INTRODUCTION:

Lower extremity computed tomography angiography (CTA) is an effective, noninvasive and robust imaging modality that is used in the assessment of symptomatic lower extremity vascular disease. It has excellent spatial resolution and shows accurate details of peripheral vasculature. CTA is an effective alternative to catheter-based angiography and allows accurate planning of open surgical and endovascular interventions.

Initial Clinical Reviewers (ICRs) and Physician Clinical Reviewers (PCRs) must be able to apply criteria based on individual needs and based on an assessment of the local delivery system.

INDICATIONS FOR LOWER EXTREMITY CTA:

For assessment/evaluation of suspected or known vascular disease/condition:
- Significant ischemia in the presence of ulcers/gangrene.
- Large vessel diseases, e.g. aneurysm, dissection, arteriovenous malformations (AVMs), and fistulas, intramural hematoma, and vasculitis.
- Arterial entrapment syndrome, e.g. peripheral artery disease (PAD).
- Venous thrombosis if previous studies have not resulted in a clear diagnosis.
- Vascular invasion or displacement by tumor.
- Pelvic vein thrombosis or thrombophlebitis
- Abnormal preliminary testing (ankle/brachial index, ultrasound/doppler arterial evaluation) associated with significant symptoms of claudication with exercise.

Pre-operative evaluation:
- Evaluation of known peripheral vascular disease of the leg and ultrasound indicates significant disease and an indeterminate conclusion about whether the condition would be amenable to surgery.

Post-operative / procedural evaluation:
- Post-operative or interventional vascular procedure for luminal patency versus restenosis (due to atherosclerosis, thromboembolism, intimal hyperplasia and other causes) as well as complications such as pseudoaneurysms related to surgical bypass grafts and vascular stents and stent-grafts.
- A follow-up study may be needed to help evaluate a patient’s progress after treatment, procedure, intervention or surgery. Documentation requires a medical reason that clearly indicates why additional imaging is needed for the type and area(s) requested.
ADDITIONAL INFORMATION RELATED TO LOWER EXTREMITY CTA:

**Abd/Pelvis CTA & Lower Extremity CTA Runoff Requests:** Abdominal Arteries CTA. This study provides for imaging of the abdomen, pelvis and both legs. The CPT code description is CTA aorto-iliofemoral runoff: abdominal aorta and bilateral ilio-femoral lower extremity runoff.

**Peripheral Arterial Disease** – Multi-detector CTA (MDCTA) is used in the evaluation of patients with peripheral arterial disease. It can be used to evaluate the patency after revascularization procedures. It is the modality of choice in patients with intermittent claudication. A drawback is its hampered vessel assessment caused by the depiction of arterial wall calcifications, resulting in a decreased accuracy in severely calcified arteries.

**Chronic Limb Threatening Ischemia** - Assessment and promotion of blood flow through the calf arteries is very important in patients with chronic limb threatening ischemia. MDCTA allows for visualization of pedal vessels.

**Surgical or Percutaneous Revascularization** – CTA is accurate in the detection of graft-related complications, including stenosis and aneurismal changes. It can reveal both vascular and extravascular complications.
REFERENCES


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