Audience: All Call Centers
Location: Benefits/A-Z List
System: N/A
Updated: 9.3.24

Reviewed: 9.3.24

Coronary Computed Tomography Angiography (CCTA)

Also known as

1. CCTA for coronary artery evaluation
2. CT coronary angiography

Description

Coronary computed tomography angiography (CCTA) is a heart imaging test that helps determine if plaque build-up has narrowed the coronary arteries, the blood vessels that supply the heart. Plaque, which builds up over time, can reduce or in some cases completely block blood flow.

Patients undergoing a CCTA scan receive an iodine-containing contrast material as an intravenous (IV) injection to ensure the best possible images of the heart blood vessels. It may be done to determine the cause of chest pain, but can also be done to detect a collapsed lung, blood clot in the vessels leading to the lungs, or aortic abnormalities.

See also

Similar, related, or easily confused documents.

- Angiogram (Cardiac) - An invasive procedure that uses X-rays to visualize blood vessels following an injection of dye.
- Cardiac Computed Tomography - A non-invasive imaging technology that provides clear and detailed pictures of the anatomy of the heart and coronary circulation.
- 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.

Table of Contents

The following topics are included in this document:

- Commercial
- Government Programs
- Individual and Family Business (IFB)

Document history

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

Date	Description
9.3.24	Refreshed due to age.
5.2.24	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	• **Requires prior authorization**. • See Radiology Prior Authorizations for details. – 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. • **Contrast**: A contrast material injection may be required. If billed, covered under the same benefits.
After 10.1.24	• **Requires prior authorization**. • See Radiology Prior Authorizations or Cardiology Prior Authorizations for details. – 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. • **Contrast**: A contrast material injection may be required. If billed, covered under the same benefits.

Mayo Medical Plan (MMP)

Medica's Coverage Policy, *Coronary Computed Tomography Angiography (CCTA) for Coronary Artery Evaluation - Mayo Medical Plan Only*, applies.

Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.

- Covered indications are listed under *Coverage Policy*.
  - **Important**: Check policy for limits or exclusions.
- If eligible, quote MRI, CT, PET scan benefits. If section doesn't exist, quote X-Ray/imaging benefits. Include facility benefits.
- **Contrast**: A contrast material injection may be required. If billed, covered under the same benefits.
- For investigative indications, not covered.

Medica (including MHPS)

Coverage depends on the date of service.

DOS	Coverage
Prior to 5.1.24	• Medica's Coverage Policy, *Coronary Computed Tomography Angiography (CCTA)*, applies. • **Tip**: For instructions on locating policies, see Coverage and Prior Authorization Guidelines. • Covered indications are listed under *Coverage Policy*. – **Important**: Check policy for limits or exclusions. • If eligible, quote MRI, CT, PET scan benefits. If section doesn't exist, quote X-Ray/imaging benefits. Include facility benefits. • **Contrast**: A contrast material injection may be required. If billed, covered under the same benefits. • For investigative indications, not covered.
After 5.1.24	• **Requires prior authorization**. • See Radiology Prior Authorizations or Cardiology Prior Authorizations for details. – 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. • **Contrast**: A contrast material injection may be required. If billed, covered under the same benefits.

Document history

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

Date	Description
9.3.24	Refreshed due to age.
5.13.24	*Mayo Medical Plan (MMP)* – Updated policy name.
5.2.24	Updated for PA change.

Government Programs

Introduction

This section applies to all Medicaid and Medicare products.

AccessAbility (SNBC),

Medicaid only groups:
- See Medicaid below.

Minnesota Senior Care Plus (MSC+)

Medicare eligible groups:
- 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)

Coverage depends on the date of service.

DOS	Coverage
Prior to 5.1.24	• Medica's Coverage Policy, *Coronary Computed Tomography Angiography (CCTA)*, applies. • **Tip**: For instructions on locating policies, see Coverage and Prior Authorization Guidelines. • Covered indications are listed under *Coverage Policy*. – **Important**: Check policy for limits or exclusions. • If eligible, quote X-Ray/imaging benefits. • **Contrast**: A contrast material injection may be required. If billed, covered under the same benefits. • For investigative indications, not covered. • Medica is the only payer.
After 5.1.24	• **Requires prior authorization**. • See Radiology Prior Authorizations or Cardiology Prior Authorizations for details. – 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.

Cost (Prime)

Coverage depends on the date of service.

DOS	Coverage
Prior to 5.1.24	• Check for an LCD or NCD. If one does not exist, Medica's Coverage Policy, *Coronary Computed Tomography Angiography (CCTA)*, applies. • **Tip**: For instructions on locating policies, see Coverage and Prior Authorization Guidelines. • Covered indications are listed under *Coverage Policy*. – **Important**: Check policy for limits or exclusions. • If eligible, quote outpatient diagnostic tests and therapeutic services and supplies. • **Contrast**: A contrast material injection may be required. If billed, covered under the same benefits. • For investigative indications, not covered. • Follows Medicare guidelines.
After 5.1.24	• Quote outpatient diagnostic tests and therapeutic services and supplies. • **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.

Continued on next page

Med Advantage

Coverage depends on the date of service.

DOS	Coverage
Prior to 5.1.24	• Medica's Coverage Policy, *Coronary Computed Tomography Angiography (CCTA)*, applies. • **Tip**: For instructions on locating policies, see Coverage and Prior Authorization Guidelines. • Covered indications are listed under *Coverage Policy*. – **Important**: Check policy for limits or exclusions. • If eligible, quote outpatient diagnostic tests and therapeutic services and supplies. • **Contrast**: A contrast material injection may be required. If billed, covered under the same benefits. • For investigative indications, not covered. • Follows Medicare guidelines. • Medica is the only payer.
After 5.1.24	• **Requires prior authorization**. • See Radiology Prior Authorizations or Cardiology Prior Authorizations for details. – 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.

Med Supp (Select, Signature)

Quote X-ray/imaging benefits.

• **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.

Medicaid

Coverage depends on the date of service.

DOS	Coverage
Prior to 5.1.24	• Medica's Coverage Policy, *Coronary Computed Tomography Angiography (CCTA)*, applies. • **Tip**: For instructions on locating policies, see Coverage and Prior Authorization Guidelines. • Covered indications are listed under *Coverage Policy*. – **Important**: Check policy for limits or exclusions. • If eligible, quote X-Ray/imaging benefits. Also quote facility benefits. • **Contrast**: A contrast material injection may be required. If billed, covered under the same benefits. • For investigative indications, not covered.
After 5.1.24	• **Requires prior authorization**. • See Radiology Prior Authorizations or Cardiology Prior Authorizations for details. – 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.

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5.2.24	Updated for PA change.

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)

Coverage depends on the date of service.

DOS	Coverage
Prior to 10.1.24	• **Requires prior authorization**. • See Radiology Prior Authorizations for details. – 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. • **Contrast**: A contrast material injection may be required. If billed, covered under the same benefits.
After 10.1.24	• **Requires prior authorization**. • See Radiology Prior Authorizations or Cardiology Prior Authorizations for details. – 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. • **Contrast**: A contrast material injection may be required. If billed, covered under the same benefits.

Medica

Coverage depends on the date of service.

DOS	Coverage
Prior to 5.1.24	• Medica's Coverage Policy, *Coronary Computed Tomography Angiography (CCTA)*, applies. • **Tip**: For instructions on locating policies, see Coverage and Prior Authorization Guidelines. • Covered indications are listed under *Coverage Policy*. – **Important**: Check policy for limits or exclusions. • If eligible, quote MRI, CT, PET scan benefits. If section doesn't exist, quote outpatient X-rays and imaging service in an office or hospital. Include facility benefits. • **Contrast**: A contrast material injection may be required. If billed, covered under the same benefits. • For investigative indications, not covered.
After 5.1.24	• **Requires prior authorization**. • See Radiology Prior Authorizations or Cardiology Prior Authorizations for details. – Some providers and POS are excluded from PA. • If approved, quote MRI, CT, PET scan benefits. If section doesn't exist, quote outpatient X-rays and imaging service in an office or hospital. Include facility benefits. • **Contrast**: A contrast material injection may be required. If billed, covered under the same benefits.

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