

Subject: Lower Extremity CTA (73706)		12/13/17
Policy Number: MCR: 632	Revision Date(s): 11/20/18	
Review Date: 12/13/17, 12/13/18, 12/10/19		

DISCLAIMER

This Molina Clinical Review (MCR) is intended to facilitate the Utilization Management process. It expresses Molina's determination as to whether certain services or supplies are medically necessary, experimental, investigational, or cosmetic for purposes of determining appropriateness of payment. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered (i.e., will be paid for by Molina) for a particular member. The member's benefit plan determines coverage. Each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their providers will need to consult the member's benefit plan to determine if there are any exclusion(s) or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and a member's plan of benefits, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of a State, the Federal government or CMS for Medicare and Medicaid members. CMS's Coverage Database can be found on the CMS website. The coverage directive(s) and criteria from an existing National Coverage Determination (NCD) or Local Coverage Determination (LCD) will supersede the contents of this Molina Clinical Review (MCR) document and provide the directive for all Medicare members.

DESCRIPTION OF PROCEDURE/SERVICE/PHARMACEUTICAL

Computed Tomographic Angiography (CTA) is an X-ray imaging scan in which iodine containing contrast material is injected into a vein to obtain detailed images of vascular structures. These images are electronically processed to remove surrounding non-vascular anatomy, so that only the arteries or veins of interest are displayed. The vascular images can be reconstructed and rotated in different planes. CTA can sometimes replace or can be used to supplement conventional invasive catheter angiography.

RECOMMENDATIONS

Duplex ultrasonography is the study of choice for initial evaluation and surveillance for many clinical scenarios involving the vasculature of the lower extremity and should be performed prior to CTA imaging.

Aneurysm

For evaluation of a known or suspected aneurysm

Embolism or other occlusions

- For evaluation of suspected embolism or thrombus of the lower extremity
- For evaluation of known or suspected vasculitis (e.g. Takayasu's arteritis)

Fistula/AVM

For evaluation of known or suspected arteriovenous malformation or fistula

Stenosis

- For evaluation of known or suspected peripheral vascular disease as identified on ankle/brachial index testing or arterial Doppler studies
- For popliteal artery entrapment

Differentiate between vascular and nonvascular tumors

Evaluate hemorrhage or trauma

To evaluate the source of hemorrhage or vascular compromise due to trauma

Congenital

To evaluate congenital disorders of the blood vessels involving the lower extremity

Pre/Post Procedural

- Pre-operative/ Pre procedural evaluation when blood vessel detail is needed.
- Post-operative/Post-procedural for routine recommended follow up or for potential post- operative complications.
- A repeat study may be needed to help evaluate a patient's progress after treatment procedure intervention or surgery. The reason for the repeat study and that it will affect care must be clear.

NOTE: If CT Angiography Abdomen/Pelvis Vessels with run-off is needed (CPT 75635), then a separate CTA Lower Extremity should not be ordered.

ADDITIONAL CRITICAL INFORMATION

The above medical necessity recommendations are used to determine the best diagnostic study based on a patient's specific clinical circumstances. The recommendations were developed using evidence based studies and current accepted clinical practices. Medical necessity will be determined using a combination of these recommendations as well as the patient's individual clinical or social circumstances.

- Tests that will not change treatment plans should not be recommended.
- Same or similar tests recently completed need a specific reason for repeat imaging.

REFERENCES USED FOR DETERMINATIONS

1. Willmann JK, Baumert B, Schertler T, Wildermuth S, et al. Aortoiliac and Lower Extremity Arteries Assessed with 16-Detector Row CT Angiography: Prospective Comparison with Digital Subtraction Angiography. *Radiology* 2005;236:1083-1093 and 1094-1103
2. Godshall, C.J. (2005). Computed tomographic angiography allows accurate planning of the setting and technique of open and percutaneous vascular interventions. *The American Journal of Surgery*, 190(2), 218-220. doi:10.1016/j.amjsurg.2005.05.015.
3. Met, R., Bipat, S., Legemate, D.A., Reekers, J.A., & Koelemay, M.J.W. (2009). Diagnostic performance of computed tomography angiography in peripheral arterial disease: A systematic review and meta-analysis. *JAMA: The Journal of the American Medical Association*, 301(4), 415-424. doi:10.1001/jama.301.4.415.
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5. 2016 AHA/ACC Guideline on the Management of Patients With Lower Extremity Peripheral Artery Disease: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. J Am Coll Cardiol 2016; Nov 13.
6. Lin, P.H. (2009). Assessment of aortic pathology and peripheral arterial disease using multidetector computed tomographic angiography. Vascular and Endovascular Surgery, 42(6), 583-598. doi: 10.1177/1538574408320029
7. Dill KE, Rybicki FJ, Desjardins B, Flamm SD, et al. Expert Panel on Vascular Imaging. ACR Appropriateness Criteria® claudication -- suspected vascular etiology. American College of Radiology (ACR); 2012.

CODING INFORMATION: THE CODES LISTED IN THIS POLICY ARE FOR REFERENCE PURPOSES ONLY. LISTING OF A SERVICE OR DEVICE CODE IN THIS POLICY DOES NOT IMPLY THAT THE SERVICE DESCRIBED BY THIS CODE IS COVERED OR NON-COVERED. COVERAGE IS DETERMINED BY THE BENEFIT DOCUMENT. THIS LIST OF CODES MAY NOT BE ALL INCLUSIVE.

73706	CT (Computed Tomography) Angiography Lower Extremity (leg)
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