MAGNETIC RESONANCE (MR) NEUROGRAPHY

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member’s specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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Description:

Magnetic resonance (MR) neurography has been investigated as a tool to diagnose nerve disorders. The technology involves modifying conventional MR imaging to enable high resolution longitudinal and cross sectional images of peripheral nerves in order to view nerve morphology. This may or may not require specialized MRI equipment or software. Brachial plexus exams require specialized coils. Extremity MR neurography may also be referred to as MRI of the extremity.
MAGNETIC RESONANCE (MR) NEUROGRAPHY (cont.)

Criteria:

MR neurography will be reviewed by the medical director(s) and/or clinical advisor(s).

- MR neurography to diagnose nerve disorders is considered **medically necessary** with documentation of **ALL** of the following:
  1. Inconclusive clinical findings
  2. Inconclusive diagnostic studies (e.g. EMG, NCS, lab tests, etc.)
  3. Inconclusive existing image techniques (e.g., X-rays, CT, etc.)

- MR neurography for all other indications not previously listed or if above criteria not met, is considered **experimental or investigational** based upon:
  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.

Resources:


MAGNETIC RESONANCE (MR) NEUROGRAPHY (cont.)

Resources: (cont.)


