

04-70450-07

[Original Effective Date: 06/15/15](#)

[Reviewed: 03/22/18](#)

[Revised: 04/15/18](#)

Subject: Computed Tomography Angiography (CTA) Chest (non coronary)

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

[Position Statement](#)

[Billing/Coding](#)

[Reimbursement](#)

[Program Exceptions](#)

[Definitions](#)

[Related Guidelines](#)

[Other](#)

[References](#)

[Updates](#)

DESCRIPTION:

Computed tomography angiography (CTA) is an imaging procedure performed for characterizing vascular anatomy, diagnosing vascular diseases, planning treatment for vascular disease and assessing the effectiveness of vascular treatment. CTA may be performed with or without contrast material.

POSITION STATEMENT:

Documentation Requirements

Documentation containing the medical necessity of the computed tomography angiography (CTA) of the chest (non coronary) and imaging results (e.g., images, clinical reports) should be maintained in the member's medical record. Documentation may be requested as part of the review process.

Computed tomography angiography (CTA) of the chest (non coronary) **meets the definition of medical necessity** for the following:

Evaluation of suspected or known pulmonary embolism (excludes low risk*)

Note: CTA and pulmonary embolism(PE) D-Dimer blood test in members at low risk for DVT is indicated prior to CTA imaging. Negative D-Dimer suggests alternative diagnosis in these members.

*Low risk defined as no to **ALL** of the following:

1. Evidence of current or prior DVT;
2. HR > 100;
3. Cancer diagnosis;
4. Recent surgery or prolonged immobilization;
5. Hemoptysis;
6. History of PE; **AND**
7. Other diagnosis is more likely than PE.

CTA has high sensitivity and specificity and is the primary imaging modality to evaluate patients suspected of having acute pulmonary embolism. When high suspicion of pulmonary embolism on clinical assessment is combined with a positive CTA, there is a strong indication of pulmonary embolism. Likewise, a low clinical suspicion and a negative CTA can be used to rule out pulmonary embolism.

Evaluation of known vascular abnormalities

- Evaluation of a thoracic/thoracoabdominal aneurysm or dissection (documentation of clinical history may include hypertension and reported “tearing or ripping type” chest pain).
- Congenital thoracic vascular anomaly, (e.g., coarctation of the aorta or evaluation of a vascular ring suggested by gastrointestinal (GI) study).
- Signs or symptoms of vascular insufficiency of the neck or arms (e.g., subclavian steal syndrome with abnormal ultrasound).
- Follow-up evaluation of progressive vascular disease when new signs or symptoms are present.
- Primary or secondary pulmonary hypertension.

Note: CTA and Thoracic Aortic Aneurysms Computed tomographic angiography (CTA) allows the examination of the precise 3-D anatomy of the aneurysm from all angles and shows its relationship to branch vessels. This information is very important in determining the treatment: endovascular stent grafting or open surgical repair.

CTA and Coarctation of the Aorta Coarctation of the aorta is a common vascular anomaly characterized by a constriction of the lumen of the aorta distal to the origin of the left subclavian artery near the insertion of the ligamentum arteriosum. The clinical sign of coarctation of the aorta is a disparity in the pulsations and blood pressures in the legs and arms. Chest CTA may be used to evaluate either suspected or known aortic coarctation and patients with significant coarctation should be treated surgically or interventionally.

Preoperative evaluation

- Known vascular abnormalities and member has not had a catheter angiogram within the last month.
- Ablation procedure for atrial fibrillation.

Postoperative or post procedural evaluation

- Physical evidence of post-operative bleeding complication or re-stenosis.
- Post surgical follow-up when records document medical reason requiring additional imaging.

Chest CTA and abdomen CTA or abdomen/pelvis CTA or pelvis CTA combo

- Evaluation of extensive vascular disease involving the chest and abdominal cavities (e.g., aortic dissection, vasculitic diseases such as Takayasu's arteritis, significant post-traumatic or post-procedural vascular complications).
- Pre-operative or preprocedural evaluation such as transcatheter aortic valve replacement (TAVR).

BILLING/CODING INFORMATION:

CPT Coding:

| | |
|-------|--|
| 71275 | Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing |
|-------|--|

REIMBURSEMENT INFORMATION:

Refer to section entitled [POSITION STATEMENT](#).

Re-imaging or additional imaging due to poor contrast enhanced exam or technically limited exam is the responsibility of the imaging provider.

LOINC Codes:

The following information may be required documentation to support medical necessity: physician history and physical, physician progress notes, plan of treatment and reason for computed tomography angiography (CTA) of the chest.

| Documentation Table | LOINC Codes | LOINC Time Frame Modifier Code | LOINC Time Frame Modifier Codes Narrative |
|--------------------------------|-------------|--------------------------------------|---|
| Physician history and physical | 28626-0 | 18805-2 | Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim |

| | | | |
|--|---------|---------|---|
| Attending physician progress note | 18741-9 | 18805-2 | Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim |
| Plan of treatment | 18776-5 | 18805-2 | Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim |
| Radiology reason for study | 18785-6 | 18805-2 | Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim |
| Radiology comparison study-date and time | 18779-9 | 18805-2 | Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim |
| Radiology comparison study observation | 18834-2 | 18805-2 | Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim |
| Radiology-study observation | 18782-3 | 18805-2 | Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim |
| Radiology-impression | 19005-8 | 18805-2 | Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim |
| Radiology study-recommendation (narrative) | 18783-1 | 18805-2 | Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim |

PROGRAM EXCEPTIONS:

Coverage for the radiology services referenced in this guideline performed and billed in an outpatient or office location will be handled through the Florida Blue Radiology Management program for select

products. The National Imaging Associates (NIA) will determine coverage for these services for select products. Refer to the member's contract benefits.

Federal Employee Plan (FEP): FEP is excluded from the National Imaging Associates (NIA) review; follow FEP guidelines.

Medicare Advantage products:

DEFINITIONS:

No guideline specific definitions apply.

RELATED GUIDELINES:

[Computed Tomography Angiography \(CTA\) Abdomen and Pelvis, 04-70450-04](#)

[Computed Tomography Angiography \(CTA\) Brain \(Head\), 04-70450-05](#)

[Computed Tomography Angiography \(CTA\) Lower Extremity, 04-70450-09](#)

[Computed Tomography Angiography \(CTA\) Neck, 04-70450-06](#)

[Computed Tomography Angiography \(CTA\) Upper Extremity, 04-70450-08](#)

OTHER:

None

REFERENCES:

1. ACR-NASCI-SIR-SPR Practice Guideline for the Performance and Interpretation of Body Computed Tomography Angiography (CTA), Revised 2016.
2. American College of Radiology (ACR) Appropriateness Criteria® Acute Chest Pain-Suspected Pulmonary Embolism, Revised 2016.
3. Anderson DR, Kahn SR, Rodger MA et al. Computed tomographic pulmonary angiography vs ventilation-perfusion lung scanning in patients with suspected pulmonary embolism: a randomized controlled trial. JAMA 2007; 298(23): 2743-1753.
4. National Imaging Associates, Inc. CTA Chest Clinical Guideline, 2018.
5. Stein PD, Fowler SE, Goodman LR et al. Multidetector computed tomography for acute pulmonary embolism. New England Journal of Medicine 2006; 354(22): 17-27.

COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy & Coverage Committee on 03/22/18.

GUIDELINE UPDATE INFORMATION:

| | |
|----------|---------------------------------|
| 06/15/15 | New Medical Coverage Guideline. |
|----------|---------------------------------|

| | |
|----------|--|
| 07/15/16 | Revision; added information related to: chest CTA and pulmonary embolism (PE), CTA and thoracic aortic aneurysms and CTA and coarctation of the aorta. Updated references. |
| 04/15/18 | Revision; revised position statement. Updated references. |