INSTRUCTIONS FOR USE

This Policy Guideline is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates for health care services submitted on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450), or their electronic comparative. The information presented in this Policy Guideline is believed to be accurate and current as of the date of publication.

This Policy Guideline provides assistance in administering health benefits. All reviewers must first identify member eligibility, any federal or state regulatory requirements, Centers for Medicare and Medicaid Services (CMS) policy, the member specific benefit plan coverage, and individual provider contracts prior to use of this Policy Guideline. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document may differ greatly from the standard benefit plan upon which this Policy Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Policy Guideline. Other Policies and Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

UnitedHealthcare follows Medicare coverage guidelines and regularly updates its Medicare Advantage Policy Guidelines to comply with changes in CMS policy. UnitedHealthcare encourages physicians and other healthcare professionals to keep current with any CMS policy changes and/or billing requirements by referring to the CMS or your local carrier website regularly. Physicians and other healthcare professionals can sign up for regular distributions for policy or regulatory changes directly from CMS and/or your local carrier. This Policy Guideline is provided for informational purposes. It does not constitute medical advice.

POLICY SUMMARY

Overview
Magnetic Resonance Spectroscopy (MRS) is an application of magnetic resonance imaging (MRI). It is a non-invasive diagnostic test that uses strong magnetic fields to measure and analyze the chemical composition of human tissues. MRS can be done at the same time as standard MRI, which yields cross-sectional, anatomic information about the spatial properties of a region relative to its surrounding areas; MRS however, provides rich information about the biochemical composition or metabolite concentration levels of the localized region, identifying very subtle changes.

Guidelines
On March 22, 1994, CMS considered MRS an investigational procedure and issued a national non-coverage determination for all indications of MRS.

After thorough review and reconsideration of the existing national non-coverage determination for MRS, as well as the available evidence for the use of MRS as a diagnostic tool for distinguishing indeterminate brain lesions, and/or as an aid in conducting brain biopsies, CMS has determined that the evidence is not adequate to conclude that MRS is reasonable and necessary within the meaning of section 1862(a)(1)(A) of the Social Security Act, for use in the diagnosis of brain tumors. Therefore, CMS reaffirms its current national non-coverage determination for all indications of MRS (09/10/2004).
APPLICABLE CODES

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

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<tr>
<th>CPT Code</th>
<th>Description</th>
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<tr>
<td>76390</td>
<td>Magnetic Resonance Spectroscopy (Status indicator of &quot;N&quot;; not covered by Medicare)</td>
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DEFINITIONS

MRS: Magnetic Resonance Spectroscopy

REFERENCES

CMS National Coverage Determinations (NCDs)
NCD 220.2.1 Magnetic Resonance Spectroscopy
Reference NCDs: NCD 220.2 Magnetic Resonance Imaging, NCD 220.3 Magnetic Resonance Angiography

CMS Transmittals
Transmittal 21, Change Request 3425, Dated 09/10/2004 (Magnetic Resonance Spectroscopy for Diagnosing Brain Tumors)
Transmittal 727, Change Request 6912, Dated 07/09/2010 (Mailing To All Individual Practitioners, Medical Groups and Clinics and Independent Diagnostic Testing Facilities (IDTF) Who Are Billing or Have Billed For Advanced Diagnostic Imaging Services)

MLN Matters
Article MM3425, Magnetic Resonance Spectroscopy (MRS) for Diagnosing Brain Tumors

UnitedHealthcare Commercial Policies
Magnetic Resonance Spectroscopy (MRS)

GUIDELINE HISTORY/REVISION INFORMATION

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