

## Carotid Intima-Media Thickness Measurement

Also known as	1. CIMT								
Description	<p>Carotid intima-media thickness (CIMT) measurement is a non-invasive test that measures the lining of the carotid (neck) arteries. The intima is the innermost layer of the artery and the media is the middle layer of the artery. The thickness of these layers is measured using ultrasound (US), an imaging method that uses high-frequency sound waves to produce images of structures within the body. CIMT has been proposed as a screening tool for use in determining risk for heart attack and stroke in individuals without symptoms.</p>								
Table of Contents	<p>The following topics are included in this document:</p> <ul style="list-style-type: none"><li>• <a href="#">Commercial</a></li><li>• <a href="#">Government Programs</a></li><li>• <a href="#">Individual and Family Business (IFB)</a></li></ul>								
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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>Medical Policy, <i>Carotid Intima-Media Thickness Measurement (MP9694)</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• Considered investigative, not covered.</li></ul>								
Mayo Medical Plan (MMP)	<p>Coverage depends on the provider.</p> <table><tr><th>Provider</th><th>Coverage</th></tr><tr><td>Mayo provider</td><td><ul style="list-style-type: none"><li>• Quote X-ray/imaging benefits. When done in a facility, also quote facility benefits.</li></ul></td></tr><tr><td>Non-Mayo provider</td><td><ul style="list-style-type: none"><li>• Medica’s Coverage Policy, <i>Carotid Intima-Media Thickness Measurement</i>, applies.</li><li>• <b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</li><li>• Considered investigative, not covered.</li></ul></td></tr></table>	Provider	Coverage	Mayo provider	<ul style="list-style-type: none"><li>• Quote X-ray/imaging benefits. When done in a facility, also quote facility benefits.</li></ul>	Non-Mayo provider	<ul style="list-style-type: none"><li>• Medica’s Coverage Policy, <i>Carotid Intima-Media Thickness Measurement</i>, applies.</li><li>• <b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</li><li>• Considered investigative, not covered.</li></ul>		
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Mayo provider	<ul style="list-style-type: none"><li>• Quote X-ray/imaging benefits. When done in a facility, also quote facility benefits.</li></ul>								
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Medica (including MHPS)	<p>Medica’s Coverage Policy, <i>Carotid Intima-Media Thickness Measurement</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• Considered investigative, not covered.</li></ul>								
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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>• Considered investigative, not covered.<ul style="list-style-type: none"><li>– <b>Note:</b> If the member says this is medically necessary, offer a <a href="#">Member-Initiated PA (Organization Determination) Request</a>.</li></ul></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>Medica’s Coverage Policy, <i>Carotid Intima-Media Thickness Measurement</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• Considered investigative, not covered.<ul style="list-style-type: none"><li>– <b>Note:</b> If the member says this is medically necessary, offer a <a href="#">Member-Initiated PA (Organization Determination) Request</a>.</li></ul></li><li>• Medica is the only payer.</li></ul>								
Cost (Prime)	<p>Check for an LCD or NCD. If one does not exist, Medica’s Coverage Policy, <i>Carotid Intima-Media Thickness Measurement</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• Considered investigative, not covered.<ul style="list-style-type: none"><li>– <b>Note:</b> If the member says this is medically necessary, offer a <a href="#">Member-Initiated PA (Organization Determination) Request</a>.</li></ul></li><li>• Follows Medicare guidelines.</li></ul>								
Med Advantage	<p>Medica’s Coverage Policy, <i>Carotid Intima-Media Thickness Measurement</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• Considered investigative, not covered.<ul style="list-style-type: none"><li>– <b>Note:</b> If the member says this is medically necessary, offer a <a href="#">Member-Initiated PA (Organization Determination) Request</a>.</li></ul></li><li>• Follows Medicare guidelines.</li><li>• Medica is the only payer.</li></ul>								
Med Supp (Select, Signature)	<p>Considered investigative, not covered.</p> <ul style="list-style-type: none"><li>• Follows Medicare guidelines.</li><li>• Medicare supplement.</li><li>• Medicare is the primary payer.</li></ul>								
Medicaid	<p>Medica’s Coverage Policy, <i>Carotid Intima-Media Thickness Measurement</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• Considered investigative, not covered.</li></ul>								
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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>Medical Policy, <i>Carotid Intima-Media Thickness Measurement (MP9694)</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• Considered investigative, not covered.</li></ul>								
Medica	<p>Medica’s Coverage Policy, <i>Carotid Intima-Media Thickness Measurement</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• Considered investigative, not covered.</li></ul>								
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