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LCD for Multidetector Computed Tomography of the Heart and Great Vessels (L28281)

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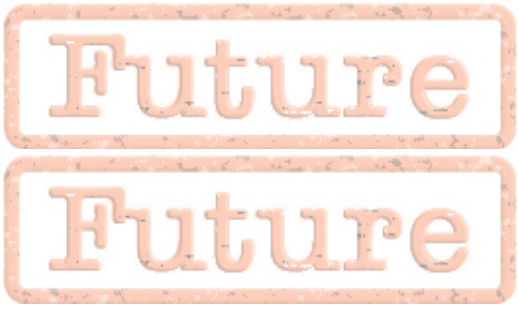
Please note: **This is a Future LCD.**

Please note: **If you are printing this document and it is truncated on the right margin, please try printing landscape.**

Contractor Information



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Palmetto GBA

Contractor Number back to top

01192

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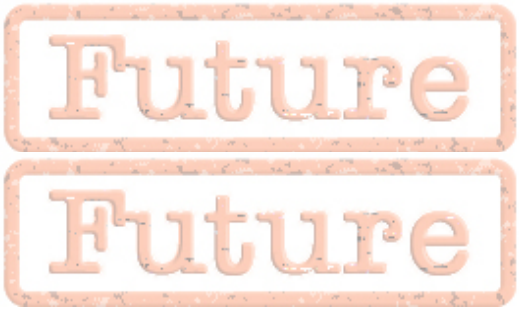
MAC – Part B

LCD Information



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L28281

LCD Title back to top

Multidetector Computed Tomography of the Heart and Great Vessels

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J1B-08-0053-L

AMA CPT / ADA CDT Copyright Statement back to top

CMS National Coverage Policy back to top

Title XVIII of the Social Security Act, 1862(a)(1)(A). Allows coverage and payment for only those services that are considered to be medically reasonable and necessary.

Title XVIII of the Social Security Act, 1833(e). Prohibits Medicare payment for any claim that lacks the necessary information to process the claim.

CMS Manual System, Pub 100-03, *Medicare National Coverage Determinations Manual,* Chapter 1; Part 4, §220.1. Diagnostic examination by Computerized Tomography.

CMS Manual System, Pub 100-04, *Medicare Claims Processing Manual,* Chapter 13, §30-30.1.2. Addresses CT scans on the same day with and without contrast media and LOCM.

CMS Manual System, Pub 100-04, *Medicare Claims Processing Manual,* Chapter 13, §20. Addresses payment conditions for radiology services.

CMS Manual System, Pub 100-04, *Medicare Claims Processing Manual,* Chapter 18, §§100-100.7. Addresses cardiovascular disease screening.

CMS Manual System, Pub 100-09, *Medicare Contractor Beneficiary and Provider Communications Manual,* Chapter 5, §20. Addresses standards of medical/surgical practice and the correct coding initiative (CCI).

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California - Southern

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Region I

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For services performed on or after 09/02/2008

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For services performed on or after 12/04/2008

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Indications and Limitations of Coverage and/or Medical Necessity back to top

Multidetector Computed Tomography (MDCT) with its advanced spatial and temporal resolution has opened up new possibilities in the imaging of the heart, coronary arteries and major vessels of the chest. The MDCT technology uses thin (up to 1 mm) slices, 0.5 to 0.75 mm reconstructions, multiple simultaneous images (e.g. 16 or more “slices”) and cardiac gating (often requiring beta blockers for ideal heart rate). There is significant post processing, depending on the number of slices per second for image generation. Coronary artery images show a high correlation both with stenotic lesions noted on diagnostic cardiac catheterization, and with atheromas on intracoronary ultrasound. Current evidence demonstrates that computed tomographic coronary angiography (CTCA) can reliably rule out the presence of significant coronary artery disease (CAD) in a patient with low to intermediate probability of having CAD and can reliably achieve the high degree of diagnostic accuracy necessary to avoid conventional angiography in selected patients with a negative study (high predictive value of a negative study).

Indications

The **only** covered indications are as follow:

1. CTCA is covered for the evaluation of patients with acute chest pain presenting in an emergency room (or equivalent) when necessary to rapidly differentiate among reasonably probable aortic, pulmonary and/or coronary etiologies.

2. CTCA is covered as first-line testing for CAD in patients with intermediate risk factors* presenting in an emergency room with chest pain or other symptoms strongly suggestive of coronary disease (or in another site with an equivalent acute presentation). Enzymes and EKGs must be normal or borderline and a negative CTCA will result in avoiding invasive coronary angiography.

3. CTCA is covered for the exclusion of CAD following an equivocal or discordant or suspected inaccurate stress (or stress imaging) test in patients with low to intermediate risk factors when a negative CTCA will result in avoiding invasive coronary angiography.

4. CTCA is covered for the evaluation of patients in sinus rhythm scheduled to undergo non-coronary (e.g., valvular) cardiovascular surgery who are unlikely to have coronary artery disease and/or significantly calcified coronary arteries, when a negative CTCA will avoid invasive coronary angiography.

5. CTCA or MDCT of the heart and great vessels is covered to assess surgical eligibility, or for preoperative planning, in patients known to have clinical findings strongly suggestive of a congenital anomaly of the coronary vessels or great vessels.

6. MDCT of the heart is covered for evaluation of pulmonary veins and atrium in patients with atrial fibrillation and/or flutter when evaluation avoids what would otherwise be a medically reasonable and necessary MRI in patients who are scheduled to undergo ablation therapy evaluation.

7. Facilitation of diagnostic evaluation and management of an asymptomatic or symptomatic patient at high cardiovascular risk (e.g., left ventricular systolic dysfunction of unknown etiology, diabetic patients with 3 or more multiple risk factors for atherosclerosis).

8. Facilitation of the management decision of a symptomatic patient with known coronary artery disease (e.g., post-stent, post CABG) when the results of the MDCT may guide the decision for repeat invasive intervention.

9. To assess coronary anatomy following heart transplantation at a time in which catheter coronary angiography would otherwise be indicted with CTA anticipated to be used in place of angiography.

10. To assess coronary anatomy following technically inadequate catheter coronary angiography (e.g., an internal mammary artery, a coronary vein bypass graft, or an anomalous native coronary takeoff that could not be engaged).

11. For evaluation of anatomy in preparation of percutaneous structural heart intervention including, for example, aortic, mitral, or other valve repair or replacement, atria appendage occluder devices, etc.

12. Quantitative evaluation of calcium scoring: Quantitative evaluation of

calcium scoring is only covered for the following indications:

- As a triage tool in patients with chest pain of strongly suspected cardiac etiology or clear evidence of myocardial ischemia and unknown calcium score to determine the appropriateness of coronary MDCT versus coronary angiography.

- As a triage tool for lipid-lowering therapy in patients with an intermediate to high Framingham risk score. Per recommendations of the American College of Cardiology, California Chapter and California Radiological Society, three of the following should be present: diabetes (or metabolic syndrome), hypertension, lipid abnormalities, family history of premature cardiac or vascular disease, current smoking, or significant obesity).

- In patients in whom discordance exists between stress imaging testing and clinical findings.

13. The test may be considered medically necessary in patients status post revascularization procedures who present with recurrent symptoms not clearly identifiable as ischemic.

*For the purposes of this policy, “intermediate risk” is defined as Thrombolysis in Myocardial Infarction (TIMI) < 4 (JAMA: 284, p. 835; 8/16/00) and/or other equivalent accepted national standard, i.e., a standard describing the same or comparable level of risk.

Limitations

1. MDCT and calcium scoring are not covered for screening.

2. Ultrafast CT scan of the heart (electron-beam tomography [EBT] or electron-beam computed tomography [EBCT]) are **not** covered services.

3. The value of MDCT or CTCA for “risk stratification” in patients or scenarios not described in the Indications section of this LCD has not been sufficiently established and this use is non-covered.

4. At the initiation of any of these procedures, there must be an initial scout radiograph or other imaging assessment of cardiac calcification for the purpose of an assessment of the anatomic location, degree and intensity of calcification and impact of calcification on the utility of the test results. The MDCT may be subject to denial when post-pay review indicates that calcification of the coronary segment(s) in question, or other likely causes of significant artifact, requires invasive angiography to establish diagnosis.

5. Both false positive findings and number of non-evaluable segments increase proportionately with coronary calcification and may cause conversion to or result in invasive coronary angiography. Therefore, in patients with an overall Agatson calcium score of 600 or greater, documentation must indicate the medical necessity of proceeding with the examination, rather than converting to invasive arteriography. (For example, the physician might note the absence of significant calcification in the area of interest to support continuing with CTCA.)

The claim for the CTCA service terminated because of calcium score and

converted to conventional coronary angiography may be submitted as a "terminated procedure".

6. The selection of the test should be made within the context of other testing modalities and the resulting information should be essential to the management decision, not merely an additional layer of testing.

7. The administration of beta blockers and/or other drugs necessary for the study, any cardiograms, rhythm strips, IV supplies and the monitoring of the patient during MDCT by a physician experienced in the use of cardiovascular drugs are included herein and are not separately payable services.

8. All studies must be ordered by a physician or a qualified non-physician practitioner.

9. A physician must be present on premises for direct supervision during testing and administration of medicines.

10. Coverage of this modality for coronary artery assessment is limited to devices that process thin, high resolution slices. Less resolution and slower rotation speeds result in a higher number of non-evaluable segments. Based on current literature, Medicare requires the multidetector scanner either to have ***both*** collimation of 0.625 mm or less, and a rotational speed of 375 msec. or less, ***or,*** alternatively, to have at least 64 slice detector design. Machines not meeting these requirements should not have studies submitted for payment.

11. Only one study of MDCT/CTCA of the heart and great vessels or chest CT will be covered on a single date of service.

12. It is not reasonable to repeat coronary calcium scanning in less than 5 years if the calcium score is <10 (or equivalent) on the initial study. When the score is > 10, it is not normally necessary to repeat the study in less than 3 years.

It is important to note that the fact that a new service or procedure has been issued a CPT code or is FDA approved does not, in itself, make the procedure medically reasonable and necessary. This A/B MAC evaluates new services, procedures, drugs or technology and considers national and local policies before these new services may be considered Medicare covered services.

Acceptable Levels of Competence for Performance and Interpretation

The acceptable levels of competence, as defined by the American College of Cardiology (ACC)/American Heart Association (AHA) Clinical Competence Statement on Cardiac Imaging with Computed Tomography and Magnetic Resonance (2005) and the American College of Radiology (ACR) Clinical Statement on Noninvasive Cardiac Imaging (2005), are outlined as follows:

For the technical portion, a recommended level of competence is fulfilled when the image acquisition is obtained under all of the following conditions:

a. The service is performed by a radiologic technologist who is credentialed by a nationally recognized credentialing body (American

Registry of Radiologic Technologists or equivalent) and meets state licensure requirements where applicable.

b. If intravenous beta blockers or nitrates are to be given prior to a CT coronary angiogram or calcium score, the test must be under the direct supervision of a certified registered nurse and physician (familiar with the administration of cardiac medications) who are available to respond to medical emergencies and it is strongly recommended that the certified registered nurse and physician be ACLS certified.

c. When contrast studies are performed, the physician must provide direct supervision and the radiologic technologist or registered nurse administering the contrast must have appropriate training on the use and administration of contrast media.

Medicare does not generally require provider credentials outside of the IDTF setting, where requirements for supervising physicians are a specific responsibility of the contractor. However, for coverage determinations, CMS has specifically defined reasonable and necessary services to include those performed by appropriate personnel in an appropriate setting. Further, CMS specifically calls out national association guidelines as a key form of guidance for contractors. For this LCD, CAC members have provided the following guidance from the American College of Cardiology (ACC)/American Heart Association (AHA) Clinical Competence Statement of Cardiac Imaging with Computed tomography and Magnetic Resonance (2005) and the American College of Radiology (ACR) Clinical Statement on Non-invasive Cardiac Imaging (2005):

a. The physician has appropriate additional training in CT Coronary Angiography and cardiac CT imaging equivalent to the guidelines set forth by the ACC or ACR (for example: the ACCF/AHA Clinical Competence Statement on Cardiac Imaging with Computed Tomography and Magnetic Resonance (2005) and the ACR Clinical Statement on Noninvasive Cardiac Imaging (2005), or

b. The physician has appropriate medical staff privileges to interpret CT Coronary Angiograms at a hospital that participates in the Medicare program, and is actively training in cardiac CT (as in paragraph a).

c. A grace period of 24 months should be allowed to acquire the necessary training.

[End of statement from ACC, AHA and ACR.]

Compliance with the provisions in this policy is subject to monitoring by post payment data analysis and subsequent medical review.

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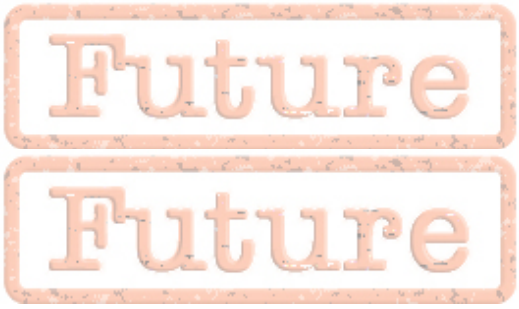
Diagnostic Tests and X-Rays
X-Rays

Coding Information



Bill Type Codes: back to top

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

999x	Not Applicable

Revenue Codes: back to top

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

99999	Not Applicable

CPT/HCPCS Codes back to top

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing Medicare.

These codes replace all CPT codes previously used for these procedures. The use of Category III CPT Codes is mandatory to report cardiac CT and coronary CTA.

0144T	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, INCLUDING IMAGE POSTPROCESSING AND QUANTITATIVE EVALUATION OF CORONARY CALCIUM
0145T	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST

	MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, CARDIAC GATING AND 3D IMAGE POSTPROCESSING; CARDIAC STRUCTURE AND MORPHOLOGY
0146T	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, CARDIAC GATING AND 3D IMAGE POSTPROCESSING; COMPUTED TOMOGRAPHIC ANGIOGRAPHY OF CORONARY ARTERIES (INCLUDING NATIVE AND ANOMALOUS CORONARY ARTERIES, CORONARY BYPASS GRAFTS), WITHOUT QUANTITATIVE EVALUATION OF CORONARY CALCIUM
0147T	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, CARDIAC GATING AND 3D IMAGE POSTPROCESSING; COMPUTED TOMOGRAPHIC ANGIOGRAPHY OF CORONARY ARTERIES (INCLUDING NATIVE AND ANOMALOUS CORONARY ARTERIES, CORONARY BYPASS GRAFTS), WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM
0148T	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, CARDIAC GATING AND 3D IMAGE POSTPROCESSING; CARDIAC STRUCTURE AND MORPHOLOGY AND COMPUTED TOMOGRAPHIC ANGIOGRAPHY OF CORONARY ARTERIES (INCLUDING NATIVE AND ANOMALOUS CORONARY ARTERIES, CORONARY BYPASS GRAFTS), WITHOUT QUANTITATIVE EVALUATION OF CORONARY CALCIUM
0149T	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, CARDIAC GATING AND 3D IMAGE POSTPROCESSING; CARDIAC STRUCTURE AND MORPHOLOGY AND COMPUTED TOMOGRAPHIC ANGIOGRAPHY OF CORONARY ARTERIES (INCLUDING NATIVE AND ANOMALOUS CORONARY ARTERIES, CORONARY BYPASS GRAFTS), WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM
0150T	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, CARDIAC GATING AND 3D IMAGE POSTPROCESSING; CARDIAC STRUCTURE AND MORPHOLOGY IN CONGENITAL HEART DISEASE
0151T	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, CARDIAC GATING AND 3D IMAGE POSTPROCESSING, FUNCTION EVALUATION (LEFT AND RIGHT VENTRICULAR FUNCTION, EJECTION-FRACTION AND SEGMENTAL WALL MOTION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

ICD-9 Codes that Support Medical Necessity back to top

It is not enough to link the procedure code to a correct, payable ICD-9-CM code. The diagnosis or clinical signs/symptoms must be present for the procedure to be paid.

These are the only ICD-9-CM Codes that Support Medical Necessity for CPT codes 0145T, 0146T, 0147T, 0148T, 0149T, 0150T and 0151T:

164.1	MALIGNANT NEOPLASM OF HEART
198.89	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES
212.7	BENIGN NEOPLASM OF HEART
411.1	INTERMEDIATE CORONARY SYNDROME
411.81	ACUTE CORONARY OCCLUSION WITHOUT MYOCARDIAL INFARCTION
412	OLD MYOCARDIAL INFARCTION
413.0	ANGINA DECUBITUS
413.1	PRINZMETAL ANGINA
413.9	OTHER AND UNSPECIFIED ANGINA PECTORIS
414.00	CORONARY ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF VESSEL NATIVE OR GRAFT
414.01	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY
414.02	CORONARY ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT
414.03	CORONARY ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL BYPASS GRAFT
414.04	CORONARY ATHEROSCLEROSIS OF ARTERY BYPASS GRAFT
414.05	CORONARY ATHEROSCLEROSIS OF UNSPECIFIED BYPASS GRAFT
414.06	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY OF TRANSPLANTED HEART
414.07	CORONARY ATHEROSCLEROSIS OF BYPASS GRAFT (ARTERY) (VEIN) OF TRANSPLANTED HEART
414.10	ANEURYSM OF HEART (WALL)
414.11	ANEURYSM OF CORONARY VESSELS
414.12	DISSECTION OF CORONARY ARTERY
414.19	OTHER ANEURYSM OF HEART
414.2	CHRONIC TOTAL OCCLUSION OF CORONARY ARTERY
414.3	CORONARY ATHEROSCLEROSIS DUE TO LIPID RICH PLAQUE
414.8	OTHER SPECIFIED FORMS OF CHRONIC ISCHEMIC HEART

	DISEASE
414.9	CHRONIC ISCHEMIC HEART DISEASE UNSPECIFIED
415.11	IATROGENIC PULMONARY EMBOLISM AND INFARCTION
415.12	SEPTIC PULMONARY EMBOLISM
415.19	OTHER PULMONARY EMBOLISM AND INFARCTION
416.0	PRIMARY PULMONARY HYPERTENSION
417.0	ARTERIOVENOUS FISTULA OF PULMONARY VESSELS
417.1	ANEURYSM OF PULMONARY ARTERY
423.0 - 423.9	HEMOPERICARDIUM - UNSPECIFIED DISEASE OF PERICARDIUM
424.0	MITRAL VALVE DISORDERS
424.1	AORTIC VALVE DISORDERS
427.31	ATRIAL FIBRILLATION
427.32	ATRIAL FLUTTER
427.41	VENTRICULAR FIBRILLATION
427.42	VENTRICULAR FLUTTER
435.2	SUBCLAVIAN STEAL SYNDROME
441.01	DISSECTION OF AORTA THORACIC
441.03	DISSECTION OF AORTA THORACOABDOMINAL
441.1	THORACIC ANEURYSM RUPTURED
441.2	THORACIC ANEURYSM WITHOUT RUPTURE
442.81	ANEURYSM OF ARTERY OF NECK
442.82	ANEURYSM OF SUBCLAVIAN ARTERY
444.1	EMBOLISM AND THROMBOSIS OF THORACIC AORTA
745.10	COMPLETE TRANSPOSITION OF GREAT VESSELS
745.11	DOUBLE OUTLET RIGHT VENTRICLE
745.12	CORRECTED TRANSPOSITION OF GREAT VESSELS
745.19	OTHER TRANSPOSITION OF GREAT VESSELS
745.2	TETRALOGY OF FALLOT
745.3	COMMON VENTRICLE
745.4	VENTRICULAR SEPTAL DEFECT
745.5	OSTIUM SECUNDUM TYPE ATRIAL SEPTAL DEFECT
745.60	ENDOCARDIAL CUSHION DEFECT UNSPECIFIED TYPE
745.61	OSTIUM PRIMUM DEFECT
745.69	OTHER ENDOCARDIAL CUSHION DEFECTS
745.7	COR BILOCULARE

745.8	OTHER BULBUS CORDIS ANOMALIES AND ANOMALIES OF CARDIAC SEPTAL CLOSURE
745.9	UNSPECIFIED DEFECT OF SEPTAL CLOSURE
746.00 - 746.7	CONGENITAL PULMONARY VALVE ANOMALY UNSPECIFIED - HYPOPLASTIC LEFT HEART SYNDROME
746.81	SUBAORTIC STENOSIS CONGENITAL
746.82	COR TRIATRIATUM
746.83	INFUNDIBULAR PULMONIC STENOSIS CONGENITAL
746.84	CONGENITAL OBSTRUCTIVE ANOMALIES OF HEART NOT ELSEWHERE CLASSIFIED
746.85	CORONARY ARTERY ANOMALY CONGENITAL
746.87	MALPOSITION OF HEART AND CARDIAC APEX
746.89	OTHER SPECIFIED CONGENITAL ANOMALIES OF HEART
746.9	UNSPECIFIED CONGENITAL ANOMALY OF HEART
747.0	PATENT DUCTUS ARTERIOSUS
747.10	COARCTATION OF AORTA (PREDUCTAL) (POSTDUCTAL)
747.11	INTERRUPTION OF AORTIC ARCH
747.20	CONGENITAL ANOMALY OF AORTA UNSPECIFIED
747.21	CONGENITAL ANOMALIES OF AORTIC ARCH
747.22	CONGENITAL ATRESIA AND STENOSIS OF AORTA
747.29	OTHER CONGENITAL ANOMALIES OF AORTA
747.3	CONGENITAL ANOMALIES OF PULMONARY ARTERY
747.40	CONGENITAL ANOMALY OF GREAT VEINS UNSPECIFIED
747.41	TOTAL ANOMALOUS PULMONARY VENOUS CONNECTION
747.42	PARTIAL ANOMALOUS PULMONARY VENOUS CONNECTION
747.49	OTHER ANOMALIES OF GREAT VEINS
786.05	SHORTNESS OF BREATH
786.50	UNSPECIFIED CHEST PAIN
786.51	PRECORDIAL PAIN
786.59	OTHER CHEST PAIN
794.30	UNSPECIFIED ABNORMAL FUNCTION STUDY OF CARDIOVASCULAR SYSTEM
794.31	NONSPECIFIC ABNORMAL ELECTROCARDIOGRAM (ECG) (EKG)
V53.31	FITTING AND ADJUSTMENT OF CARDIAC PACEMAKER

For indications 12 bullet #2 CPT code 0144T, there must be at least 3 of the following ICD-9 codes listed:

250.00 -	DIABETES MELLITUS WITHOUT MENTION OF

250.93	COMPLICATION, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED - DIABETES WITH UNSPECIFIED COMPLICATION, TYPE I [JUVENILE TYPE], UNCONTROLLED
272.0 - 272.9	PURE HYPERCHOLESTEROLEMIA - UNSPECIFIED DISORDER OF LIPOID METABOLISM
277.7	DYSMETABOLIC SYNDROME X
278.00	OBESITY UNSPECIFIED
278.01	MORBID OBESITY
305.1	NONDEPENDENT TOBACCO USE DISORDER
401.0 - 401.9	MALIGNANT ESSENTIAL HYPERTENSION - UNSPECIFIED ESSENTIAL HYPERTENSION
402.00 - 402.91	MALIGNANT HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE - UNSPECIFIED HYPERTENSIVE HEART DISEASE WITH HEART FAILURE
403.00 - 403.91	HYPERTENSIVE CHRONIC KIDNEY DISEASE, MALIGNANT, WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED - HYPERTENSIVE CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
404.00 - 404.93	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, MALIGNANT, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED - HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITH HEART FAILURE AND CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
V17.3	FAMILY HISTORY OF ISCHEMIC HEART DISEASE
V17.41 - V17.49	FAMILY HISTORY OF SUDDEN CARDIAC DEATH (SCD) - FAMILY HISTORY OF OTHER CARDIOVASCULAR DISEASES

Diagnoses that Support Medical Necessity back to top

All ICD-9-CM codes listed in this policy under ICD-9-CM Codes That Support Medical Necessity above.

ICD-9 Codes that DO NOT Support Medical Necessity back to top

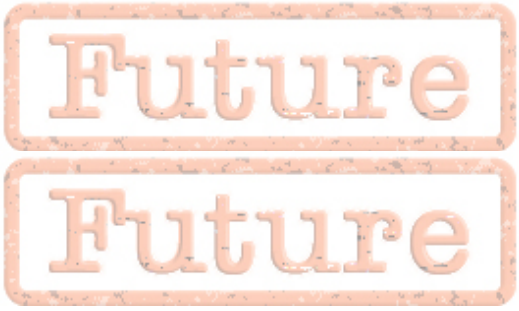
All ICD-9-CM codes **not** listed in this policy under ICD-9-CM Codes that Support Medical Necessity above.

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation back to top

Diagnoses that DO NOT Support Medical Necessity back to top

All ICD-9-CM codes **not** listed in this policy under ICD-9-CM Codes that Support Medical Necessity above.

General Information



Documentation Requirements back to top

The medical record must be made available to Medicare upon request.

It is not enough to link the procedure code to a correct, payable ICD-9-CM code. The diagnosis or clinical signs/symptoms must be present for the procedure to be paid.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing Medicare.

The documentation of the study requires a formal written report, with clear identifying demographics, the name of the interpreting provider, the reason for the tests including specifically how the course of treatment will be altered based on the findings, an interpretive report and copies of images. The computerized data with image reconstruction should also be maintained sufficient to document the extent and necessity of the services.

When the documentation does not meet the criteria for the service rendered or the documentation does not establish the medical necessity for the services, such services will be denied as not reasonable and necessary.

When requesting a written redetermination (formerly appeal), providers must include all relevant documentation with the request.

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Utilization Guidelines back to top

The frequency of any and all studies must be reasonable and necessary and justified by the course of the patient's illness.

Sources of Information and Basis for Decision back to top

Model LCD prepared as a collaborative effort by the American College of Cardiology (ACC) Carrier Advisory Committee (CAC), American College of Radiology (ACR), American Society of Nuclear Cardiology (ASNC), North American Society for Cardiac Imaging (NASCI) Society of Cardiac Angiography and Intervention (SCAI) and Society of Cardiovascular CT (SCCT). Additional contributors include other Medicare Contractors and private contractors.

Policies from other states.

JAMA. Aug 2000;284:835

Literature review and analysis.

Advisory Committee Meeting Notes back to top

This policy does not reflect the sole opinion of the contractor or Contractor Medical Director. Although the final decision rests with the contractor, this policy was developed in cooperation with advisory groups, which include representatives from the affected provider community.

Contractor Advisory Committee meeting dates:

California -
Hawaii -
Nevada -

Start Date of Comment Period back to top

End Date of Comment Period back to top

Start Date of Notice Period back to top

06/16/2008

Revision History Number back to top

Revision #3, 12/04/2008

Revision History Explanation back to top

Revision #3, 12/04/2008
Revisions Made: Revisions to this policy expand coverage that liberalizes an existing LCD. "Indications and Limitations of Coverage and/or Medical

Necessity" added criteria for quantitative evaluation of calcium scoring which supports the medial necessity for 0144T. Indication for patient's status post revascularization procedures was added to this section of LCD. Under "HCPCS/CPT Code" added CPT codes 0144T, 0150T, and 0151T. Under "ICD-9 Codes that Support Medical Necessity" for CPT codes 0145T, 0146T, 0147T, 0148T, 0149T, 0150T, 0151T added ICD-9 codes 164.1, 198.89, 212.7, 411.81, 416.0, 423.0-423.9, 424.0, 427.41, 427.42, 441.1, 441.2, 745.10, 745.11, 745.12, 745.19, 745.2, 745.3, 745.4, 745.5, 745.60, 745.61, 745.69, 745.7, 745.8, 745.9, 746.00-746.7, 746.81, 746.82, 746.83, 746.84, 746.87, 746.89, 746.9, and V53.31. Added Group 2 ICD-9 codes 250.00-250.93, 272.0-272.9, 277.7, 278.00, 278.01, 305.1, 401.0-401.9, 402.00-402.91, 403.00-403.91, 404.00-404.93, V17.3, V17.41-V17.49 to support the medical necessity for CPT code 0144T. This revision is effective 12/04/2008.

Revision #2, 10/01/2008
This LCD is being revised due to the annual FY 2009 ICD-9-CM code update. Under "ICD-9 Codes that Support Medical Necessity" section added 414.3. Under "Documentation Requirements" section deleted duplicate SSA citation. The references under "Sources of Information and Basis for Decision" section were placed in the AMA citation format. This revision will become effective 10/01/2008.

Revision #1, 09/02/2008
This LCD is being revised to add Bill Type 999X because the automated system transcription process was incomplete.

Reason for Change back to top

HCPCS Addition/Deletion
ICD9 Addition/Deletion
Maintenance (annual review with new changes, formatting, etc.)

Last Reviewed On Date back to top

11/13/2008

Related Documents back to top

This LCD has no Related Documents.

LCD Attachments back to top

There are no attachments for this LCD.

Other Versions back to top

Updated on 09/11/2008 with effective dates 10/01/2008 - 12/03/2008

Updated on 07/26/2008 with effective dates 09/02/2008 - 09/30/2008

Updated on 06/08/2008 with effective dates 09/02/2008 - N/A

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