

Cardiac Catheterization

Also known as	<div><div>1. Cardiac cath</div><div>2. Heart cath</div></div>						
Description	<p>Cardiac catheterization is a surgical procedure in which a catheter is inserted into any chamber or vessel of the heart using X-rays and a contrast agent (iodine dye) for diagnosis, assessment of abnormalities, or treatment.</p> <p>A cardiac angiogram refers specifically to one of the procedures that can be done during a cardiac catheterization in order to detect and treat blockages or other problems in the heart’s arteries.</p>						
See also	<p>Similar, related, or easily confused documents.</p> <div><div>• Angiogram (Cardiac) - Detects artery blockages using X-rays taken during the injection of a contrast agent (iodine dye).</div></div>						
Table of Contents	<p>The following topics are included in this document:</p> <div><div>• Commercial</div><div>• Government Programs</div><div>• Individual and Family Business (IFB)</div></div>						
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>4.25.24</td><td>Updated to new template.</td></tr></table>	Date	Description	8.27.24	Refreshed due to age.	4.25.24	Updated to new template.
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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.						
	<table><tr><th>DOS</th><th>Coverage</th></tr><tr><td>Prior to 10.1.24</td><td><ul style="list-style-type: none">Quote surgical benefits. Include physician, hospital, and anesthesia benefits.Clinic POS: Also quote office visit benefits when done in the clinic.Contrast: A contrast material injection is required. If billed, covered under the same benefits.</td></tr><tr><td>After 10.1.24</td><td><ul style="list-style-type: none">Requires prior authorization.See Cardiology Prior Authorizations for details.<ul style="list-style-type: none">Some providers and POS are excluded from PA.If approved, quote surgical benefits. Include physician, hospital, and anesthesia benefits.Clinic POS: Also quote office visit benefits when done in the clinic.Contrast: A contrast material injection is required. If billed, covered under the same benefits.</td></tr></table>	DOS	Coverage	Prior to 10.1.24	<ul style="list-style-type: none">Quote surgical benefits. Include physician, hospital, and anesthesia benefits.Clinic POS: Also quote office visit benefits when done in the clinic.Contrast: A contrast material injection is required. If billed, covered under the same benefits.	After 10.1.24	<ul style="list-style-type: none">Requires prior authorization.See Cardiology Prior Authorizations for details.<ul style="list-style-type: none">Some providers and POS are excluded from PA.If approved, quote surgical benefits. Include physician, hospital, and anesthesia benefits.Clinic POS: Also quote office visit benefits when done in the clinic.Contrast: A contrast material injection is required. If billed, covered under the same benefits.
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Mayo Medical Plan (MMP)

Quote surgical benefits. Include physician, hospital, and anesthesia benefits.

- Clinic POS:** Also quote office visit benefits when done in the clinic.
- Contrast:** A contrast material injection is required. If billed, covered under the same benefits.

Medica (including MHPS)	Coverage depends on the date of service.						
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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 outpatient surgical or inpatient hospital benefits.• Contrast: A contrast material injection is 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 outpatient surgical or inpatient hospital benefits.• Contrast: A contrast material injection is required. If billed, covered under the same benefits.• Medica is the only payer.</td></tr><tr><td>After 5.1.24</td><td><ul style="list-style-type: none">• Requires prior authorization.• See Cardiology Prior Authorizations for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote outpatient surgical or inpatient hospital benefits.• Contrast: A contrast material injection is 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 outpatient surgical or inpatient hospital benefits.• Contrast: A contrast material injection is required. If billed, covered under the same benefits.• Medica is the only payer.	After 5.1.24	<ul style="list-style-type: none">• Requires prior authorization.• See Cardiology Prior Authorizations for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote outpatient surgical or inpatient hospital benefits.• Contrast: A contrast material injection is required. If billed, covered under the same benefits.• Medica is the only payer.
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Cost (Prime)	<p>Quote outpatient surgical or inpatient hospital benefits.</p> <ul style="list-style-type: none">• Contrast: A contrast material injection is 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 surgical or inpatient hospital benefits.• Contrast: A contrast material injection is required. If billed, covered under the same benefits.• Follows Medicare guidelines.• Medica is the only payer.</td></tr><tr><td>After 5.1.24</td><td><ul style="list-style-type: none">• Requires prior authorization.• See Cardiology Prior Authorizations for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote outpatient surgical or inpatient hospital benefits.• Contrast: A contrast material injection is 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 surgical or inpatient hospital benefits.• Contrast: A contrast material injection is required. If billed, covered under the same benefits.• Follows Medicare guidelines.• Medica is the only payer.	After 5.1.24	<ul style="list-style-type: none">• Requires prior authorization.• See Cardiology Prior Authorizations for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote outpatient surgical or inpatient hospital benefits.• Contrast: A contrast material injection is 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 outpatient surgical or inpatient hospital benefits.</p> <ul style="list-style-type: none">• Contrast: A contrast material injection is 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

Coverage depends on the date of service.

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Individual and Family Business (IFB)

Introduction

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Dean (DHP, Medica formerly WellFirst, Prevea360)	Coverage depends on the date of service.	
	DOS	Coverage
	Prior to 10.1.24	<ul style="list-style-type: none">Quote surgical benefits. Include physician, hospital, and anesthesia benefits.Clinic POS: Also quote office visit benefits when done in the clinic.Contrast: A contrast material injection is required. If billed, covered under the same benefits.
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Medica	Coverage depends on the date of service.	
	DOS	Coverage
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