

**COMPUTED TOMOGRAPHIC ANGIOGRAPHY (CTA) OF THE CHEST, HEART, AND CORONARY ARTERIES
MEDICARE MEDICAL NECESSITY CHECKLIST - LCD L33282**

| | | |
|--|---|------------|
| LCD L33282 | Patient Name: | MR: |
| Effective Date: For services performed on or after 10/01/2019 | | |
| Multislice or Multidetector Computed Tomography (MDCT) angiography offers advanced spatial and temporal resolution in the imaging of the major vessels of the chest, including aorta, pulmonary arteries, and coronary arteries. For coronary artery imaging, the resulting images show a high correlation with stenotic lesions noted on diagnostic cardiac catheterization, and with atheromas on intracoronary ultrasound. Additionally, the technique is helpful in defining the vascularity of chest or lung lesions. MDCT technology for cardiac and coronary artery assessment requires thin slices (e.g. 0.5 to 0.75 mm) reconstructions, multiple simultaneous images (e.g. 40-64 or more slices), and cardiac gating (often with beta blockers). | | |
| GENERAL REQUIREMENTS | | |
| <input type="checkbox"/> | Physician/ Practitioner : •Enrolled in Medicare • Meets training and experience requirements outlined in LCD L33282 | |
| <input type="checkbox"/> | Radiologic Technologist : • Credentialed by a nationally recognized credentialing body • Meets state licensure requirements •Trained on administration of contrast media, if administering | |
| <input type="checkbox"/> | Registered Nurse : • Trained on the use and administration of contrast media, if administering | |
| <input type="checkbox"/> | Certified Registered Nurse : • Familiar with administration of intravenous beta blockers/nitrates, when supervising • ACLS-certified | |
| <input type="checkbox"/> | Device Specifications : • Meets specifications outlined in LCD 33282 | |
| COVERAGE INDICATIONS (A or B) | | |
| (A) MDCT Angiography of the chest for non-cardiac assessment is covered when a patient meets one of the following indications: | (B) MDCT Angiography of the chest for cardiac assessment is covered when a patient meets one of the following indications: | |
| <ul style="list-style-type: none"> • A symptomatic patient when presentation is suspicious for pulmonary emboli, <i>or</i> • Abnormalities of the thoracic vasculature such as aortic dissection, aortic aneurysm, pulmonary arterio-venous malformation (AVM) and other abnormalities of the systemic circulation, excluding the heart, <i>or</i> • Suspected congenital anomalies of the heart or great vessels, <i>or</i> • Cardiac, mediastinal or lung parenchymal lesions, the vascularity of which is unknown or ill defined, but is critical to the diagnosis. | <ul style="list-style-type: none"> • Cardiac evaluation of a patient with chest pain syndrome (e.g. anginal equivalent, angina) at a low to moderate risk for coronary artery disease (CAD) when MDCT is expected to avoid performing diagnostic cardiac catheterization. MDCT and coronary angiography are not expected to be performed on the same patient for diagnostic purposes prior to the application of anticipated therapy. (If a high pre-test probability of disease exists, e.g., known CAD, the patient would go to coronary angiography as the definitive test, where possible angioplasty and/or stenting could be performed at the same time), <i>or</i> • Suspected congenital anomalies of coronary circulation, <i>or</i> • Symptomatic patient with equivocal stress test results, with or without cardiac imaging, if MDCT is expected to avoid performing diagnostic coronary angiography. (If a high pre-test probability of disease exists, e.g., known CAD, it is not expected that CT coronary angiography is done in addition to a subsequent coronary catheterization and angiogram), <i>or</i> • Prior to arrhythmia ablation procedure, evaluation of pulmonary veins, <i>or</i> • Prior to insertion of biventricular pacemaker, evaluation of cardiac veins | |
| Non-Covered Procedures: •Screening (absence of signs, symptoms or disease) •Patients with stable coronary artery disease without any significant change in signs or symptoms •Cardiac patient with extensive disease with a pre-test knowledge of extensive calcification that would diminish the test interpretive value. Note: Test may be denied when merely added as another layer of testing instead of selecting it within the context of other testing modalities to facilitate the management decision •Administration of beta-blockers and/or other medications and patient monitoring by a physician during the MDCT (not separately payable) •CTA of the heart performed with an Electron Beam Technology (EBT) scanner is not considered medically necessary due to limited spatial and z axis resolutions (slice thickness=3.0 mm) without direct visualization in multi-reformation of the whole coronary system. | | |
| DOCUMENTATION REQUIREMENTS | | |
| <input type="checkbox"/> | Maintained in medical records; treating physician/practitioner's legible signatures; appropriate patient identification info; dates of service | |
| <input type="checkbox"/> | Includes procedure order from the treating physician or qualified practitioner and Informed Consent signed by the patient | |
| <input type="checkbox"/> | Supports above indications/medical necessity and general requirements, per LCD L33282 | |
| <input type="checkbox"/> | Reflects Direct Physician Supervision (physician or qualified non-physician provider) during testing/administration of cardioactive or contrast agents | |
| <input type="checkbox"/> | Supports the qualifying diagnosis (ICD-10-CM) and procedure/item (CPT/HCPCS) codes selected for billing | |
| <input type="checkbox"/> | When non-covered services provided, includes ABN (delivered before service and signed by the patient) | |
| CODING & BILLING | | |
| • For qualifying diagnosis (ICD-10-CM) and procedures (CPT) <u>codes</u> refer to Local Coverage Article (LCA) A57061 Below | | |
| • Non-covered service: Use ABN modifiers | A57061: Billing and Coding: CTA of the Chest, Heart, and Coronary Arteries | |
| <i>Note: Compliance with LCD & LCA requirements may be monitored and addressed through post payment data analysis and/or subsequent medical review audits.</i> | | |
| Checklist completed by: | Date: | |
| <small>Disclaimer: The content of the checklist was created as an educational tool. Use of the document is not intended as a replacement for the documentation requirements published in National or Local Coverage Determinations, or the CMS's documentation guidelines, written law or regulations. Medicare policy changes frequently; Providers/Departments are reminded to review current National and Local Coverage Determination and Policy Articles for specific documentation and coding guidelines.</small> | | |