



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)

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

