# Cohere Commercial Policy - Magnetic Resonance (MR) Spectroscopy

*Clinical Guidelines for Medical Necessity Review*

**Version:** 1
**Effective Date:** August 15, 2024

# Important Notices

## Notices & Disclaimers:

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## Guideline Information:

**Specialty Area:** Diagnostic Imaging
**Guideline Name:** Cohere Policy - Magnetic Resonance (MR) Spectroscopy

**Date of last literature review**: 8/14/2024
**Document last updated:** 8/15/2024
**Type:** [**X**] Adult (18+ yo) | [**X**] Pediatric (0-17 yo)

**Table of Contents**

# Medical Necessity Criteria

***Service: Magnetic Resonance (MR) Spectroscopy***

## Recommended Clinical Approach

Magnetic resonance spectroscopy (MRS) is a non-invasive diagnostic test that measures biochemical changes in the brain, muscles, and other organs. It primarily evaluates metabolic disorders, tumors, and other lesions. MRS provides additional information to conventional MRI by measuring the concentration of specific metabolites, such as N-acetylaspartate (NAA), choline (Cho), creatine (Cr), and myoinositol (mI).[1-2]

MRS is particularly valuable in grading and assessing types of brain tumors and in assessing metabolic changes associated with tumor progression or response to therapy. For example, high choline levels can indicate increased cell membrane turnover associated with tumor growth, while reduced NAA levels may suggest neuronal loss or dysfunction.[2] Additionally, MRS can help differentiate between tumor recurrence, abscess, and radiation necrosis, aiding in treatment planning and monitoring.[2]

## Medical Necessity Criteria

### Indications

- ➔ **Magnetic resonance spectroscopy (MRS)** is considered appropriate when **ALL** of the following are **TRUE**:
  - ◆ Conventional imaging by magnetic resonance imaging (MRI) or computed tomography (CT) is inconclusive; **AND**
  - ◆ **ANY** of the following is **TRUE**:
    - Neoplastic conditions (including masses or mass-like conditions) and **ANY** of the following is **TRUE**:
      - Grading of primary glial neoplasm, particularly high-grade versus low-grade glioma[2]; **OR**
      - Evaluation of brain tumors, including differentiation between tumor recurrence and radiation necrosis[2-4]; **OR**

- Vascular conditions, known or suspected, including **ANY** of the following:
    - Neonatal hypoxic ischemic encephalopathy[5]; **OR**
- Congenital condition as indicated by **ANY** of the following:
    - Diagnosis and evaluation of metabolic disorders such as mitochondrial diseases and inborn errors of metabolism[6]; **OR**
    - Inherited metabolic disorders (e.g., Canavan disease, mitochondrial encephalopathies, and other leukodystrophies)[7]; **OR**
- Repeat imaging of a specific area or structure using the same imaging modality is considered appropriate when **ALL** of the following is **TRUE**:
    - There is documented clinical necessity; **AND**
    - No existing follow-up guideline for that indication; **AND**
    - Prior imaging results of the specific area or structure, obtained using the same imaging modality, must be documented and available for comparison; **AND**
    - **ANY** of the following is **TRUE**:
        - A change in clinical status, such as worsening symptoms or the emergence of new symptoms, that may influence the treatment approach; **OR**
        - The requirement for interval reassessment, which may alter the treatment plan; **OR**
        - One-time follow-up of a prior indeterminate finding to assess for interval change; **OR**
        - The need for re-imaging either before or after performing an invasive procedure.

### Non-Indications

➔ **Magnetic resonance spectroscopy (MRS)** is not considered appropriate if **ANY** of the following is **TRUE**:

- The patient has metallic clips on vascular aneurysms; **OR**
- Incompatible implantable devices (e.g., pacemakers, defibrillators, cardiac valves); **OR**
- Presence of metallic implants or devices such as pacemakers that are not MRI-compatible; **OR**

- Metallic foreign body in orbits/other critical area(s) or within the field of view and obscuring area of concern.

*NOTE: MRI in patients with claustrophobia should be requested at the discretion of the ordering provider.
**NOTE: MRI in pregnant patients should be requested at the discretion of the ordering provider and obstetric care provider.
***NOTE: Patients with renal insufficiency where gadolinium contrast is contraindicated, and MRS requires contrast administration. Alternative imaging modalities should be considered in such cases.

## Level of Care Criteria

Inpatient or Outpatient

## Procedure Codes (CPT/HCPCS)

| CPT/HCPCS Code | Code Description |
|---|---|
| 76390 | Magnetic resonance spectroscopy |

# Medical Evidence

Weinberg et al. (2021) conducted a systematic review of the literature regarding the clinical applications of magnetic resonance spectroscopy (MRS) in brain tumors. The writers state that MRS is utilized in clinical practice as well as research applications. The diagnostic clinical relevance of MRS includes its use as a type of virtual biopsy, as well as distinguishing gliomas from other types of diagnoses such as edema, necrosis, infection or lymphoma. It is recommended by the group to use MRS in conjunction with conventional MRI due to occasional overlap in the appearance of different conditions. In tumor grading, distinction between high and low grade gliomas can be achieved with MRS. Limitations of MRS use in brain tumor imaging include similarities in appearance of different diseases despite differentiation of tissue types. Image quality may be affected by equipment variability and artifact.[2]

In a 2022 systematic review of the literature, Germano et al. updated the 2014 Congress of Neurological Surgeons evidence-based guidelines on the management of progressive glioblastoma (pGBM) in adults. The literature search range was between 2012 to 2019, with 237 full-text articles extracted from 8786 total abstracts. The group made two new level II recommendations based upon this review, with an additional 21 level III recommendations. The level II recommendations included use of diffusion-weighted images included with magnetic resonance images with and without contrast in diagnosis of patients with GBM as well as for surveillance. The other new level II recommendation related to surgical procedures.[4]

Feldmann and colleagues (2022) examined MR-spectroscopy in metachromatic leukodystrophy (MLD) in a controlled cohort study consisting of 29 patients (10 infants, 19 juveniles) and 12 controls in 53 MRS datasets. MLD spectra were found to differ from the control group. White matter revealed the greatest differences compared to gray matter. Infant patients were found to have more severe changes when compared to later-onset patients in *N*-acetylaspartate (NAA), aspartate, glutamine, and choline intervals. It was concluded that NAA seemed to be the most clinically meaningful biomarker correlating with urine measurements obtained during the study.[7]

# References


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# Clinical Guideline Revision History/Information

| Original Date: August 15, 2024 | | |
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| **Review History** | | |
| Version 1 | 08/15/2024 | New policy development |
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