Subject: CT Angiography*

Effective Date: January 8, 2002

Department(s): Utilization Management

Policy: Computed tomography (CT) angiography is reimbursable under Plans administered by QualCare, Inc. for conditions enumerated in this Policy.

Objective: To ensure proper and consistent reimbursement and appropriate use of a specific diagnostic procedure.

Procedure:
A. CT angiography is authorized for the following:

1. Head (CPT 70496) and neck (70498) vascular imaging

2. Suspected aortic dissection or thoracic aortic aneurysm (CPT 71250, 71260, 71270)

3. Detection of pulmonary embolism (CPT 71275)

4. Abdominal vascular imaging (CPT 75365; HCPCS G0288)

5. Suspected peripheral arterial disease (CPT 73706)

6. Suspected congenital anomalies of coronary circulation or great vessels (75572, 75573)
7. Detection of coronary artery disease (CAD) in patients symptomatic with a chest pain syndrome, if the pre-angiography probability of CAD is intermediate, the EKG uninterpretable, or the patient is unable to exercise (CPT 75574)

8. Detection of CAD in patients with acute chest pain in whom the pre-angiography probability of CAD is low to intermediate, there are no EKG changes, and serial enzymes are negative (CPT 75574)

9. Detection of CAD in patients with a chest pain syndrome or suspected silent ischemia with prior uninterpretable or equivocal stress test results or when stress testing must be deferred or is contraindicated (CPT 75574)

10. Morphologic evaluation of coronary arteries in patients with new-onset heart failure when ischemia is suspected and cardiac catheterization or nuclear stress test cannot be performed (CPT 75574)

11. Preoperative assessment of persons prior to high risk non-cardiac surgery when, in the opinion of a cardiologist, stress testing or invasive coronary angiography must be deferred or is contraindicated (CPT 75574)

12. Evaluation of graft patency after coronary artery bypass surgery in symptomatic persons (ischemic equivalent)

13. Evaluation of pulmonary veins prior to ablation procedures for atrial fibrillation (CPT 75572), and 3 to 6 months after ablation to evaluate for asymptomatic pulmonary vein stenosis (1-2% incidence) -if detected, repeat imaging can be approved at 1, 3, 6 and 12 months to assess for progression.
14. Evaluation of coronary veins prior to placement of biventricular pacemakers (75572)

15. Preoperative assessment for transcatheter aortic valve replacement (TAVR)( CPT 71275, 74174- chest, abdomen and pelvis)

16. Assessment of pulmonary hypertension (CPT 71275)

References:


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Marwick TH, Cain P. Screening for coronary artery disease. *Med Clin N Amer* 1999;83: (6) 1375-1402 (Jun)

*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.