

04-70450-08

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Subject: Computed Tomography Angiography (CTA) Upper Extremity

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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 upper extremity 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 upper extremity **meets the definition of medical necessity** for the following:

Assessment/evaluation of known or suspected vascular disease/condition

- Evaluation of suspected vascular disease aneurysm, arteriovenous malformation, fistula, vasculitis, or intramural hematoma.
- Evaluation of Raynaud's syndrome.
- Evaluation of vascular invasion or displacement by tumor.
- Evaluation of complications of interventional vascular procedures (e.g., pseudoaneurysms related to surgical bypass grafts, vascular stents, or stent-grafts) .
- Evaluation of suspected upper extremity embolism or thrombosis.

- Evaluation of traumatic injuries to the upper extremity with clinical findings suggestive of arterial injury.

Preoperative evaluations

- Pre-operative evaluation of known vascular disease/condition with indeterminate ultrasound.

Post-operative/ procedural evaluations

- A follow-up study may be needed to help evaluate a member’s progress after treatment, procedure, intervention or surgery. Documentation requires a medical reason that indicates why additional imaging is needed for the type and area(s) requested.

Other indications for upper extremity CTA

- Evaluation of a dialysis graft.

BILLING/CODING INFORMATION:

CPT Coding:

73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing
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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 neck.

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:

No National Coverage Determination (NCD) and/or Local Coverage Determination (LCD) were found.

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 \(CTA\) Chest \(non coronary\), 04-70450-07](#)

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

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

OTHER:

None applicable.

REFERENCES:

1. ACR-NASCI-SIR-SPR Practice Guideline for the Performance and Interpretation of Body Computed Tomography Angiography (CTA), Revised 2016.
2. Hoang JK, Martinez Z, Hurwitz LM et al. MDCT angiography of thoracic aorta endovascular stent-grafts: pearls and pitfalls. American Journal of Roentgenology 2009; 1992(2): 515-524.
3. Hsu CS, Hellinger JC, Rubin GD et al. CT angiography in pediatric extremity trauma: preoperative evaluation prior to reconstructive surgery. Hand 2008; 3(2): 139-145.
4. National Imaging Associates, Inc. CT Angiography, Upper Extremity Clinical Guideline, 2018

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.
04/15/18	Revision; revised position statement. Updated references.

