Coverage Summary

Computed Tomographic Angiography (CTA)/Electron Beam Computed Tomography (EBCT) of the Chest

Policy Number: C-008
Products: UnitedHealthcare Medicare Advantage Plans
Original Approval Date: 02/26/2008
Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee
Last Review Date: 08/18/2020

Related Medicare Advantage Policy Guidelines:
- Computed Tomography (NCD 220.1)
- Coronary Fractional Flow Reserve Using Computed Tomography (FFR-ct)

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The benefit information in this Coverage Summary is based on existing national coverage policy, however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub.0020No. 100-16, Ch. 4, §90.5).

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I. COVERAGE

Coverage Statement: Computed tomographic angiography is covered in accordance with Medicare coverage criteria.

Guidelines/Notes:
1. Computed Tomographic Angiography (CTA)

   CTA is a general phrase used to describe a non-invasive method, using intravenous contrast, to...
visualize the coronary arteries (or other vessels) using high-resolution, high-speed CT.

On March 12, 2008, after examining the medical evidence, the Centers for Medicare and Medicaid Services (CMS) has determined that no national coverage determination (NCD) is appropriate at this time and coverage decisions should be made by local contractors through local coverage determination process or case-by-case adjudication.

See the NCD for Computed Tomography (220.1), (Accessed August 4, 2020)

Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. These policies are available at http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx.

2. Multi-detector (Multi-detector-row/Multi-slice)Computed Cardiac Tomography (MDCT) [also known as Cardiac Computed Tomographic Coronary Angiography (CCTA) or Computed Tomography of the Heart and Coronary Arteries]

- Medicare does not have a National Coverage Determination (NCD) for Multi-detector Computed Tomography.
- Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies must be used where applicable. For specific LCDs/LCAs, see the LCD/LCA Availability Grid (Attachment A).
- For states/territories with no LCD/LCAs, see the following for coverage guidelines:
  - For regions not involved in the Radiology Prior Auth Program, see the nationally recognized guidelines, i.e., MCG™ Care Guidelines, 24th edition, 2020, Cardiac CT Scan ACG: A-0020 (AC). Click here to view the MCG™ Care Guidelines. (IMPORTANT NOTE: After searching the LCD/LCA Availability Grid and the Medicare Coverage Database, if no LCD/LCA is found, then use the above referenced policy.)
- Committee approval date: August 18, 2020
- Accessed November 4, 2020

3. Electron Beam Computed Tomography (EBCT) [also known as Ultrafast CT scan or Electron-beam Tomography (EBT)]

- Medicare does not have a National Coverage Determination (NCD) for Electron Beam Computed Tomography (EBCT).
- Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) for EBCT exist and compliance with these policies must be used where applicable. All LCDs/LCAs agree that EBCT is not covered. For specific LCDs/LCAs, see the LCD/LCA Availability Grid (Attachment B).
- For states/territories with no LCD/LCAs, see the following for coverage guidelines:
  - For regions not involved in the Radiology Prior Auth Program, see the nationally recognized guidelines, i.e., MCG™ Care Guidelines, 24th edition, 2020, Cardiac CT Scan ACG: A-0020 (AC). Click here to view the MCG™ Care Guidelines. (IMPORTANT NOTE: After searching the LCD/LCA Availability Grid and the Medicare Coverage Database, if no LCD/LCA is found, then use the above referenced policy.)
II. DEFINITIONS

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08/18/2020 Guideline 2 [Multi-detector (Multi-detector-row/Multi-slice) Computed Cardiac Tomography (MDCT)]
- Revised language pertaining to Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) to indicate:
  - LCDs/LCAs exist [for some states/territories] and compliance with these policies is required where applicable
  - For coverage guidelines for states/territories with no LCDs/LCAs:
    - Refer to the UnitedHealthcare Medicare Solutions Cardiology and Radiology Imaging Guidelines for regions involved in the Radiology Prior Auth Program
    - Refer to the MCG™ Care Guidelines, 24th edition, 2020, Cardiac CT Scan ACG: A-0020 (AC) for regions not involved in the Radiology Prior Auth Program

Guideline 3 [Electron Beam Computed Tomography (EBCT) also known as Ultrafast CT scan or Electron-beam Tomography (EBT)]
- Replaced reference to “states with no LCDs/LCAs” with “states/territories with no LCDs/LCAs”

Attachments
- Updated LCD/LCA Availability Grids to reflect the most current reference links

V. ATTACHMENTS

Attachment A – LCD/LCA Availability Grid
Multi-detector (Multi-detector-row/Multi-slice) Computed Cardiac Tomography (MDCT)
[also known as Cardiac Computed Tomographic Coronary Angiography (CCTA) or Computed Tomography of the Heart and Coronary Arteries]

<table>
<thead>
<tr>
<th>ID #</th>
<th>Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States/Territories</th>
</tr>
</thead>
<tbody>
<tr>
<td>L33947</td>
<td>Cardiac Computed Tomography (CCT) and Coronary Computed Tomography Angiography (CCTA)</td>
<td>A and B MAC</td>
<td>CGS Administrators, LLC</td>
<td>KY, OH</td>
</tr>
<tr>
<td>L33282</td>
<td>Computed Tomographic Angiography of the Chest, Heart and Coronary Arteries</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
</tr>
<tr>
<td>L33559</td>
<td>Cardiac Computed Tomography (CCT) and Coronary Computed Tomography Angiography (CCTA)</td>
<td>A and B MAC</td>
<td>National Government Services, Inc.</td>
<td>CT, IL, MA, ME, MN, NH, NY, RI, VT, WI</td>
</tr>
<tr>
<td>L33423</td>
<td>Cardiac Computed Tomography &amp; Angiography (CCTA)</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>AL, GA, NC, SC, TN, VA, WV</td>
</tr>
<tr>
<td>L35121</td>
<td>Coronary Computed Tomography</td>
<td>MAC Part A</td>
<td>Wisconsin Physicians</td>
<td>AK, AL*, AR, AZ, CA, CO</td>
</tr>
</tbody>
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### Attachment A – LCD/LCA Availability Grid

**Multi-detector (Multi-detector-row/Multi-slice) Computed Cardiac Tomography (MDCT)**

[also known as Cardiac Computed Tomographic Coronary Angiography (CCTA) or Computed Tomography of the Heart and Coronary Arteries]

CMS website accessed November 4, 2020

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*(Note: States notated with an asterisk should follow the other available state-specific LCD/LCA listed on this grid. This WPS LCD/LCA only applies to states without an asterisk.)*

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<td>L35121</td>
<td>Coronary Computed Tomography Angiography (CCTA)</td>
<td>MAC Part B</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>IN, IA, KS, MI, MO, NE</td>
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</tbody>
</table>

**End of Attachment A**

### Attachment B – LCD/LCA Availability Grid

**Electron Beam Computed Tomography (EBT)**

[also known as Ultrafast CT scan or Electron-beam Tomography (EBT)]

CMS website accessed November 4, 2020

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UHC MA Coverage Summary: Computed Tomographic Angiography (CTA)/Electron Beam Computed Tomography (EBT) of the Chest

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Attachment B – LCD/LCA Availability Grid

Electron Beam Computed Tomography (EBCT)
[also known as Ultrafast CT scan or Electron-beam Tomography (EBT)]

CMS website accessed November 4, 2020

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</tbody>
</table>

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End of Attachment B