

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

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Related Medicare Advantage Policy Guidelines

- [Computed Tomography \(NCD 220.1\)](#)
- [Coronary Fractional Flow Reserve Using Computed Tomography \(FFR-ct\)](#)

Coverage Guidelines

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

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.

Refer to the [NCD for Computed Tomography \(220.1\)](#). (Accessed May 5, 2021)

Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. These policies are available at <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>. (Accessed May 5, 2021)

Multi-Detector (Multi-Detector-Row/Multi-Slice) Computed Cardiac Tomography (MDCT)

Multi-detector (multi-detector-row/multi-slice) computed cardiac tomography (MDCT) is also known as cardiac computed tomographic coronary angiography (CCTA) or computed tomography of the heart and coronary arteries.

Medicare does not have an 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, refer to the table for [Multi-Detector \(Multi-Detector-Row/Multi-Slice\) Computed Cardiac Tomography \(MDCT\)](#).

For states/territories with no LCD/LCAs, refer to the following for coverage guidelines:

- For regions involved in the Radiology Prior Auth Program, refer to the UnitedHealthcare Medicare Advantage Plans Radiology and Cardiology Clinical Guidelines at <https://www.uhcprovider.com/en/prior-auth-advance-notification/radiology-prior-authorization.html>.

- For regions not involved in the Radiology Prior Auth Program; refer to the WPS [LCD for Coronary Computed Tomography Angiography \(CCTA\) \(L35121\)](#). (Accessed October 27, 2021)

Note: After checking the [Multi-detector \(Multi-detector-row/Multi-slice\) Computed Cardiac Tomography \(MDCT\)](#) table and the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Electron Beam Computed Tomography (EBCT)

Electron beam computed tomography (EBCT) is also known as ultrafast CT scan or electron-beam tomography (EBT).

Medicare does not have an 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, refer to the table for [Electron Beam Computed Tomography \(EBCT\)](#).

For states/territories with no LCD/LCAs, refer to the following for coverage guidelines:

- For regions involved in the Radiology Prior Auth Program, refer to the UnitedHealthcare Medicare Advantage Plans Radiology and Cardiology Clinical Guidelines at <https://www.uhcprovider.com/en/prior-auth-advance-notification/radiology-prior-authorization.html>.
- For regions not involved in the Radiology Prior Auth Program; refer to the WPS [LCD for Coronary Computed Tomography Angiography \(CCTA\) \(L35121\)](#). (Accessed October 27, 2021)

Note: After checking the [Electron Beam Computed Tomography \(EBCT\)](#) table and the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Supporting Information

Important Note: When searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the applicable referenced default policy below for coverage guidelines.

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] Accessed October 27, 2021				
LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L33947 (A56451)	Cardiac Computed Tomography (CCT) and Coronary Computed Tomography Angiography (CCTA)	Part A and B MAC	CGS Administrators, LLC	KY, OH
L33282 (A57061)	Computed Tomographic Angiography of the Chest, Heart and Coronary Arteries	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L33559 (A56737)	Cardiac Computed Tomography (CCT) and Coronary Computed Tomography Angiography (CCTA)	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L33423 (A56691)	Cardiac Computed Tomography and Angiography (CCTA)	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV

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]

Accessed October 27, 2021

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L35121 (A57552)	Coronary Computed Tomography Angiography (CCTA)	Part A MAC	Wisconsin Physicians Service Insurance Corporation	AK, AL *, AR, AZ, CA, CO, CT *, DE, FL *, GA *, HI, IA, ID, IL *, IN, KS, KY *, LA, MA *, MD, ME *, MI, MO, MS, MT, NC *, ND, NE, NH *, NJ, NM, NV, OH *, OK, OR, PA, RI *, SC, SD, TN *, TX, UT, VA *, VT *, WA, WI *, WV *, WY Note: States notated with an asterisk should follow the other available state-specific LCD/LCA listed in this table. This WPS LCD/LCA only applies to states without asterisk.
L35121 (A57552)	Coronary Computed Tomography Angiography (CCTA)	Part B MAC	Wisconsin Physicians Service Insurance Corporation	IN, IA, KS, MI, MO, NE

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Electron Beam Computed Tomography (EBCT)

[also known as Ultrafast CT Scan or Electron-Beam Tomography (EBT)]

Accessed October 27, 2021

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L33947 (A56451)	Cardiac Computed Tomography (CCT) and Coronary Computed Tomography Angiography (CCTA)	Part A and B MAC	CGS Administrators, LLC	KY, OH
L33282 (A57061)	Computed Tomographic Angiography of the Chest, Heart and Coronary Arteries	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L33559 (A56737)	Cardiac Computed Tomography (CCT) and Coronary Computed Tomography Angiography (CCTA)	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L33423 (A56691)	Cardiac Computed Tomography and Angiography (CCTA)	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
L35121 (A57552)	Coronary Computed Tomography Angiography (CCTA)	Part A MAC	Wisconsin Physicians Service Insurance Corporation	AK, AL *, AR, AZ, CA, CO, CT *, DE, FL *, GA *, HI, IA, ID, IL *, IN, KS, KY *, LA, MA *, MD, ME *, MI, MO, MS, MT, NC *, ND, NE, NH *, NJ, NM, NV, OH *, OK,

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

Accessed October 27, 2021

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
				OR, PA, RI*, SC, SD, TN*, TX, UT, VA*, VT*, WA, WI*, WV*, WY Note: States notated with an asterisk should follow the other available state-specific LCD/LCA listed in this table. This WPS LCD/LCA only applies to states without asterisk.
L35121 (A57552)	Coronary Computed Tomography Angiography (CCTA)	Part B MAC	Wisconsin Physicians Service Insurance Corporation	IN, IA, KS, MI, MO, NE

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Policy History/Revision Information

Date	Summary of Changes
05/18/2021	Supporting Information <ul style="list-style-type: none"> Updated list of available Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) to reflect the most current reference links Archived previous policy version MCS021.01

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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. No. 100-16, Ch. 4, §90.5](#)).

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