

Cardiac Computed Tomography

Also known as	<div><div>1. Cardiac CT</div><div>2. CCT</div></div>						
Description	<p>Computed tomography (CT) is an imaging method that combines multiple X-ray images with the assistance of a computer to produce cross-sectional views of the body. Cardiac CT is a non-invasive imaging technology that provides clear and detailed pictures of the anatomy of the heart and coronary circulation.</p>						
See also	<p>Similar, related, or easily confused documents.</p> <div><div></div><div><ul style="list-style-type: none">• Angiogram - An invasive procedure that uses X-rays to visualize blood vessels following an injection of dye.• Aortography - An outpatient X-ray study of the aorta, the body’s largest artery.• Coronary Computed Tomography Angiography (CCTA) - A diagnostic imaging test that combines multiple X-ray images with the assistance of a computer to produce cross-sectional views of the vessels of the heart.• Coronary Artery Calcium Scoring (CACS) - A test using CT scanning to detect calcium deposits in the coronary arteries.• Computed Tomography (CT) Scan - An imaging test using X-rays to obtain images at multiple angles though specific sections of the body.</div></div>						
Table of Contents	<p>The following topics are included in this document:</p> <div><div></div><div><ul style="list-style-type: none">• Commercial• Government Programs• 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>5.9.24</td><td>Reviewed for age.</td></tr><tr><td>4.30.24</td><td>Updated to new template.</td></tr></table>	Date	Description	5.9.24	Reviewed for age.	4.30.24	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)	<div>Requires prior authorization.</div> <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 MRI, CT, PET scan benefits. If section doesn’t exist, quote X-Ray/imaging benefits. Include facility benefits.• Tip: No matter the reason, this test never pays preventive.• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.						
Mayo Medical Plan (MMP)	<p>Quote MRI, CT, PET scan benefits. If section doesn’t exist, quote X-Ray/imaging benefits. Include facility benefits.</p> <ul style="list-style-type: none">• Tip: No matter the reason, this test never pays preventive.• 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 MRI, CT, PET scan benefits. If section doesn’t exist, quote X-Ray/imaging benefits. Include facility benefits.• Tip: No matter the reason, this test never pays preventive.• 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">• <div>Requires prior authorization.</div>• 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 MRI, CT, PET scan benefits. If section doesn’t exist, quote X-Ray/imaging benefits. Include facility benefits.• Tip: No matter the reason, this test never pays preventive.• 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 MRI, CT, PET scan benefits. If section doesn’t exist, quote X-Ray/imaging benefits. Include facility benefits.• Tip: No matter the reason, this test never pays preventive.• 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">• <div>Requires prior authorization.</div>• 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 MRI, CT, PET scan benefits. If section doesn’t exist, quote X-Ray/imaging benefits. Include facility benefits.• Tip: No matter the reason, this test never pays preventive.• 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.Tip: No matter the reason, this test never pays preventive.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.Tip: No matter the reason, this test never pays preventive.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 X-Ray/imaging benefits.Tip: No matter the reason, this test never pays preventive.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.Tip: No matter the reason, this test never pays preventive.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 X-Ray/imaging benefits.Tip: No matter the reason, this test never pays preventive.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">Tip: No matter the reason, this test never pays preventive.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.Tip: No matter the reason, this test never pays preventive.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.Tip: No matter the reason, this test never pays preventive.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.Tip: No matter the reason, this test never pays preventive.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.Tip: No matter the reason, this test never pays preventive.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">Tip: No matter the reason, this test never pays preventive.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

Coverage depends on the date of service.

DOS	Coverage
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Individual and Family Business (IFB)

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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 MRI, CT, PET scan benefits. If section doesn’t exist, quote X-Ray/imaging benefits. Include facility benefits.• Tip: No matter the reason, this test never pays preventive.• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.						
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