

**Policy terminated because Medicaid covers codes in the same manner as  
Health Choice.**

**Table of Contents**

1.0 Description of the Procedure, Product, or Service..... 1

2.0 Eligible Recipients ..... 1

    2.1 General Provisions ..... 1

3.0 When the Procedure, Product, or Service Is Covered..... 1

    3.1 General Criteria..... 1

    3.2 Specific Criteria ..... 2

4.0 When the Procedure, Product, or Service Is Not Covered..... 4

    4.1 General Criteria..... 4

    4.2 Specific Criteria ..... 4

        4.2.1 Screening ..... 4

5.0 Requirements for and Limitations on Coverage ..... 4

    5.1 Prior Approval ..... 4

    5.2 Other ..... 4

6.0 Providers Eligible to Bill for the Procedure, Product, or Service ..... 5

7.0 Additional Requirements ..... 5

    7.1 Compliance ..... 5

8.0 Policy Implementation/Revision Information..... 5

Attachment A: Claims-Related Information ..... 6

    A. Claim Type ..... 6

    B. Diagnosis Codes ..... 6

    C. Procedure Code(s)..... 6

    D. Modifiers..... 6

    E. Billing Units..... 6

    F. Place of Service ..... 6

    G. Co-payments ..... 6

    H. Reimbursement ..... 6

## **1.0 Description of the Procedure, Product, or Service**

Computed tomographic angiography (CTA) is a non-invasive imaging test that requires the use of intravenously administered contrast material and high-resolution, high-speed CT machinery to obtain detailed volumetric images of blood vessels. CTA can be applied to image blood vessels throughout the body; however to apply CTA in the coronary arteries, several technical challenges must be overcome to obtain high-quality diagnostic images. Very short image acquisition times are necessary to avoid blurring artifacts from the rapid motion of the beating heart. In some cases, premedication with beta-blocking agents is used to slow the heart rate below 60-65 beats per minute to facilitate adequate scanning, and electrocardiographic triggering or retrospective gating is used to obtain images during diastole when motion is reduced. Rapid scanning is also helpful so that the volume of cardiac images can be obtained during breathholding. Very thin sections (less than 1 mm) are important to provide adequate spatial resolution and high-quality 3D reconstruction images.

Two different CT technologies can achieve high-speed CT imaging. Electron beam CT (EBCT, ultrafast CT) uses an electron gun rather than a standard x-ray tube to generate x-rays, thus permitting very rapid scanning. Helical CT scanning (spiral CT) also creates images at greater speed than conventional CT by continuously rotating a standard x-ray tube around the recipient so that data are gathered in a continuous spiral or helix rather than individual slices. Multidetector row helical CT scanning (MDCT) or multislice CT (MSCT) is a technological evolution of helical CT, which uses CT machines equipped with an array of multiple x-rays detectors that can simultaneously image multiple sections of the recipient during rapid volumetric image acquisition. MDCT machines may have 4, 8, 16, 40, or up to 64 detectors.

Coronary CTA has been proposed as a noninvasive alternative to invasive coronary angiography. Potential applications include but are not limited to evaluation of obstructive coronary artery disease (CAD), coronary artery bypass graft patency, coronary artery stent patency, coronary artery aneurysm, delineation of coronary artery anomaly and functional cardiac assessment.

## **2.0 Eligible Recipients**

### **2.1 General Provisions**

To be eligible, NCHC recipients must be enrolled on the date of service.

## **3.0 When the Procedure, Product, or Service Is Covered**

### **3.1 General Criteria**

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; and
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

### 3.2 Specific Criteria

Coverage is provided for CT angiography of the chest for cardiac assessment in children and adolescents for the following indications:

- a. Congenital heart disease
  1. For assessment evaluation of suspected congenital heart disease in recipients whose echocardiogram is technically limited or nondiagnostic;
  2. For initial evaluation of complex congenital heart disease in recipients who have undergone echocardiography;
  3. For evaluation of complex congenital heart disease in recipients who are less than one year post surgical correction;
  4. For evaluation of complex congenital heart disease in recipients who have new or worsening symptoms;
  5. For evaluation of complex congenital heart disease in recipients with a change in physical examination;
  6. To assist in surgical planning for recipients with complex congenital heart disease; or
  7. For surveillance in asymptomatic recipients with complex congenital heart disease who have not had cardiac MRI or cardiac CT within the preceding year. However, cardiac MRI or transesophageal echocardiography may be preferable to cardiac CT to avoid radiation exposure.
- b. Congenital Coronary Artery Anomalies
  1. For evaluation of suspected congenital anomalies of the coronary arteries to determine the need for surgery, depending on the specific anomaly.
- c. Further evaluation of Intra-Cardiac and Para-Cardiac Masses and Tumors
  1. In recipients with a suspected cardiac or para-cardiac mass (thrombus, tumor, etc.) suggested by transthoracic echocardiography, transesophageal echocardiography, blood pool imaging, or contrast ventriculography who have not undergone cardiac CT or cardiac MRI within the preceding 60 days;
  2. In recipients with established cardiac or para-cardiac mass (thrombus, tumor, etc.) who are clinically unstable;
  3. In recipients with established cardiac or para-cardiac mass (thrombus, tumor, etc.) who are clinically stable and have not undergone cardiac CT or cardiac MRI within the preceding year; or

4. In recipients with established cardiac or para-cardiac mass (thrombus, tumor, etc.) who have undergone treatment (chemotherapy, radiation therapy, or surgery) within the preceding year and have not had cardiac CT or cardiac MRI within the preceding 60 days.
- d. Evaluation of cardiac aneurysm and pseudoaneurysm.
- e. Evaluation of pericardial conditions (pericardial effusion, constrictive pericarditis, or congenital pericarditis)
  1. In recipients with suspected pericardial effusion;
  2. In recipients with suspected congenital pericardial disease; or
  3. In recipients with suspected pericardial effusion who have undergone echocardiography deemed to be technically suboptimal in evaluation of the effusion
- f. Evaluation of cardiac venous anatomy when the following criteria are met.
  1. Cardiac CT is being performed for one of the following indications:
    - (a) For coronary vein mapping in recipients with cardiomyopathy for whom cardiac resynchronization therapy is planned;
    - (b) For localization of the pulmonary veins in recipients with chronic or paroxysmal atrial fibrillation/flutter who have been evaluated by electrophysiology and who are being considered for further radiofrequency ablation;
    - (c) For re-evaluation of the pulmonary veins on one occasion following radiofrequency ablation;
    - (d) For re-evaluation of the pulmonary venous anatomy prior to repeat radiofrequency ablation provided that the recipient has not had evaluation of the pulmonary veins following the previous radiofrequency ablation; or
    - (e) For coronary venous localization to establish candidacy for a biventricular pacemaker;
  - and**
  2. There is documentation of a referral from a cardiologist, electrophysiologist, or cardiothoracic surgeon.
- g. Cardiac surgical evaluation (non-coronary artery surgery)
  1. For recipients being evaluated for non-coronary artery cardiac surgery (including valvular and ascending aortic surgery), when invasive angiography would otherwise be necessary for pre-operative evaluation, and the necessary pre-operative information can be obtained using non-invasive CTA.

## 4.0 When the Procedure, Product, or Service Is Not Covered

### 4.1 General Criteria

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental or investigational.

### 4.2 Specific Criteria

#### 4.2.1 Screening

Cardiac CT/coronary artery CTA is never covered for screening (i.e., in the absence of signs and/or symptoms of disease).

## 5.0 Requirements for and Limitations on Coverage

### 5.1 Prior Approval

Prior approval is not required.

### 5.2 Other

- a. The selection of the test must be made within the context of other testing modalities so that the resulting information facilitates the management decision, and does not merely add an additional layer of testing.
- b. Coverage of this modality for coronary artery assessment is limited to devices that process thin, high resolution slices (0.75 mm or less). The multidetector scanner must have 40 to 64 slice capability.
- c. The administration of beta-blockers and/or other medications and the monitoring of the recipient by a physician during cardiac/coronary artery CTA are not separately payable services.
- d. A physician experienced in and familiar with this technique shall order all cardiac/coronary CTA studies.
- e. A physician or qualified non-physician provider shall be present during the testing whenever cardioactive agents or contrast agents are administered (direct physician supervision). Ideally, this supervising physician will be experienced in this procedure and ACLS-certified.

## 6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet Medicaid's qualifications for participation;
- b. be currently enrolled with N.C. Medicaid; and
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

## 7.0 Additional Requirements

### 7.1 Compliance

Providers must comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

## 8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

Revision Information:

Date	Section Revised	Change
July 1, 2010		Policy Conversion: Implementation of Session Law 2009-451, <b>Section 10.32 "NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY"</b>
4/30/12	Throughout	Policy Termination

## Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

### A. Claim Type

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

### B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

### C. Procedure Code(s)

CPT Codes
75571
75572
75573
75574

  

Surgical Procedure Codes
87.41

### D. Modifiers

Providers are required to follow applicable modifier guidelines.

### E. Billing Units

The appropriate procedure code(s) used determines the billing unit(s).

### F. Place of Service

Inpatient Hospital and Outpatient hospital.

### G. Co-payments

Co-payment(s) may apply to covered prescription drugs and services.

### H. Reimbursement

Providers must bill their usual and customary charges.