

Angiogram (Non-Cardiac)

Also known as	<div>1. Arteriogram</div> <div>2. Angiography</div>						
Description	<p>An angiogram uses X-rays to look at the blood vessels. It can be both diagnostic and therapeutic. It is used to evaluate artery blockages, which cause restriction of blood flow, by taking images during the injection of a contrast agent (iodine dye) through a small catheter into the arteries.</p> <p>Cardiac: When done on the heart, see Angiogram (Cardiac).</p>						
See also	<p>Similar, related, or easily confused documents.</p> <ul style="list-style-type: none">Magnetic Resource Imaging (MRI) - Uses a large magnet and radio waves to create images of the organs and structures inside the body. Images can be recorded for review.						
Table of Contents	<p>The following topics are included in this document:</p> <ul style="list-style-type: none">CommercialGovernment ProgramsIndividual and Family Business (IFB)						
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>4.30.24</td><td>Split into two docs: <i>Angiogram (Cardiac)</i> and <i>Angiogram (Non-Cardiac)</i>.</td></tr><tr><td>4.30.24</td><td>New stand alone document.</td></tr></table>	Date	Description	4.30.24	Split into two docs: <i>Angiogram (Cardiac)</i> and <i>Angiogram (Non-Cardiac)</i> .	4.30.24	New stand alone document.
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Commercial

Introduction	<p>This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).</p>						
Dean (DHP, Prevea360)	<p>Requires prior authorization.</p> <ul style="list-style-type: none">• See Radiology Prior Authorizations for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote X-Ray/imaging benefits. Include facility benefits.• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.						
Mayo Medical Plan (MMP)	<p>Quote X-Ray/imaging benefits. Include facility benefits.</p> <ul style="list-style-type: none">• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.						
Medica (including MHPS)	<p>Coverage depends on the date of service.</p> <table><tr><th>DOS</th><th>Coverage</th></tr><tr><td>Prior to 5.1.24</td><td><ul style="list-style-type: none">• Quote X-Ray/imaging benefits. Include facility benefits.• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.</td></tr><tr><td>After 5.1.24</td><td><ul style="list-style-type: none">• Requires prior authorization.• See Radiology Prior Authorizations for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote X-Ray/imaging benefits. Include facility benefits.• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.</td></tr></table>	DOS	Coverage	Prior to 5.1.24	<ul style="list-style-type: none">• Quote X-Ray/imaging benefits. Include facility benefits.• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.	After 5.1.24	<ul style="list-style-type: none">• Requires prior authorization.• See Radiology Prior Authorizations for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote X-Ray/imaging benefits. Include facility benefits.• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.						
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">• See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Quote X-ray/imaging benefits.• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below.						
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Coverage depends on the date of service.</p> <table><tr><th>DOS</th><th>Coverage</th></tr><tr><td>Prior to 5.1.24</td><td><ul style="list-style-type: none">• Quote X-Ray/imaging benefits.</td></tr><tr><td>After 5.1.24</td><td><ul style="list-style-type: none">• Requires prior authorization.• See Radiology Prior Authorizations for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote X-Ray/imaging benefits.• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.• Medica is the only payer.</td></tr></table>	DOS	Coverage	Prior to 5.1.24	<ul style="list-style-type: none">• Quote X-Ray/imaging benefits.	After 5.1.24	<ul style="list-style-type: none">• Requires prior authorization.• See Radiology Prior Authorizations for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote X-Ray/imaging benefits.• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.• Medica is the only payer.
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Cost (Prime)	<p>Quote outpatient diagnostic tests and therapeutic services and supplies.</p> <ul style="list-style-type: none">• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.• Does NOT require prior authorization (PA) through Medica.• Follows Medicare guidelines.						
Med Advantage	<p>Coverage depends on the date of service.</p> <table><tr><th>DOS</th><th>Coverage</th></tr><tr><td>Prior to 5.1.24</td><td><ul style="list-style-type: none">• Quote outpatient diagnostic tests and therapeutic services and supplies.• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.</td></tr><tr><td>After 5.1.24</td><td><ul style="list-style-type: none">• Requires prior authorization.• See Radiology Prior Authorizations for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote outpatient diagnostic tests and therapeutic services and supplies.• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.• Follows Medicare guidelines.• Medica is the only payer.</td></tr></table>	DOS	Coverage	Prior to 5.1.24	<ul style="list-style-type: none">• Quote outpatient diagnostic tests and therapeutic services and supplies.• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.	After 5.1.24	<ul style="list-style-type: none">• Requires prior authorization.• See Radiology Prior Authorizations for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote outpatient diagnostic tests and therapeutic services and supplies.• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.• Follows Medicare guidelines.• Medica is the only payer.
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Med Supp (Select, Signature)	<p>Quote X-ray/imaging benefits.</p> <ul style="list-style-type: none">• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.						

Continued on next page

Government Programs, Continued

Medicaid

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DOS	Coverage
Prior to 5.1.24	<ul style="list-style-type: none">Quote X-Ray/imaging benefits. When done in a facility, include facility benefits.Contrast: A contrast material injection may be required. If billed, covered under the same benefits.
After 5.1.24	<ul style="list-style-type: none">Requires prior authorization.See Radiology Prior Authorizations or details.<ul style="list-style-type: none">Some providers and POS are excluded from PA.If approved, quote X-Ray/imaging benefits. Include facility benefits.Contrast: A contrast material injection may be required. If billed, covered under the same benefits.

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Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.</p>						
Dean (DHP, Medica formerly WellFirst, Prevea360)	<p>Requires prior authorization.</p> <ul style="list-style-type: none">• See Radiology Prior Authorizations for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote X-Ray/imaging benefits. Include facility benefits.• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.						
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