

Angiogram (Cardiac)

Also known as	<div>1. Arteriogram</div> <div>2. Angiography</div> <div>3. Coronary angiogram</div>								
Description	<p>A cardiac angiogram uses X-rays to look at the heart’s 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 and/or heart chambers.</p> <p>It is done in conjunction with cardiac catheterization.</p> <p>Non-Cardiac: When done on other areas of the body, see Angiogram (Non-Cardiac).</p>								
See also	<p>Similar, related, or easily confused documents.</p> <ul style="list-style-type: none">Cardiac Computed Tomography - Imaging that provides clear and detailed pictures of the anatomy of the heart and coronary circulation.Coronary Computed Tomography Angiography (CCTA) - Imaging combines multiple X-rays to produce cross-sectional views of the vessels of the heart.Magnetic Resonance Angiography (MRA) - A specialized type of MRI that looks at blood vessels. It can provide details not seen on X-ray, ultrasound, or computed tomography (CT) scans.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>8.27.24</td><td>Refreshed due to age.</td></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	8.27.24	Refreshed due to age.	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 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).

Dean (DHP, Prevea360) Coverage depends on the date of service.

DOS	Coverage
Prior to 10.1.24	<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.
After 10.1.24	<ul style="list-style-type: none">• Requires prior authorization.• See Radiology Prior Authorizations or Cardiology 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) Quote X-Ray/imaging benefits. Include facility benefits.

- **Contrast:** A contrast material injection may be required. If billed, covered under the same benefits.

Medica (including MHPS) Coverage depends on the date of service.

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.
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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 or Cardiology 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 or Cardiology 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 or Cardiology 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 or Cardiology 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.						

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Government Programs, Continued

Medicaid

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