Local Coverage Determination (LCD): Computed Tomographic Angiography of the Chest, Heart and Coronary Arteries (L33282)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
First Coast Service Options, Inc.	A and B MAC	09101 - MAC A	J - N	Florida
First Coast Service Options, Inc.	A and B MAC	09102 - MAC B	J - N	Florida
First Coast Service Options, Inc.	A and B MAC	09201 - MAC A	J - N	Puerto Rico Virgin Islands
First Coast Service Options, Inc.	A and B MAC	09202 - MAC B	J - N	Puerto Rico
First Coast Service Options, Inc.	A and B MAC	09302 - MAC B	J - N	Virgin Islands

LCD Information

Document Information

LCD ID
L33282

LCD Title
Computed Tomographic Angiography of the Chest, Heart and Coronary Arteries

Proposed LCD in Comment Period
N/A

Source Proposed LCD
N/A

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For services performed on or after 10/01/2015

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N/A

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N/A

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N/A

Notice Period End Date
N/A

CMS National Coverage Policy

This LCD supplements but does not replace, modify or supersede existing Medicare applicable National Coverage Determinations (NCDs) or payment policy rules and regulations for Computed Tomographic Angiography of the Chest, Heart and Coronary Arteries. Federal statute and subsequent Medicare regulations regarding provision and payment for medical services are lengthy. They are not repeated in this LCD. Neither Medicare payment policy rules nor this LCD replace, modify or supersede applicable state statutes regarding medical practice or other health practice professions acts, definitions and/or scopes of practice. All providers who report services for Medicare payment must fully understand and follow all existing laws, regulations and rules for Medicare payment for Computed Tomographic Angiography of the Chest, Heart and Coronary Arteries and must properly submit only valid claims for them. Please review and understand them and apply the medical necessity provisions in the policy within the context of the manual rules. Relevant CMS manual instructions and policies may be found in the following Internet-Only Manuals (IOMs) published on the CMS Web site.

Internet Only Manual (IOM) Citations:

- CMS IOM Publication 100-08, *Medicare Program Integrity Manual*,
    - Chapter 13, Section 13.5.4 Reasonable and Necessary Provision in an LCD

Social Security Act (Title XVIII) Standard References:

- Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states that no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury.
- Title XVIII of the Social Security Act, Section 1862(a)(7). This section excludes routine physical examinations.
- Title XVIII of the Social Security Act, Section 1833(e) states that no payment shall be made to any provider for

any claim that lacks the necessary information to process the claim.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

History/Background and/or General Information

Multislice or Multidetector Computed Tomography (MDCT) angiography with its advanced spatial and temporal resolution has opened up new possibilities in the imaging of the major vessels of the chest, including aorta, pulmonary arteries, and coronary arteries.

MDCT technology for cardiac and coronary artery assessment requires thin (less than 1 mm) slices, 0.5 to 0.75 mm reconstructions, multiple simultaneous images (e.g. 40-64 or more slices) and cardiac gating (often requiring beta blockers for ideal heart rate). There is significant post processing, depending on the number of slices for image generation. For coronary artery imaging, the resulting images show a high correlation with stenotic lesions noted on diagnostic cardiac catheterization but more importantly, with atheromas on intracoronary ultrasound. Additionally, the technique may be helpful in defining the vascularity of chest or lung lesions.

Covered Indications

MDCT angiography of the chest for non-cardiac assessment will be considered medically reasonable and necessary for the following signs or symptoms of disease:

- Assessment of a symptomatic patient when presentation is suspicious for pulmonary emboli;
- Abnormalities of the thoracic vasculature such as aortic dissection, aortic aneurysm, pulmonary arterio-venous malformation (AVM) and other abnormalities of the systemic circulation, excluding the heart;
- Assessment of suspected congenital anomalies of the heart or great vessels; and
- Assessment of cardiac, mediastinal or lung parenchymal lesions, the vascularity of which is unknown or ill defined, but is critical to the diagnosis.

MDCT angiography of the chest for cardiac assessment will be considered medically reasonable and necessary for the following signs or symptoms of disease:

- Cardiac evaluation of a patient with chest pain syndrome (e.g. anginal equivalent, angina), who is at a low to moderate risk for coronary artery disease (CAD), if use of MDCT is expected to avoid performing diagnostic cardiac catheterization. MDCT and coronary angiography are not expected to be performed on the same patient for diagnostic purposes prior to the application of anticipated therapy. (If a high pre-test probability of disease exists, as if the patient has known CAD, it is assumed the patient would go to coronary angiography as the definitive test, where possible angioplasty and/or stenting could be performed at the same time).
- Assessment of suspected congenital anomalies of coronary circulation.
- Assessment of symptomatic patients with equivocal stress test results, with or without cardiac imaging, if MDCT is expected to avoid performing diagnostic coronary angiography. (Again, if a high pre-test probability of disease exists, as if the patient has known CAD, it is not expected that CT coronary angiography would be done in addition to a subsequent coronary catheterization and angiogram).
- Evaluation of pulmonary veins prior to arrhythmia ablation procedures
- Evaluation of cardiac veins prior to insertion of biventricular pacemaker

Limitations

- The test is never covered for screening, i.e., in the absence of signs, symptoms or disease.
- The test is never covered for patients with stable coronary artery disease without any significant change in signs or symptoms.
- The selection of the test should be made within the context of other testing modalities so that the resulting information facilitates the management decision, and does not merely add an additional layer of testing. The test may be denied, on post-pay review, as not medically necessary when used for cardiac evaluation of a patient with extensive disease where there is a pre-test knowledge of extensive calcification that would diminish the interpretive value.
- Coverage of this modality for coronary artery assessment is limited to devices that process thin, high-resolution slices (0.75 mm or less) A multidetector scanner must have a row of at least 32 detectors. For non-cardiac thoracic assessment, the multidetector scanner may have a capability of less than 16 slices or less. The rotational gantry speeds for cardiac evaluation must be 420 milliseconds or less.
- The administration of beta-blockers and/or other medications and the monitoring of the patient by a physician during the MDCT are not separately payable services.
- All studies must be ordered by a physician or a qualified non-physician practitioner. A physician or qualified non-physician provider must be present during testing whenever cardioactive agents or contrast agents are administered (direct physician supervision). Ideally, this supervising physician will be experienced in this procedure and ACLS-certified.
- Electron Beam Technology provides high temporal resolution and enables quantitative assessment of the coronary artery calcium, but because of limited spatial resolution as a result of the limited z axis resolution (slice thickness=3.0 mm), it does not permit direct visualization in multi-reformation of the whole coronary system. Therefore, CT angiography of the heart is not considered medically necessary when performed with an EBT scanner.

As published in the CMS IOM Publication 100-08, *Medicare Program Integrity Manual*, Chapter 13, Section 13.5.4, an item or service may be covered by a contractor LCD if it is reasonable and necessary under the Social Security Act Section 1862 (a)(1)(A). Contractors shall determine and describe the circumstances under which the item or service is considered reasonable and necessary.

Provider Qualifications

A satisfactory level of competence is expected from providers who submit claims for services rendered.

A qualified physician for this service/procedure is defined as follows: A) Physician is properly enrolled in Medicare. B) Training and expertise must have been acquired within the framework of an accredited residency and/or fellowship program in the applicable specialty/subspecialty in the United States or must reflect equivalent education, training, and expertise endorsed by an academic institution in the United States and/or by the applicable specialty/subspecialty society in the United States.

The acceptable levels of competence, as defined by the American College of Cardiology ACC/American Heart Association (AHA) Clinical Competence Statement on cardiac imaging with Computed Tomography and Magnetic Resonance (2005) and the American College of Radiology (ACR) Clinical Statement on Noninvasive Cardiac Imaging (2005), are outlined as follows:

For the technical portion, a recommended level of competence is fulfilled when the image acquisition is obtained under all of the following conditions:

a. The service is performed by a radiologic technologist who is credentialed by a nationally recognized credentialing body (American Registry of Radiologic Technologists or equivalent) and meets state licensure

requirements where applicable.

    b. If intravenous beta blockers or nitrates are to be given prior to a CT coronary angiogram or calcium score, the test must be under the direct supervision of a certified registered nurse and physician (familiar with the administration of cardiac medications) who are able to respond to medical emergencies and it is strongly recommended that the certified register nurse and physician be ACLS certified.

    c. When contrast studies are performed, the physician must provide direct supervision and the radiologic technologist or registered nurse administering the contrast must have appropriate training on the use and administration of contrast media.

For the professional portion, a recommended level of competence is fulfilled when the interpretation is performed by a physician meeting the following requirements:

    a. The physician has appropriate additional training in CT Coronary Angiography and cardiac CT imaging equivalent to the guidelines set forth by the ACC or ACR (for example: the ACCF/AHA Clinical Competence Statement on Cardiac Imaging with Computed Tomography and Magnetic Resonance (2005) and the ACR Clinical Statement on Noninvasive Cardiac Imaging (2005), or

    b. The physician has appropriate medical staff privileges to interpret CT Coronary Angiograms at a hospital that participates in the Medicare program, and is actively training in cardiac CT (as in paragraph a). A grace period of 24 months should be allowed to acquire the necessary training.

Summary of Evidence

N/A

Analysis of Evidence
(Rationale for Determination)

N/A

General Information

Associated Information

Documentation Requirements

Please refer to the Local Coverage Article: Billing and Coding: Computed Tomographic Angiography of the Chest, Heart and Coronary Arteries (A57061) for documentation requirements that apply to the reasonable and necessary provisions outlined in this LCD.

Utilization Guidelines

Please refer to the Local Coverage Article: Billing and Coding: Computed Tomographic Angiography of the Chest,

Heart and Coronary Arteries (A57061) for utilization guidelines that apply to the reasonable and necessary provisions outlined in this LCD.

Sources of Information

First Coast Service Options, Inc. reference LCD number(s) – L28769, L29117, L29135

Model Local Coverage determination (LCD) workgroup for cardiac Computed Tomography and Computed Tomography Coronary Angiography (CTCA). 2005.

North Carolina LCD for Computed Tomographic Angiography of the Chest, Heart and Coronary Arteries.

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Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
10/01/2019	R9	Revision Number: 7 Publication: September 2019 Connection LCR A/B 2019-058 Explanation of Revision: Based on CR 10901, the LCD was revised to remove all billing and coding and all language not related to reasonable and necessary provisions ("Bill Type Codes", "Revenue Codes", "CPT/HCPCS Codes", "ICD-10 Codes that Support Medical Necessity", "Documentation Requirements" and "Utilization Guidelines" sections of the LCD) and place them into a newly created billing and coding article. In addition, during the process of moving the ICD-10-CM diagnosis codes to the billing and coding article, the ICD-10-CM diagnosis code ranges were broken out and listed individually. The effective date of this revision is for claims processed on or after January 8, 2019, for dates of service on or after October 3, 2018. Also, the following unspecified ICD-10-CM diagnosis codes were removed from the "Group 1 ICD-10 Codes that are covered" section as it is the provider's responsibility to code to the highest level of specificity: G90.9, I27.20, I28.9, M79.603, M79.606, M79.609, M79.629, M79.639, M79.643, M79.646, M79.659, M79.669, M79.673, M79.676, Q25.40, Q25.9, and R07.9. The following ICD-10-CM diagnosis codes were removed from the "Group 2 ICD-10 Codes that are covered" section: I20.9, I25.119, I25.709, I25.719, I25.729, I25.739, I25.759, I25.769, I25.799, I25.9, I30.9, I48.91, Q20.9, Q22.9, Q23.9, Q26.4, and R07.9. The effective date of this revision is for dates of service on or after 10/01/2019. In addition, based on CR 11322/CR 11333 (Annual 2020 ICD-10-CM Update) the newly created billing and coding article was revised. ICD-10-CM diagnosis codes I26.93 and I26.94 were added to the "ICD-10 Codes that are	• Revisions Due To ICD-10-CM Code Changes • Other (Revisions based on CRs 10901, 11322, 11333)

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		covered/Group 1 Codes:"; ICD-10-CM diagnosis codes I48.11, I48.19, I48.20, and I48.21 were added to the "ICD-10 Codes that are covered/Group 2 Codes:". Also, ICD-10-CM diagnosis codes I48.1 and I48.2 were deleted from the "ICD-10 Codes that are covered/Group 2 Codes:". The effective date of this revision is for dates of service on or after 10/01/2019.

10/01/2019: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination and therefore not all the fields included on the LCD are applicable as noted in this LCD. | |
| 01/02/2018 | R8 | Revision Number: 6

Publication: December 2017 Connection

LCR A/B2017-059

Explanation of Revision: Based on a reconsideration request, the LCD was revised to add ICD-10-CM diagnosis codes I35.0, I35.1, I35.2, I35.8, and Z01.810 in the "ICD-10 Codes that Support Medical Necessity" section of the LCD for CPT code 71275. Also, an explanation that all the codes within the asterisked range from the first code to the last code apply for ICD-10 code range I26.xx was added in the "Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation" section of the LCD. In addition, the "Sources of Information and Basis for Decision" section of the LCD was updated. The effective date of this revision is based on date of service.

01/02/2018: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination and therefore not all the fields included on the LCD are applicable as noted in this policy. | • Reconsideration Request |
| 10/01/2017 | R7 | **Revision Number: 5** | • Revisions Due To ICD-10-CM Code Changes |

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		Publication: September 2017 Connection LCR A/B2017-038 **Explanation of Revision:** Based on CR 10153 (Annual 2018 ICD-10-CM Update) the LCD was revised. Added ICD-10-CM diagnosis code R06.03 for procedure codes 75571, 75572, 75573, and 75574. The effective date of this revision is based on date of service. 10/01/2017: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination and therefore not all the fields included on the LCD are applicable as noted in this policy.	
03/23/2017	R6	Revision Number: 4 Publication: April 2017 Connection LCR A/B 2017-010 Explanation of revision: This LCD was revised to add ICD-10 code Z01.810 for CPT codes 75571, 75572, 75573, and 75574 in the "ICD-10 Codes that Support Medical Necessity" section of the LCD. The effective date of this revision is for claims processed on or after 03/23/2017, for dates of service on or after 10/01/15.	• Revisions Due To ICD-10-CM Code Changes
10/01/2016	R5	Based on CR 9677 (Annual 2017 ICD-10-CM Update), the LCD was revised; he following ICD-10 codes were added to these code ranges in the ICD-10 Codes that Support Medical Necessity field: Q25.21 was added to code range Q25.1 - Q25.9 in Group 1 Q25.29 was added to code range Q25.1 - Q25.9 in Group 1 Q25.40 was added to code range Q25.1 - Q25.9 in Group 1 Q25.41 was added to code range Q25.1 - Q25.9 in Group 1 Q25.42 was added to code range Q25.1 - Q25.9 in Group 1 Q25.43 was added to code range Q25.1 - Q25.9 in Group 1 Q25.44 was added to code range Q25.1 - Q25.9 in Group 1 Q25.45 was added to code range Q25.1 - Q25.9 in Group 1 Q25.46 was added to code range Q25.1 - Q25.9 in Group 1 Q25.47 was added to code range Q25.1 - Q25.9 in Group 1	• Provider Education/Guidance

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		Q25.48 was added to code range Q25.1 - Q25.9 in Group 1 Q25.49 was added to code range Q25.1 - Q25.9 in Group 1	
09/06/2016	R4	Revision Number: 3 Publication: September 2016 Connection LCR A/B 2016-091 Explanation of revision: This LCD was revised to add ICD-10 codes I35.0, I35.1, I35.2, I35.8, I48.0, I48.1, I48.2, and I48.91 for CPT codes 75571, 75572, 75573, and 75574 in the "ICD-10 Codes that Support Medical Necessity" section of the LCD. The effective date of this revision is for claims processed on or after 09/06/2016, for dates of service on or after 10/01/15.	• Revisions Due To ICD-10-CM Code Changes
02/08/2016	R3	Revision Number: 2 Publication: February 2016 Connection LCR A/B 2016-040 Explanation of revision: This LCD was revised to add ICD-10 code R07.9 for CPT codes 75571, 75572, 75573, and 75574 in the "ICD-10 Codes that Support Medical Necessity" section of the LCD. The effective date of this revision is for claims processed on or after 02/08/2016, for dates of service on or after 10/01/15.	• Revisions Due To ICD-10-CM Code Changes
10/01/2015	R2	Revision Number: 1 Publication: January 2016 Connection LCR A/B 2015-039 Explanation of revision: This LCD was revised to delete ICD-10 code range R07.1-R07.89 and add ICD-10 code range R07.1-R07.9 for CPT code 71275 in the "ICD-10 Codes that Support Medical Necessity" section of the LCD. The effective date of this revision is for claims processed on or after 12/28/15, for dates of service on or after 10/01/15.	• Revisions Due To ICD-10-CM Code Changes
10/01/2015	R1	The language and/or ICD-10-CM diagnoses were updated to be consistent with the current ICD-9-CM LCD's language and coding.	• Provider Education/Guidance

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)

A57061 - Billing and Coding: Computed Tomographic Angiography of the Chest, Heart and Coronary Arteries

Related National Coverage Documents

N/A

Public Version(s)

Updated on 10/02/2019 with effective dates 10/01/2019 - N/A

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Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

Keywords

N/A

Local Coverage Article:
Billing and Coding: Computed Tomographic Angiography of the Chest, Heart and Coronary Arteries (A57061)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
First Coast Service Options, Inc.	A and B MAC	09101 - MAC A	J - N	Florida
First Coast Service Options, Inc.	A and B MAC	09102 - MAC B	J - N	Florida
First Coast Service Options, Inc.	A and B MAC	09201 - MAC A	J - N	Puerto Rico Virgin Islands
First Coast Service Options, Inc.	A and B MAC	09202 - MAC B	J - N	Puerto Rico
First Coast Service Options, Inc.	A and B MAC	09302 - MAC B	J - N	Virgin Islands

Article Information

General Information

Article ID
A57061

Article Title
Billing and Coding: Computed Tomographic Angiography of the Chest, Heart and Coronary Arteries

Article Type
Billing and Coding

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Original Effective Date
10/03/2018

Revision Effective Date
N/A

Revision Ending Date
N/A

Retirement Date
N/A

CMS National Coverage Policy

N/A

Article Guidance

Article Text:

This First Coast Billing and Coding Article for Local Coverage Determination (LCD) L33282 Computed Tomographic Angiography of the Chest, Heart and Coronary Arteries provides billing and coding guidance for diagnosis limitations that support diagnosis to procedure code automated denials. However, services performed for any given diagnosis must meet all of the indications and limitations stated in the LCD, the general requirements for medical necessity as stated in CMS payment policy manuals, any and all existing CMS national coverage determinations, and all Medicare payment rules.

Refer to the LCD for reasonable and necessary requirements and limitations.

The redetermination process may be utilized for consideration of services performed outside of the reasonable and necessary requirements in the LCD.

Coding Guidelines

At times, it may be necessary to evaluate the patient for both cardiac and noncardiac disease. Pending the assignment of a code that more precisely describes this service, protocols using cardiovascular CT angiography for the evaluation of acute chest pain in the emergency setting, where pulmonary and/or aortic vascular etiology are also a concern, must be coded with CPT code 71275 only.

Billing CPT code 71275 plus one of the following CPT codes (75571, 75572, 75573, or 75574) would attest to the

fact that two completely separate procedures were performed in their entirety.

Notice: It is not appropriate to bill Medicare for services that are not covered (as described by the entire LCD) as if they are covered. When billing for non-covered services, use the appropriate modifier.

Documentation Requirements

1. All documentation must be maintained in the patient's medical record and made available to the contractor upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service[s]). The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.
3. The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.

Utilization Guidelines

In accordance with CMS Ruling 95-1 (V), utilization of these services should be consistent with locally acceptable standards of practice.

Compliance with the provisions in LCD L33282, Computed Tomographic Angiography of the Chest, Heart and Coronary Arteries may be monitored and addressed through post payment data analysis and subsequent medical review audits.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING

Group 2 Paragraph:

N/A

Group 2 Codes:

CODE	DESCRIPTION
75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM

CODE	DESCRIPTION
75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED)
75573	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY IN THE SETTING OF CONGENITAL HEART DISEASE (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF LV CARDIAC FUNCTION, RV STRUCTURE AND FUNCTION AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED)
75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED)

CPT/HCPCS Modifiers

N/A

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

The following ICD-10-CM codes support medical necessity and provide limited coverage for CPT code: 71275.

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

The underlying infection for septic pulmonary embolism should be coded first for ICD-10-CM codes I26.01, I26.02, I26.09, I26.90, I26.92, I26.93, I26.94, and I26.99.

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
C38.0	Malignant neoplasm of heart
C45.2	Mesothelioma of pericardium
D15.1	Benign neoplasm of heart
D49.1	Neoplasm of unspecified behavior of respiratory system
G45.8	Other transient cerebral ischemic attacks and related syndromes
G90.2	Horner's syndrome
G90.8	Other disorders of autonomic nervous system

ICD-10 CODE	DESCRIPTION
I26.01	Septic pulmonary embolism with acute cor pulmonale
I26.02	Saddle embolus of pulmonary artery with acute cor pulmonale
I26.09	Other pulmonary embolism with acute cor pulmonale
I26.90	Septic pulmonary embolism without acute cor pulmonale
I26.92	Saddle embolus of pulmonary artery without acute cor pulmonale
I26.93	Single subsegmental pulmonary embolism without acute cor pulmonale
I26.94	Multiple subsegmental pulmonary emboli without acute cor pulmonale
I26.99	Other pulmonary embolism without acute cor pulmonale
I27.0	Primary pulmonary hypertension
I27.1	Kyphoscoliotic heart disease
I27.21	Secondary pulmonary arterial hypertension
I27.22	Pulmonary hypertension due to left heart disease
I27.23	Pulmonary hypertension due to lung diseases and hypoxia
I27.24	Chronic thromboembolic pulmonary hypertension
I27.29	Other secondary pulmonary hypertension
I27.81	Cor pulmonale (chronic)
I27.82	Chronic pulmonary embolism
I27.83	Eisenmenger's syndrome
I27.89	Other specified pulmonary heart diseases
I27.9	Pulmonary heart disease, unspecified
I28.0	Arteriovenous fistula of pulmonary vessels
I28.1	Aneurysm of pulmonary artery
I28.8	Other diseases of pulmonary vessels
I35.0	Nonrheumatic aortic (valve) stenosis
I35.1	Nonrheumatic aortic (valve) insufficiency
I35.2	Nonrheumatic aortic (valve) stenosis with insufficiency
I35.8	Other nonrheumatic aortic valve disorders
I71.00	Dissection of unspecified site of aorta
I71.01	Dissection of thoracic aorta
I71.03	Dissection of thoracoabdominal aorta
I71.1	Thoracic aortic aneurysm, ruptured
I71.2	Thoracic aortic aneurysm, without rupture

ICD-10 CODE	DESCRIPTION
I71.5	Thoracoabdominal aortic aneurysm, ruptured
I71.6	Thoracoabdominal aortic aneurysm, without rupture
I74.11	Embolism and thrombosis of thoracic aorta
I95.9	Hypotension, unspecified
J80	Acute respiratory distress syndrome
J95.1	Acute pulmonary insufficiency following thoracic surgery
J95.2	Acute pulmonary insufficiency following nonthoracic surgery
J95.3	Chronic pulmonary insufficiency following surgery
J95.821	Acute postprocedural respiratory failure
J95.822	Acute and chronic postprocedural respiratory failure
J96.00	Acute respiratory failure, unspecified whether with hypoxia or hypercapnia
J96.01	Acute respiratory failure with hypoxia
J96.02	Acute respiratory failure with hypercapnia
J96.20	Acute and chronic respiratory failure, unspecified whether with hypoxia or hypercapnia
J96.21	Acute and chronic respiratory failure with hypoxia
J96.22	Acute and chronic respiratory failure with hypercapnia
J96.90	Respiratory failure, unspecified, unspecified whether with hypoxia or hypercapnia
J96.91	Respiratory failure, unspecified with hypoxia
J96.92	Respiratory failure, unspecified with hypercapnia
M79.601	Pain in right arm
M79.602	Pain in left arm
M79.604	Pain in right leg
M79.605	Pain in left leg
M79.621	Pain in right upper arm
M79.622	Pain in left upper arm
M79.631	Pain in right forearm
M79.632	Pain in left forearm
M79.641	Pain in right hand
M79.642	Pain in left hand
M79.644	Pain in right finger(s)
M79.645	Pain in left finger(s)

ICD-10 CODE	DESCRIPTION
M79.651	Pain in right thigh
M79.652	Pain in left thigh
M79.661	Pain in right lower leg
M79.662	Pain in left lower leg
M79.671	Pain in right foot
M79.672	Pain in left foot
M79.674	Pain in right toe(s)
M79.675	Pain in left toe(s)
M79.89	Other specified soft tissue disorders
Q25.1	Coarctation of aorta
Q25.21	Interruption of aortic arch
Q25.29	Other atresia of aorta
Q25.3	Supravalvular aortic stenosis
Q25.41	Absence and aplasia of aorta
Q25.42	Hypoplasia of aorta
Q25.43	Congenital aneurysm of aorta
Q25.44	Congenital dilation of aorta
Q25.45	Double aortic arch
Q25.46	Tortuous aortic arch
Q25.47	Right aortic arch
Q25.48	Anomalous origin of subclavian artery
Q25.49	Other congenital malformations of aorta
Q25.5	Atresia of pulmonary artery
Q25.6	Stenosis of pulmonary artery
Q25.71	Coarctation of pulmonary artery
Q25.72	Congenital pulmonary arteriovenous malformation
Q25.79	Other congenital malformations of pulmonary artery
Q25.8	Other congenital malformations of other great arteries
Q26.0	Congenital stenosis of vena cava
Q26.1	Persistent left superior vena cava
Q26.2	Total anomalous pulmonary venous connection

ICD-10 CODE	DESCRIPTION
Q26.3	Partial anomalous pulmonary venous connection
Q26.4	Anomalous pulmonary venous connection, unspecified
Q26.8	Other congenital malformations of great veins
Q26.9	Congenital malformation of great vein, unspecified
Q34.9	Congenital malformation of respiratory system, unspecified
R00.0	Tachycardia, unspecified
R01.0	Benign and innocent cardiac murmurs
R01.1	Cardiac murmur, unspecified
R04.2	Hemoptysis
R04.89	Hemorrhage from other sites in respiratory passages
R04.9	Hemorrhage from respiratory passages, unspecified
R06.00	Dyspnea, unspecified
R06.01	Orthopnea
R06.02	Shortness of breath
R06.03	Acute respiratory distress
R06.09	Other forms of dyspnea
R06.82	Tachypnea, not elsewhere classified
R06.83	Snoring
R06.89	Other abnormalities of breathing
R07.1	Chest pain on breathing
R07.2	Precordial pain
R07.81	Pleurodynia
R07.82	Intercostal pain
R07.89	Other chest pain
R22.2	Localized swelling, mass and lump, trunk
R94.2	Abnormal results of pulmonary function studies
Z01.810	Encounter for preprocedural cardiovascular examination

Group 2 Paragraph:

The following ICD-10-CM codes support medical necessity and provide limited coverage for CPT codes: 75571, 75572, 75573, and 75574.

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the

ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

Group 2 Codes:

ICD-10 CODE	DESCRIPTION
A18.84	Tuberculosis of heart
I11.0	Hypertensive heart disease with heart failure
I11.9	Hypertensive heart disease without heart failure
I20.0	Unstable angina
I20.1	Angina pectoris with documented spasm
I20.8	Other forms of angina pectoris
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris
I25.110	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
I25.111	Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm
I25.118	Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris
I25.2	Old myocardial infarction
I25.3	Aneurysm of heart
I25.41	Coronary artery aneurysm
I25.42	Coronary artery dissection
I25.5	Ischemic cardiomyopathy
I25.6	Silent myocardial ischemia
I25.700	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris
I25.701	Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris with documented spasm
I25.708	Atherosclerosis of coronary artery bypass graft(s), unspecified, with other forms of angina pectoris
I25.710	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unstable angina pectoris
I25.711	Atherosclerosis of autologous vein coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.718	Atherosclerosis of autologous vein coronary artery bypass graft(s) with other forms of angina pectoris
I25.720	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pectoris

ICD-10 CODE	DESCRIPTION
I25.721	Atherosclerosis of autologous artery coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.728	Atherosclerosis of autologous artery coronary artery bypass graft(s) with other forms of angina pectoris
I25.730	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unstable angina pectoris
I25.731	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.738	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with other forms of angina pectoris
I25.750	Atherosclerosis of native coronary artery of transplanted heart with unstable angina
I25.751	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris with documented spasm
I25.758	Atherosclerosis of native coronary artery of transplanted heart with other forms of angina pectoris
I25.760	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina
I25.761	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris with documented spasm
I25.768	Atherosclerosis of bypass graft of coronary artery of transplanted heart with other forms of angina pectoris
I25.790	Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris
I25.791	Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.798	Atherosclerosis of other coronary artery bypass graft(s) with other forms of angina pectoris
I25.810	Atherosclerosis of coronary artery bypass graft(s) without angina pectoris
I25.811	Atherosclerosis of native coronary artery of transplanted heart without angina pectoris
I25.812	Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris
I25.82	Chronic total occlusion of coronary artery
I25.83	Coronary atherosclerosis due to lipid rich plaque
I25.84	Coronary atherosclerosis due to calcified coronary lesion
I25.89	Other forms of chronic ischemic heart disease

ICD-10 CODE	DESCRIPTION
I30.0	Acute nonspecific idiopathic pericarditis
I30.1	Infective pericarditis
I30.8	Other forms of acute pericarditis
I32	Pericarditis in diseases classified elsewhere
I35.0	Nonrheumatic aortic (valve) stenosis
I35.1	Nonrheumatic aortic (valve) insufficiency
I35.2	Nonrheumatic aortic (valve) stenosis with insufficiency
I35.8	Other nonrheumatic aortic valve disorders
I48.0	Paroxysmal atrial fibrillation
I48.11	Longstanding persistent atrial fibrillation
I48.19	Other persistent atrial fibrillation
I48.20	Chronic atrial fibrillation, unspecified
I48.21	Permanent atrial fibrillation
M32.12	Pericarditis in systemic lupus erythematosus
Q20.0	Common arterial trunk
Q20.1	Double outlet right ventricle
Q20.2	Double outlet left ventricle
Q20.3	Discordant ventriculoarterial connection
Q20.4	Double inlet ventricle
Q20.5	Discordant atrioventricular connection
Q20.6	Isomerism of atrial appendages
Q20.8	Other congenital malformations of cardiac chambers and connections
Q21.0	Ventricular septal defect
Q21.1	Atrial septal defect
Q21.2	Atrioventricular septal defect
Q21.3	Tetralogy of Fallot
Q21.4	Aortopulmonary septal defect
Q21.8	Other congenital malformations of cardiac septa
Q21.9	Congenital malformation of cardiac septum, unspecified
Q22.0	Pulmonary valve atresia
Q22.1	Congenital pulmonary valve stenosis
Q22.2	Congenital pulmonary valve insufficiency

ICD-10 CODE	DESCRIPTION
Q22.3	Other congenital malformations of pulmonary valve
Q22.4	Congenital tricuspid stenosis
Q22.5	Ebstein's anomaly
Q22.6	Hypoplastic right heart syndrome
Q22.8	Other congenital malformations of tricuspid valve
Q23.0	Congenital stenosis of aortic valve
Q23.1	Congenital insufficiency of aortic valve
Q23.2	Congenital mitral stenosis
Q23.3	Congenital mitral insufficiency
Q23.4	Hypoplastic left heart syndrome
Q23.8	Other congenital malformations of aortic and mitral valves
Q24.0	Dextrocardia
Q24.1	Levocardia
Q24.2	Cor triatriatum
Q24.3	Pulmonary infundibular stenosis
Q24.4	Congenital subaortic stenosis
Q24.5	Malformation of coronary vessels
Q24.6	Congenital heart block
Q24.8	Other specified congenital malformations of heart
Q24.9	Congenital malformation of heart, unspecified
Q26.0	Congenital stenosis of vena cava
Q26.1	Persistent left superior vena cava
Q26.2	Total anomalous pulmonary venous connection
Q26.3	Partial anomalous pulmonary venous connection
Q26.8	Other congenital malformations of great veins
ICD-10 CODE	DESCRIPTION
Q26.9	Congenital malformation of great vein, unspecified
R06.02	Shortness of breath
R06.03	Acute respiratory distress
R07.2	Precordial pain
R07.82	Intercostal pain
R07.89	Other chest pain

ICD-10 CODE	DESCRIPTION
R94.30	Abnormal result of cardiovascular function study, unspecified
R94.31	Abnormal electrocardiogram [ECG] [EKG]
Z01.810	Encounter for preprocedural cardiovascular examination

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

All those not listed under the "ICD-10 Codes that Support Medical Necessity" section of this article.

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
XX000	Not Applicable

Additional ICD-10 Information

N/A

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type.Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

CODE	DESCRIPTION
999x	Not Applicable

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

CODE	DESCRIPTION
99999	Not Applicable

Other Coding Information

N/A

Revision History Information

N/A

Associated Documents

Related Local Coverage Document(s)

LCD(s)

L33282 - Computed Tomographic Angiography of the Chest, Heart and Coronary Arteries

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

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