

No review or update is scheduled on this Medical Policy as it is unlikely that further published literature would change the policy position. If there are questions about coverage of this service, please contact Blue Cross and Blue Shield of Kansas customer service, your professional or institutional relations representative, or submit a predetermination request.

Medical Policy



Title: Cardiac Computed Tomography (CT)

- See also:*
- *Contrast-Enhanced Computed Tomography Angiography (CCTA) for Coronary Artery Evaluation*
 - *Computed Tomography to Detect Coronary Artery Calcification*
 - *CTA and MRA of the Head, Neck, Abdomen, Pelvis, and Extremities*

Professional

Original Effective Date: January 1, 2008
 Revision Date(s): February 22, 2010;
 September 11, 2012; February 28, 2014;
 October 1, 2016; November 26, 2019
 Current Effective Date: September 11, 2012

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Institutional

Original Effective Date: March 24, 2010
 Revision Date(s): September 11, 2012;
 February 28, 2014; October 1, 2016;
 November 26, 2019
 Current Effective Date: September 11, 2012

ARCHIVED APRIL 15, 2021

State and Federal mandates and health plan member contract language, including specific provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. To verify a member's benefits, contact [Blue Cross and Blue Shield of Kansas Customer Service](#).

The BCBSKS Medical Policies contained herein are for informational purposes and apply only to members who have health insurance through BCBSKS or who are covered by a self-insured group plan administered by BCBSKS. Medical Policy for FEP members is subject to FEP medical policy which may differ from BCBSKS Medical Policy.

The medical policies do not constitute medical advice or medical care. Treating health care providers are independent contractors and are neither employees nor agents of Blue Cross and Blue Shield of Kansas and are solely responsible for diagnosis, treatment and medical advice.

If your patient is covered under a different Blue Cross and Blue Shield plan, please refer to the Medical Policies of that plan.

DESCRIPTION

Cardiac Computed Tomography (CT) is performed primarily for the morphologic evaluation of the cardiac chambers, valves, ventricular myocardium, coronary arteries and veins, aortic root, central pulmonary arteries and veins, and pericardium.

Note: Policies on related topics are listed below the title of the policy.

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POLICY

Cardiac CT for evaluating cardiac structure and morphology may be **medically necessary** for the following indications:

1. Evaluation of the pulmonary veins in persons undergoing pulmonary vein isolation procedures for atrial fibrillation
2. Evaluation of persons needing biventricular pacemakers to accurately identify the coronary veins for lead placement
3. Suspected or known Marfan's syndrome
4. Evaluation of sinus venosum atrial-septal defect
5. Kawasaki's disease
6. Anomalous pulmonary venous drainage
7. Pulmonary outflow tract obstruction
8. Person scheduled or being evaluated for surgical repair of tetralogy of Fallot or other congenital heart disease
9. Evaluation of other complex congenital heart diseases

CODING

The following codes for treatment and procedures applicable to this policy are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

CPT/HCPCS

- 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)

ICD-10 Diagnoses

- A18.84 Tuberculosis of heart
- I01.1 Acute rheumatic endocarditis
- I05.0 Rheumatic mitral stenosis
- I05.1 Rheumatic mitral insufficiency
- I05.2 Rheumatic mitral stenosis with insufficiency

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I05.8	Other rheumatic mitral valve diseases
I05.9	Rheumatic mitral valve disease, unspecified
I06.0	Rheumatic aortic stenosis
I06.1	Rheumatic aortic insufficiency
I06.2	Rheumatic aortic stenosis with insufficiency
I06.8	Other rheumatic aortic valve diseases
I06.9	Rheumatic aortic valve disease, unspecified
I07.0	Rheumatic tricuspid stenosis
I07.1	Rheumatic tricuspid insufficiency
I07.2	Rheumatic tricuspid stenosis and insufficiency
I07.8	Other rheumatic tricuspid valve diseases
I07.9	Rheumatic tricuspid valve disease, unspecified
I08.0	Rheumatic disorders of both mitral and aortic valves
I08.1	Rheumatic disorders of both mitral and tricuspid valves
I08.2	Rheumatic disorders of both aortic and tricuspid valves
I08.3	Combined rheumatic disorders of mitral, aortic and tricuspid valves
I08.8	Other rheumatic multiple valve diseases
I08.9	Rheumatic multiple valve disease, unspecified
I09.1	Rheumatic diseases of endocardium, valve unspecified
I09.89	Other specified rheumatic heart diseases
I30.0	Acute nonspecific idiopathic pericarditis
I30.1	Infective pericarditis
I30.8	Other forms of acute pericarditis
I30.9	Acute pericarditis, unspecified
I33.0	Acute and subacute infective endocarditis
I34.0	Nonrheumatic mitral (valve) insufficiency
I34.1	Nonrheumatic mitral (valve) prolapse
I34.2	Nonrheumatic mitral (valve) stenosis
I34.8	Other nonrheumatic mitral valve disorders
I34.9	Nonrheumatic mitral valve disorder, unspecified
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
I35.9	Nonrheumatic aortic valve disorder, unspecified
I36.0	Nonrheumatic tricuspid (valve) stenosis
I36.1	Nonrheumatic tricuspid (valve) insufficiency
I36.2	Nonrheumatic tricuspid (valve) stenosis with insufficiency
I36.8	Other nonrheumatic tricuspid valve disorders
I36.9	Nonrheumatic tricuspid valve disorder, unspecified
I37.0	Nonrheumatic pulmonary valve stenosis
I37.1	Nonrheumatic pulmonary valve insufficiency
I37.2	Nonrheumatic pulmonary valve stenosis with insufficiency
I37.8	Other nonrheumatic pulmonary valve disorders

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I37.9	Nonrheumatic pulmonary valve disorder, unspecified
I38	Endocarditis, valve unspecified
I39	Endocarditis and heart valve disorders in diseases classified elsewhere
I48.0	Paroxysmal atrial fibrillation
I48.20	Chronic atrial fibrillation, unspecified
I48.21	Permanent atrial fibrillation
I48.91	Unspecified atrial fibrillation
M30.3	Mucocutaneous lymph node syndrome [Kawasaki]
M32.11	Endocarditis 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
Q20.9	Congenital malformation of cardiac chambers and connections, unspecified
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
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
Q22.9	Congenital malformation of tricuspid valve, unspecified
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
Q23.9	Congenital malformation of aortic and mitral valves, unspecified
Q24.0	Dextrocardia
Q24.1	Levocardia
Q24.2	Cor triatriatum

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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
Q25.0	Patent ductus arteriosus
Q25.1	Coarctation of aorta
Q25.21	Interruption of aortic arch
Q25.29	Other atresia of aorta
Q25.40	Congenital malformation of aorta unspecified
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
Q25.8	Other congenital malformations of other great arteries
Q25.9	Congenital malformation of great arteries, 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
Q26.4	Anomalous pulmonary venous connection, unspecified
Q26.8	Other congenital malformations of great veins
Q26.9	Congenital malformation of great vein, unspecified
Q87.40	Marfan's syndrome, unspecified
Q87.410	Marfan's syndrome with aortic dilation
Q87.418	Marfan's syndrome with other cardiovascular manifestations
Z01.810	Encounter for preprocedural cardiovascular examination

REVISIONS

02-22-2010	Policy added to bcbsks.com web site.
09-11-2012	<p>In Policy section:</p> <ul style="list-style-type: none"> ▪ Removed the following wording: "B. Cardiac CT for evaluating cardiac structure and morphology in congenital heart disease may be medically necessary for the following indications:" ▪ Moved the indications from B (above bullet) to "Cardiac CT for evaluating cardiac structure and morphology may be medically necessary for the following indications:" to read:

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	<p>"Cardiac CT for evaluating cardiac structure and morphology may be medically necessary for the following indications:</p> <ol style="list-style-type: none"> 1. Evaluation of the pulmonary veins in persons undergoing pulmonary vein isolation procedures for atrial fibrillation. 2. Evaluation of persons needing biventricular pacemakers to accurately identify the coronary veins for lead placement. 3. Suspected or known Marfan's syndrome. 4. Evaluation of sinus venosum atrial-septal defect; 5. Kawasaki's disease; 6. Anomalous pulmonary venous drainage; 7. Pulmonary outflow tract obstruction; 8. Person scheduled or being evaluated for surgical repair of tetralogy of Fallot or other congenital heart disease; 9. Evaluation of other complex congenital heart diseases." <ul style="list-style-type: none"> ▪ No policy intent was changed.
	<p>In Coding section:</p> <ul style="list-style-type: none"> ▪ Updated diagnosis nomenclature ▪ Corrected 747.3 to reflect Anomalies of pulmonary artery (code range) 747.31-747.39.
02-28-2014	Description section updated
	<p>In Coding section</p> <ul style="list-style-type: none"> ▪ ICD-10 Diagnoses Codes added
	Reference updated
10-01-2016	Description section updated
	<p>In Coding section</p> <ul style="list-style-type: none"> ▪ ICD-10 Codes Effective 10.01.2016: Q25.21, Q25.29, Q25.40, Q25.41, Q25.42, Q25.43, Q25.44, Q25.45, Q25.46, Q25.47, Q25.48, Q25.49 ▪ ICD-10 Codes Termed 09-30-2016: Q25.2, Q25.3
	Reference updated
11-26-2019	Description section updated
	<p>In Coding section:</p> <ul style="list-style-type: none"> ▪ ICD-10 Codes Added: I48.20, I48.21 (Effective 10-01-2019) ▪ ICD-10 Codes Removed: I48.2 (Effective 10-01-2019), Q25.4
	References updated
04-15 2021	Policy Archived

REFERENCES

1. ACR-NASCI-SPR Practice Guideline for the Performance and Interpretation of Cardiac Computed Tomography (CT). American College of Radiology Website. Revised 2016. Accessed October 2019.
<http://www.acr.org/Quality-Safety/Standards-Guidelines/Practice-Guidelines-by-Modality/CT>

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2. UpToDate website. Noninvasive coronary imaging with cardiac computed tomography and cardiovascular magnetic resonance. Accessed October 2019.