

## Aortography

Also known as	<div>1. Aortic angiogram</div> <div>2. Aortic angiography</div>								
Description	Aortography is an outpatient x-ray study of the aorta, the body’s largest artery. A catheter is inserted through a small incision in the artery of the arm, neck, or groin and threaded into the aorta where a dye is injected to make the aorta visible.								
See also	<div>Similar, related, or easily confused documents.</div> <div><div><div>• <a href="#">Angiogram (Cardiac)</a> - An invasive procedure that uses x-rays to visualize blood vessels following an injection of dye.</div><div>• <a href="#">Cardiac Computed Tomography</a> - Imaging that provides clear and detailed pictures of the anatomy of the heart and coronary circulation.</div><div>• <a href="#">Coronary Computed Tomography Angiography (CCTA)</a> - Imaging combines multiple X-rays to produce cross-sectional views of the vessels of the heart.</div><div>• <a href="#">Magnetic Resonance Angiography (MRA)</a> - 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.</div><div>• <a href="#">Magnetic Resource Imaging (MRI)</a> - Uses a large magnet and radio waves to create images of the organs and structures inside the body.</div></div></div>								
Table of Contents	<div>The following topics are included in this document:</div> <div><div>• <a href="#">Commercial</a></div><div>• <a href="#">Government Programs</a></div><div>• <a href="#">Individual and Family Business (IFB)</a></div></div>								
Document history	<div>The document history for the past 12 months is outlined below.</div> <table><tr><th>Date</th><th>Description</th></tr><tr><td>8.27.24</td><td>Refreshed due to age.</td></tr><tr><td>5.3.24</td><td><i>See also</i> - Updated links.</td></tr><tr><td>2.8.24</td><td>Updated to new template.</td></tr></table>	Date	Description	8.27.24	Refreshed due to age.	5.3.24	<i>See also</i> - Updated links.	2.8.24	Updated to new template.
Date	Description								
8.27.24	Refreshed due to age.								
5.3.24	<i>See also</i> - Updated links.								
2.8.24	Updated to new template.								

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"><li>Quote X-Ray/imaging benefits. Include facility benefits.</li><li><b>Contrast:</b> A contrast material injection may be required. If billed, covered under the same benefits.</li></ul>
After 10.1.24	<ul style="list-style-type: none"><li><b>Requires prior authorization.</b></li><li>See <a href="#">Radiology Prior Authorizations</a> or <a href="#">Cardiology Prior Authorizations</a> for details.<ul style="list-style-type: none"><li>Some providers and POS are excluded from PA.</li></ul></li><li>If approved, quote X-Ray/imaging benefits. Include facility benefits.</li><li><b>Contrast:</b> A contrast material injection may be required. If billed, covered under the same benefits.</li></ul>

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

**Document history** The document history for the past 12 months is outlined below.

Date	Description
8.27.24	Refreshed due to age.
5.3.24	Updated for PA change.
2.8.24	Updated to new template.

Government Programs

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

Continued on next page

Government Programs, Continued

Medicaid

Coverage depends on the date of service.

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

Document history

The document history for the past 12 months is outlined below.

Date	Description
8.27.24	Refreshed due to age.
5.3.24	Updated for PA change.
2.8.24	Updated to new template.

## Individual and Family Business (IFB)

Introduction	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.								
Dean (DHP, Medica formerly WellFirst, Prevea360)	<div>Coverage depends on the date of service.</div> <table><tr><th>DOS</th><th>Coverage</th></tr><tr><td>Prior to 10.1.24</td><td><ul style="list-style-type: none"><li>Quote X-Ray/imaging benefits. Include facility benefits.</li><li><b>Contrast:</b> A contrast material injection may be required. If billed, covered under the same benefits.</li></ul></td></tr><tr><td>After 10.1.24</td><td><ul style="list-style-type: none"><li><b>Requires prior authorization.</b></li><li>See <a href="#">Radiology Prior Authorizations</a> or <a href="#">Cardiology Prior Authorizations</a> for details.<ul style="list-style-type: none"><li>Some providers and POS are excluded from PA.</li></ul></li><li>If approved, quote X-Ray/imaging benefits. Include facility benefits.</li><li><b>Contrast:</b> A contrast material injection may be required. If billed, covered under the same benefits.</li></ul></td></tr></table>	DOS	Coverage	Prior to 10.1.24	<ul style="list-style-type: none"><li>Quote X-Ray/imaging benefits. Include facility benefits.</li><li><b>Contrast:</b> A contrast material injection may be required. If billed, covered under the same benefits.</li></ul>	After 10.1.24	<ul style="list-style-type: none"><li><b>Requires prior authorization.</b></li><li>See <a href="#">Radiology Prior Authorizations</a> or <a href="#">Cardiology Prior Authorizations</a> for details.<ul style="list-style-type: none"><li>Some providers and POS are excluded from PA.</li></ul></li><li>If approved, quote X-Ray/imaging benefits. Include facility benefits.</li><li><b>Contrast:</b> A contrast material injection may be required. If billed, covered under the same benefits.</li></ul>		
DOS	Coverage								
Prior to 10.1.24	<ul style="list-style-type: none"><li>Quote X-Ray/imaging benefits. Include facility benefits.</li><li><b>Contrast:</b> A contrast material injection may be required. If billed, covered under the same benefits.</li></ul>								
After 10.1.24	<ul style="list-style-type: none"><li><b>Requires prior authorization.</b></li><li>See <a href="#">Radiology Prior Authorizations</a> or <a href="#">Cardiology Prior Authorizations</a> for details.<ul style="list-style-type: none"><li>Some providers and POS are excluded from PA.</li></ul></li><li>If approved, quote X-Ray/imaging benefits. Include facility benefits.</li><li><b>Contrast:</b> A contrast material injection may be required. If billed, covered under the same benefits.</li></ul>								
Medica	<div>Coverage depends on the date of service.</div> <table><tr><th>DOS</th><th>Coverage</th></tr><tr><td>Prior to 5.1.24</td><td><ul style="list-style-type: none"><li>Quote outpatient X-rays and imaging service in an office or hospital. Include facility benefits.</li><li><b>Contrast:</b> A contrast material injection may be required. If billed, covered under the same benefits.</li></ul></td></tr><tr><td>After 5.1.24</td><td><ul style="list-style-type: none"><li><b>Requires prior authorization.</b></li><li>See <a href="#">Radiology Prior Authorizations</a> or <a href="#">Cardiology Prior Authorizations</a> for details.<ul style="list-style-type: none"><li>Some providers and POS are excluded from PA.</li></ul></li><li>If approved, quote outpatient X-rays and imaging service in an office or hospital. Include facility benefits.</li><li><b>Contrast:</b> A contrast material injection may be required. If billed, covered under the same benefits.</li></ul></td></tr></table>	DOS	Coverage	Prior to 5.1.24	<ul style="list-style-type: none"><li>Quote outpatient X-rays and imaging service in an office or hospital. Include facility benefits.</li><li><b>Contrast:</b> A contrast material injection may be required. If billed, covered under the same benefits.</li></ul>	After 5.1.24	<ul style="list-style-type: none"><li><b>Requires prior authorization.</b></li><li>See <a href="#">Radiology Prior Authorizations</a> or <a href="#">Cardiology Prior Authorizations</a> for details.<ul style="list-style-type: none"><li>Some providers and POS are excluded from PA.</li></ul></li><li>If approved, quote outpatient X-rays and imaging service in an office or hospital. Include facility benefits.</li><li><b>Contrast:</b> A contrast material injection may be required. If billed, covered under the same benefits.</li></ul>		
DOS	Coverage								
Prior to 5.1.24	<ul style="list-style-type: none"><li>Quote outpatient X-rays and imaging service in an office or hospital. Include facility benefits.</li><li><b>Contrast:</b> A contrast material injection may be required. If billed, covered under the same benefits.</li></ul>								
After 5.1.24	<ul style="list-style-type: none"><li><b>Requires prior authorization.</b></li><li>See <a href="#">Radiology Prior Authorizations</a> or <a href="#">Cardiology Prior Authorizations</a> for details.<ul style="list-style-type: none"><li>Some providers and POS are excluded from PA.</li></ul></li><li>If approved, quote outpatient X-rays and imaging service in an office or hospital. Include facility benefits.</li><li><b>Contrast:</b> A contrast material injection may be required. If billed, covered under the same benefits.</li></ul>								
Document history	<div>The document history for the past 12 months is outlined below.</div> <table><tr><th>Date</th><th>Description</th></tr><tr><td>8.27.24</td><td>Refreshed due to age.</td></tr><tr><td>5.3.24</td><td>Updated for PA change.</td></tr><tr><td>2.8.24</td><td>Updated to new template.</td></tr></table>	Date	Description	8.27.24	Refreshed due to age.	5.3.24	Updated for PA change.	2.8.24	Updated to new template.
Date	Description								
8.27.24	Refreshed due to age.								
5.3.24	Updated for PA change.								
2.8.24	Updated to new template.								