

Policy Name:	Coronary Computed Tomography Angiography (CCTA) for Coronary Artery Evaluation – Mayo Medical Plan Only
Effective Date:	7/19/2021

Important Information - Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

NOTE: THIS POLICY APPLIES TO MAYO MEDICAL PLAN (MMP) MEMBERS.

NOTE: For all other medica members, Medica is using clinical criteria for breast magnetic resonance imaging developed by Carelon, a utilization management (UM) program third-party vendor, to assist in administering medical necessity criteria.

Coverage Policy

Note: This policy is no longer scheduled for routine review of the scientific literature.

Coronary computed tomography angiography for coronary artery evaluation is **COVERED** for the following indications:

- A. Evaluation for coronary artery disease (CAD) in individuals without known CAD who are symptomatic for heart disease
- B. Evaluation of suspected congenital anomalies of the coronary circulation
- C. Evaluation of coronary or pulmonary venous or arterial anatomy for pre-surgical or pre-procedural planning
- D. Evaluation of unexplained new onset heart failure for exclusion of CAD.

Coronary computed tomography angiography for coronary artery evaluation is investigative and therefore **NOT COVERED** for all other indications, including, but not limited to, routine screening in asymptomatic individuals, with or without risk factors. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Note: See related Medica Coverage policy: *Coronary Artery Calcium Scoring (CACs)*.

Description

Computed tomography (CT) is an imaging method that combines multiple x-ray images with the assistance of a computer to produce cross-sectional views of the body. Coronary computed tomography angiography (CCTA) involves the use of multi-slice or multi-detector row CT and intravenously administered contrast material to obtain detailed images of the blood vessels of the heart. It is used as an alternative to conventional invasive coronary angiography for evaluating coronary artery disease (CAD) and coronary artery anomalies in a select population of patients.

FDA Approval

CT scanners are Class II devices. Class II devices pose little, if any risk to the consumer if performance standards are met, and do not require pre-market approval (PMA). Several scanners have received 510(k) clearance from the FDA.

Prior Authorization

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes:

- **75574** - Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image post-processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed).
- **0501T** - Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated FFR model, with anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report
- **0502T** - Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission
- **0503T** - Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model
- **0504T** - Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report

Original Policy Effective Date: 6/1/2012

Re-Review Date(s): 5/20/2015
1/1/2018 – Administrative update; codes added
5/18/2018
6/18/2019 – Administrative update; prior authorization wording
2/10/2020 – Administrative update; format
5/19/2021 – Clinical Review Reserve
5/01/2024 – Administrative update; policy applies to Mayo Medical Plan members only.

© 2012-2024 Medica.