

Subject: Upper Extremity CTA (73206)		Original Effective Date: 12/13/17
Policy Number: MCR: 628	Revision Date(s):	
Review Date: 12/13/17, 12/19/18		

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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 upper extremity and should be performed prior to CTA.

Aneurysm

- For evaluation of a known or suspected aneurysm

Embolism or other occlusions

- For evaluation of suspected embolism or thrombus of the upper 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 vascular compromise due to stenosis

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 upper 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.

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. Bogdan MA, Klein MB, Rubin GD, et al. CT Angiography in Complex Upper Extremity Reconstruction. Journal of Hand Surgery (British and European Volume), Vol. 29, No. 5. November 2004. Accessed at http://www.dr-michaelbogdan.com/publications/bogdan_JHS04.pdf.
2. Desjardins B, Rybicki FJ, Kim HS, et al, Expert Panel on Vascular Imaging. American College of Radiology Appropriateness Criteria – Suspected Upper Extremity Deep Vein Thrombosis. <http://www.acr.org/~media/ACR/Documents/AppCriteria/Diagnostic/SuspectedUpperExtremityDeepVeinThrombosis.pdf>.

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73206	CT (Computed Tomography) Angiography Upper Extremity (arm))
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