please update your records.

Revision 2

Start Date of Notice Period: June 19, 2009
Effective Date: August 3, 2009

As part of the J10 MAC transition, LCD effective for contractor number 10301 – TN Part A

Revision 1

Start Date of Notice Period: April 3, 2009
Effective Date: May 18, 2009

As part of the J10 MAC transition, LCD effective for contractor number 10101 - AL Part A

Original

Start Date of Notice Period: March 20, 2009
Effective Date: May 4, 2009

As part of the J10 MAC transition, LCD effective for contractor number 10201 - GA Part A

08/08/2009 - This policy was updated by the ICD-9 2009-2010 Annual Update.

Reason for Change
Related Documents
This LCD has no Related Documents.

LCD Attachments
There are no attachments for this LCD.

Updated on 09/01/2010 with effective dates 08/31/2010 - 08/31/2010
Updated on 06/08/2010 with effective dates 07/01/2010 - 08/30/2010
Updated on 11/03/2009 with effective dates 10/01/2009 - 06/30/2010
Updated on 09/08/2009 with effective dates 10/01/2009 - N/A
Updated on 06/08/2009 with effective dates 08/03/2009 - 09/30/2009
Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.
Read the LCD Disclaimer