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2026 Computed Tomography Angiography (CTA) of the Abdominal Aorta and Bilateral Iliofemoral Lower Extremity Run-off

Diagnostic Imaging

CTA-ABDArteries-HH_20260424

Last Review Date: 11/06/2025
Previous Review Date: 07/16/2025
Guideline Initiated: 06/30/2019

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Pediatric Considerations for Computed Tomography

While computed tomography (CT) is used in children, magnetic resonance imaging (MRI) or ultrasound is preferred for initial evaluation to minimize radiation exposure. CT is reserved for complex cases where detailed imaging is required. By integrating ultrasound and adhering to these guidelines, healthcare providers can optimize diagnostic accuracy while minimizing risks associated with radiation.
Recommendations for CT imaging include **ALL** of the following:

1. Ultrasound first: Utilize ultrasound as the initial modality where appropriate.
2. CT for complex cases: Reserve CT for when ultrasound or MRI is inadequate.
3. Adhere to guidelines: Follow established protocols to ensure safety and efficacy.
4. Minimize radiation exposure: Especially important for children, young adults and pregnant women.

Computed Tomography Angiography (CTA) of the Abdominal Aorta and Bilateral Iliofemoral Lower Extremity Run-off

Computed Tomography Angiography (CTA) of the Abdominal Aorta and Bilateral Iliofemoral Lower Extremity Run-off Related National Coverage Determination (NCD)/Local Coverage Determination (LCD)

Please refer to https://www.cms.gov/medicare-coverage-database/search.aspx if applicable to the individual's health plan membership.

Type/ID Number	Title
NCD 220.1	Computed Tomography

Clinical Judgment

These medical policies are designed to provide clinical guidance and do not supplant a provider's independent professional judgment. Physicians retain full and independent authority to determine appropriate care based on each patient's individual clinical circumstances. Although services may be subject to documentation requirements, medical necessity review, or coverage limitations, nothing in this policy is intended to restrict or interfere with a physician's independent medical judgment.

Computed Tomography Angiography (CTA) General Contraindications

Relative contraindications for computed tomography angiography (CTA) are **ANY** of the following:

- Allergy to contrast material
  References: [1] [4]
- Hemodynamic instability (eg, respiratory distress, severe hypotension, unstable arrhythmias)
  References: [1] [4]
- Inability to cooperate with procedure (eg, remain still, hold breath)
  References: [1] [4]
- Renal impairment (glomerular filtration rate [GFR] is less than 30 ml/min/1.73 m^2.)
  References: [1] [4]

Preamble: Pediatric Diagnostic Imaging

HealthHelp's clinical guidelines for the Diagnostic Imaging program, are intended to apply to both adults and pediatrics (21 years of age or younger), unless otherwise specified within the criteria.

Computed Tomography Angiography (CTA) of the Abdominal Aorta and Bilateral Iliofemoral Lower Extremity Run-off Guideline

Computed tomography angiography (CTA) of the abdominal aorta and bilateral iliofemoral lower extremity run-off is considered medically appropriate when the documentation demonstrates **ANY** of the following:

1. Abdominal, pelvis or peripheral vascular disease (eg, numbness, pain, skin changes in affected area) is suspected or known and **ANY** of the following:
   a. Critical limb ischemia with **ANY** of the following signs of peripheral artery disease:
      i. Gangrene
      ii. Ischemic rest pain
      iii. Tissue loss
   b. Peripheral artery disease (claudication, ulcer with suspected vascular cause) is suspected or known **AND** non-invasive studies (ankle-brachial index [ABI], pulse volume recording, segmental pressures, toe brachial index) (within the last 6 months) are abnormal, non-diagnostic or indeterminate.

References: [3] [2]

2. Pre-procedural evaluation, to guide treatment planning or post-surgical assessments (within 90 days of procedure) for evaluation of complications or disease recurrence

CTA Abdominal Arteries APC section

Table 1. CTA Abdominal Arteries Associated Procedure Codes

Code	Description
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing

CTA of the Abdominal Aorta and Bilateral Iliofemoral Lower Extremity Run-off Summary of Changes

CTA of the abdominal aorta and bilateral iliofemoral lower extremity run-off guideline had the following version changes from 2025 to 2026:

Table 1. 2026 CTA of the Abdominal Aorta and Bilateral Iliofemoral Lower Extremity Run-off Summary of Changes

Date	Type of Change	Summary
11/06/2025	Annual	• Added time frame to "Peripheral artery disease (claudication, ulcer with suspected vascular cause) is suspected or known **AND** non-invasive studies (ankle-brachial index [ABI], pulse volume recording, segmental pressures, toe brachial index) are abnormal, non-diagnostic or indeterminate." • Removed NCD 220.1 due to no clinical indications

CTA of the Abdominal Aorta and Bilateral Iliofemoral Lower Extremity Run-off Definitions

Acute refers to initial diagnosis, up to 4 weeks.
Ankle-brachial index (ABI) is a measure of the difference in the systolic blood pressure of the arm and ankle calculated by dividing the blood pressure of the ankle by that of the arm. It is a noninvasive diagnostic test that measures the ratio of the systolic blood pressure at the ankle to the systolic blood pressure at the brachial artery to assess for peripheral artery disease (PAD).
Chronic refers to 3 months or more.
Claudication is a condition in which cramping pain in the leg is induced by exercise, typically caused by obstruction of the arteries.

Computed tomography angiography (CTA) is a medical test that combines a computed tomography (CT) scan with an injection of a special dye to produce pictures of blood vessels and tissues in a part of the body.

Contrast material is a substance that enhances the visibility of internal organs, blood vessels or tissues during imaging tests. It's also known as contrast agents or dye.

Critical limb ischemia is defined as the presence of ischemic rest pain, nonhealing wounds or ulcers, or gangrene for more than 2 weeks, with associated evidence of hypoperfusion.

Gangrene is localized death of soft tissues due to loss of blood supply or serious bacterial infection.

Glomerular filtration rate (GFR) is a blood test used to check how well the kidneys are working by estimating how much blood passes through the glomeruli (tiny filters in the kidneys that filter waste from the blood) each minute.

Hemodynamic instability is a condition caused by abnormal or unstable blood pressure that results in improper circulation and organs of the body do not receive adequate blood flow. It is characterized by chest pain, confusion, abnormal heart rate, loss of consciousness, restlessness, shortness of breath, cold hands, arms, legs or feet.

Indeterminate findings are inconclusive or insufficient for treatment planning.

Ischemia is a deficient supply of blood to a body part (such as the heart or brain) due to obstruction of the inflow of arterial blood.

Ischemic rest pain is a severe, unrelenting pain in the lower extremities, typically the feet, that occurs due to advanced peripheral artery disease (PAD) and is aggravated by elevation and relieved by dependency.

Non-diagnostic is a result that does not lead to a confirmed diagnosis.

Pediatric approximate ages are defined by the US Department of Health (USDH), the Food and Drug Administration (FDA), and the American Academy of Pediatrics (AAP) as the following:

1. Infancy, between birth and 2 years of age
2. Childhood, from 2 to 12 years of age
3. Adolescence, from 12 to 21 years of age, further defined by the AAP into:
    a. Early (ages 11–14 years)
    b. Middle (ages 15–17 years),
    c. Late (ages 18–21 years)
    d. Older ages may be appropriate for children with special healthcare needs.

Peripheral artery disease (PAD) is a blood circulation disorder in the arteries that supply the limbs. PAD may be partial (due to a stenosis) or complete (due to an occlusion).

Peripheral vascular disease (PVD) is a systemic disorder that involves the narrowing of peripheral blood vessels (vessels situated away from the heart or the brain). This happens as a result of arteriosclerosis, or a buildup of plaque, and can happen with veins or arteries.
Pulse volume recording (PVR) uses a blood pressure cuff and hand-held Doppler ultrasound device to determine the presence and severity of peripheral artery disease (PAD). The Doppler ultrasound records sound waves that bounce off moving objects, such as blood, to measure speed and flow.
Segmental pressures are measured by combining Doppler ultrasound with blood pressure measurements at various locations in the arms and legs. By detecting differences in blood pressure at specific locations in different limbs, this test helps to diagnose arterial blockages and other circulation problems.
Toe Brachial Index (TBI) is defined as the ratio between the systolic blood pressure in the right or left toe and the higher of the systolic pressure in the right or left arms.
Ulcerated is a break in the skin or mucous membrane with loss of surface tissue, disintegration and necrosis of epithelial tissue and often pus.

CTA of the Abdominal Aorta and Bilateral Iliofemoral Lower Extremity Run-off References

[1] American College of Radiology. (2025). ACR Manual on Contrast Media. *American College of Radiology*. Retrieved: July 2025. https://www.acr.org/-/media/ACR/Files/Clinical-Resources/Contrast_Media.pdf
[2] Azene, E.M., Steigner, M.L., . . . Kalva, S.P. (2022). ACR Appropriateness Criteria Lower Extremity Arterial Claudication-Imaging Assessment for Revascularization: 2022 Update. *Journal of the American College of Radiology, 19*(11), S364-S373.
[3] Browne, W.F., Sung, J., . . . Steigner, M.J. (2023). ACR Appropriateness Criteria Sudden Onset of Cold, Painful Leg: 2023 Update. *Journal of the American College of Radiology, 20*(11), S565-S573.
[4] Canan, A., Rajah, P. & Abbara, S. (2023). Cardiac computed tomography. G.N. Levine, (Ed.). *Cardiology Secrets* (6), (pp. 85-96). Philadelphia, PA: Elsevier.

Disclaimer section

Purpose

The purpose of the HealthHelp's clinical guidelines is to assist healthcare professionals in selecting the medical service that may be appropriate and supported by evidence to safely improve outcomes. Medical information is constantly evolving, and HealthHelp reserves the right to review

and update these clinical guidelines periodically. HealthHelp reserves the right to include in these guidelines the clinical indications as appropriate for the organization's program objectives. Therefore the guidelines are not a list of all the clinical indications for a stated procedure, and associated Procedure Code Tables may not represent all codes available for that state procedure or that are managed by a specific client-organization.

Clinician Review

These clinical guidelines neither preempt clinical judgment of trained professionals nor advise anyone on how to practice medicine. Healthcare professionals using these clinical guidelines are responsible for all clinical decisions based on their assessment. All Clinical Reviewers are instructed to apply clinical indications based on individual patient assessment and documentation, within the scope of their clinical license.

Payment

The use of these clinical guidelines does not provide authorization, certification, explanation of benefits, or guarantee of payment; nor do the guidelines substitute for, or constitute, medical advice. Federal and State law, as well as member benefit contract language (including definitions and specific contract provisions/exclusions) take precedence over clinical guidelines and must be considered first when determining eligibility for coverage. All final determinations on coverage and payment are the responsibility of the health plan. Nothing contained within this document can be interpreted to mean otherwise.

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National and Local Coverage Determination (NCD and LCD)

NOTICE
To ensure appropriate review occurs to the most current NCD and/or LCD, always defer to https://www.cms.gov/medicare-coverage-database/search.aspx.

Background

National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) are payment policy documents outlined by the Centers for Medicare and Medicaid Services (CMS) and the government's delegated Medicare Audit Contractors (MACs) that operate regionally in jurisdictions.

CMS introduced variation between different jurisdictions/Medicare Audit Contractors (MACs) and their associated covered code lists with the transition to ICD 10. The variation resulted in jurisdictions independently defining how codes are applied for exclusions, limitations, groupings, ranges, etc. for the medical necessity indications outlined in the NCD and LCD. Due to this variation, there is an inconsistent use/application of codes and coverage determinations across the United States between the different MACs.

In addition, **WITHOUT** notice, CMS can change the codes that indicate medical necessity and the format of the coverage determinations/associated documents (eg, Articles). This is an additional challenge for organizations to keep up with ongoing, unplanned changes in covered codes and medical necessity indications.

Medical Necessity Codes

Due to the variation in code application between jurisdictions/MACs and that updates can happen without notification, HealthHelp is not able to guarantee full accuracy of the codes listed for any Coverage Determination, and advises that prior to use, the associated Coverage Determination Articles are reviewed to ensure applicability to HealthHelp's programs and any associated NCDs and LCDs.

For Internal Use Only:

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