MAGNETIC RESONANCE (MR) NEUROGRAPHY

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

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.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

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 is considered experimental or investigational for all diagnoses 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:

Literature reviewed 07/19/18. We do not include marketing materials, poster boards and non-published literature in our review.

Resources prior to 07/19/18 may be requested from the BCBSAZ Medical Policy and Technology Research Department.


MAGNETIC RESONANCE (MR) NEUROGRAPHY (cont.)

Resources: (cont.)


MAGNETIC RESONANCE (MR) NEUROGRAPHY (cont.)

Resources: (cont.)


MAGNETIC RESONANCE (MR) NEUROGRAPHY (cont.)

Resources: (cont.)


MAGNETIC RESONANCE (MR) NEUROGRAPHY (cont.)

Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ’s Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ’s Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1–800–368–1019, 800–537–7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kweé’ atah níllíngií Blue Cross Blue Shield of Arizona haadá yít’éego bíná’ildíkidgo éi doodago Háída bii já anilyeédííi’ t’aadoo le’e yína’ildíkidgo beehaz’ááníi hólo díí t’áá hazaadk’e’ihí háká a’doowołgo bee hæz’a doo bąqą ilíngóó. Ata’hánné’é’ii’ kojį’ bích’į’ hodílnihí 877-475-4799.

Chinese: 如果您，或是您正在协助的对象，有关于插入项目名称 Blue Cross Blue Shield of Arizona 方面的问题，请您免费以您的母语得到帮助和讯息。洽询一位翻译员，请拨电话 在此插入数字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thể thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thợ dịch viên, xin gọi 877-475-4799.

Arabic: إن كان لديك أو أدى شخص تساعد أسهل بخصوص مكتبة Blue Cross Blue Shield of Arizona الضرورية بطلب من دون إمكانية التحدث مع متجر التصل ب 877-475-4799.
MAGNETIC RESONANCE (MR) NEUROGRAPHY (cont.)

Multi-Language Interpreter Services: (cont.)

Tagalog: Kung ikaw, o ang iyon tuntinghian, ay may mga katunungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatang mag tuhok at impormasyon sa iyon wika ng walang gastos. Upang makuasa ang isang tagasalit, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통해시기에 위해서는 877-475-4799로 전화하시십시오.

French: Si vous, ou quelqu’un que vous êtes en train d’aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d’obtenir de l’aide et l’information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizonaについてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799までお電話ください。

Farsi:

آگر شما، یا کسی که شما به آن کمک می‌کنید، سوال در مورد اطلاعات به زبان خود را به طور رایگان در فاکس نماید 877-475-4799. 

Assyrian:

Blue Cross Blue Shield of Arizona

Serbo-Croatian: Ukoiko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคุณ หรือผู้ช่วยท่านมีคำถามเกี่ยวกับ Blue Cross Blue Shield of Arizona คุณสามารถได้รับความช่วยเหลือและข้อมูลภาษาอังกฤษ โดยติดต่อที่ 877-475-4799.