

2025 Computed Tomography Angiography/Venography (CTA/ CTV) Abdomen and Pelvis

Diagnostic Imaging

CTA-ABDPelvis-HH
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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/Computed Tomography Venography (CTA/CTV) Abdomen and Pelvis

CTA Abdomen and Pelvis 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.

CTA General Contraindications

Computed tomography angiography (CTA) is contraindicated for **ANY** of the following:

- Clinical instability (eg, respiratory distress, severe hypotension, unstable arrhythmias)
References: [2] [4]
- Contrast allergy
References: [2] [4]
- Renal impairment (glomerular filtration rate [GFR] is less than 30 ml/min/1.73 m².)
References: [2] [4]
- **CANNOT** follow procedure directions (eg, holding breath, **NOT** moving)
References: [2] [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.

CTA/CTV Abdomen and Pelvis Guideline

Computed tomography angiography/computed tomography venography (CTA/CTV) of the abdomen and pelvis is considered medically appropriate when the documentation demonstrates **ANY** of the following conditions:

(***NOTE:** MRA may be more appropriate when trying to limit radiation, as in pediatric or childbearing age patients, or when it is known that multiple follow up exams may be necessary.)

1. Arterial disease is suspected or known with **ANY** of the following:
 - a. Abdominal/pelvic arterial abnormality (eg, arteriovenous malformations [AVM], compression syndromes, dissection, fistulas, intramural hematoma, vasculitis), limited to the abdomen/pelvis, for evaluation **AND** ultrasound is non-diagnostic or indeterminate.
 - b. Aneurysm, abdominal aorta, is suspected or known, ultrasound is non-diagnostic or indeterminate and **ANY** of the following:
 1. Aneurysm is known **AND** complications are suspected.
 2. Aneurysm is suspected and symptomatic (eg, abdominal or back pain, hypertension).
 3. Aortic aneurysm surveillance and **ANY** of the following:
 - a. 2.5 cm to 2.9 cm; follow-up every 10 years
 - b. 3.0 cm to 3.9 cm; follow-up every 3 years
 - c. 4.0 cm to 4.9 cm; follow-up annually

- d. 5.0 cm or more; follow-up every 6 months
- c. Large vessel disease (iliac arteries/veins, mesenteric, renal, splenic, vena cava) is known (eg, aneurysm, dissection, fistulas).
- d. Spontaneous coronary artery dissection (SCAD) is known based on prior imaging.
- e. Vascular abnormality risk is increased and **ANY** of the following:
 - i. Connective tissue disease is known for **ANY** of the following:
 - A. Ehlers-Danlos (vascular); diagnosis and every 18 months thereafter, more frequently if abnormalities are found.
 - B. Loays-Dietz syndrome; diagnosis and every 2 years thereafter, more frequently if abnormalities are found.
 - C. Marfan syndrome; at diagnosis and every 3 years thereafter, more frequently if abnormalities are found.
 - ii. Fibromuscular dysplasia (FMD); one-time vascular study from brain to pelvis.
 - iii. Neurofibromatosis 1; image at development of hypertension.
 - iv. Takayasu's arteritis; diagnosis and clinically as indicated.
 - v. Williams syndrome and prior physical exam or imaging is abnormal, non-diagnostic or indeterminate.
- f. Vascular ischemia or hemorrhage evaluation with **ANY** of the following:
 - i. Hemorrhage evaluation in the lower gastrointestinal area (colon, rectum, small bowel) and **ALL** of the following:
 - A. **EITHER** of the following:
 - I. Colonoscopy is **contraindicated or unavailable**.
 - II. Colonoscopy did **NOT** localize bleeding.
 - B. Hemodynamically stable and bleeding is active or non-localized and intermittent.
 - ii. Mesenteric ischemia/ischemic colitis is suspected or known.
 - iii. Post-partum hemorrhage evaluation **AND** ultrasound is non-diagnostic or indeterminate.
 - iv. Retroperitoneal hematoma or hemorrhage is suspected **AND** CT is non-diagnostic or indeterminate.

- g. Visceral vascular disease (e.g. celiac axis, hepatic, splenic, superior/inferior mesenteric, splenic, renal artery or vein or portal vein) is known **AND** ultrasound is non-diagnostic or indeterminate.

References: [19] [3] [9] [22] [6] [10] [1] [14] [15] [18] [12] [11] [20] [21] [5] [7] [19] [3] [9]

2. Post-surgical assessments for evaluation of complications or disease recurrence
3. Tumor-related vascular invasion or displacement is demonstrated on prior imaging.

References: [13]

4. Venous disease and **ANY** of the following:

- a. Edema of the lower extremity is diffuse, unexplained and ultrasound is non-diagnostic or indeterminate.
- b. May-Thurner syndrome (iliac vein compression syndrome) is suspected or known.
- c. Pelvic vascular disease or pelvic congestion syndrome evaluation and ultrasound is non-diagnostic or indeterminate.
- d. Venous thrombosis is suspected and prior ultrasound is non-diagnostic or indeterminate.

References: [8] [16] [17]

CTA/CTV Abdomen and Pelvis Summary of Changes

CTA/CTV Abdomen and Pelvis guideline had the following version changes from 2024 to 2025:

- Added the following to keep in line with current evidence:
 - "Aneurysm is suspected and symptomatic (eg, abdominal or back pain, hypertension)" new indication per ACR
 - "Glomerular filtration rate" to "Renal impairment" under Contraindications
 - "Post-surgical assessments for evaluation of complications or disease recurrence" to "Pre-procedural" indication per standard practice
 - Under "Vascular abnormality risk is increased and **ANY** of the following, per ACR:
 - "Neurofibromatosis 1; image at development of hypertension"
 - "Takayasu's arteritis; diagnosis and clinically as indicated"
 - "Williams syndrome and prior physical exam or imaging is abnormal, non-diagnostic or indeterminate"
- Moved "Tumor-related vascular invasion" from under "Arterial diseases" and "Venous disease" to its own indication

- Removed the following as current evidence no longer supports the indication:
 - "Anatomy is known to be complex" from under "Aneurysm" under "Arterial disease" as it is redundant and covered by other Aneurysm indications
 - Combination studies as they are redundant
 - "Hemodynamic instability" under "Vascular ischemia" under "Arterial disease" as this would not be treated in an outpatient setting
 - "Hepatic vascular disease" as it is redundant with "Visceral vascular disease"
 - "Inferior vena cava thrombosis evaluation" criteria under "Venous thrombosis is suspected" under "Venous disease" as it is redundant with "prior imaging is non-diagnostic or indeterminate"
 - "Peri-procedural or abdominal/pelvic procedure care" as it was replaced with new peri-procedural indication
 - "Prior CTA abdomen and pelvis imaging is non-diagnostic or indeterminate" as it is too broad
- Reworded "Hemorrhage evaluation" criteria, under "Arterial disease" to be more in line with ACR

CTA/CTV Abdomen and Pelvis Procedure Codes

Table 1. CTA/CTV Abdomen/Pelvis Associated Procedure Codes

CODE	DESCRIPTION
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing

CTA/CTV Abdomen and Pelvis Definitions

Aneurysm occurs when part of an artery wall weakens, allowing it to abnormally balloon out or widen.

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).

Atherosclerosis is plaque (fatty deposit) build-up in the arteries. The deposits are made up of cholesterol, fatty substances, cellular waste products, calcium and fibrin (a clotting material in the blood). As plaque builds up, the wall of the blood vessel thickens. This narrows the channel within

the artery reducing blood flow and lessening the amount of oxygen and other nutrients reaching the body.

Arteriovenous malformation (AVM) are congenital high-flow vascular malformations characterized by abnormal shunting of blood from high-flow feeding arteries to low-resistance veins via a cluster of aberrant blood vessels termed a central nidus, bypassing the normal capillary bed.

Bypass graft is a procedure that takes a blood vessel from another part of the body and attaches it to the artery above and below the narrowed area or blockage to restore blood flow.

Claudication is a condition in which cramping pain in the leg is induced by exercise, typically caused by obstruction of the arteries.

Colonoscopy is a nonsurgical procedure used to examine the entire large intestine using a flexible fiberoptic endoscope, typically performed with sedation after adequate bowel preparation.

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.

Computed tomography venography (CTV) is a technique targeted to assess venous anatomy, determine venous patency and delineate collateral circulation, often using contrast material.

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.

Dissection refers to the separation of the layers within the wall of an artery, most commonly the aorta, due to a tear in the intimal layer, leading to the formation of a false lumen.

Edema an abnormal infiltration and excess accumulation of serous fluid in connective tissue or in a serous cavity.

Ehlers-Danlos syndrome is a group of hereditary connective tissue disorders that manifests clinically with skin hyperelasticity, hypermobility of joints, atrophic scarring and fragility of blood vessels.

Embolism is an obstruction of an artery, typically by a clot of blood or an air bubble, that has traveled from another part of the body.

Endovascular aneurysm repair (EVAR) is a minimally invasive surgery used to treat an aneurysm of the abdominal aorta by placing a device called a stent graft in the artery to reinforce the aneurysm.

Fibromuscular dysplasia is a rare blood vessel disorder that causes arteries to narrow and grow larger. FMD occurs when the strong, flexible cells in arteries are replaced with less strong, less flexible cells. This makes the arteries stiffer and more likely to be damaged.

Fistula is an abnormal connection between two epithelialized surfaces, often involving organs such as the gut, bladder, vagina, or skin, and can result from various causes including surgery, trauma, Crohn's disease, diverticular disease, or malignancy.

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

Hematoma is a mass of usually clotted blood that forms in a tissue, organ or body space as a result of a broken blood vessel.

Hemodynamic stability refers to the maintenance of adequate blood pressure and perfusion to ensure sufficient oxygen delivery to tissues without the need for excessive pharmacological support.

Table 1. Hemodynamic Assessment

Hemodynamic Parameters	Stable Circulation	Compensated Shock	Hypotensive Shock
Conscious Level	Clear and lucid	Clear and lucid	Restless, combative
Capillary refill	Brisk (less than 2 seconds)	Prolonged (greater than 2 seconds)	Very prolonged, mottled skin
Extremities	Warm and pink	Cool peripheries	Cold, clammy
Peripheral pulse	Good volume	Weak and thready	Feeble or absent
Heart Rate	Normal heart rate for age	Tachycardia for age	Severe tachycardia or bradycardia in late shock
Blood Pressure	Normal blood pressure and pulse pressure for age	Normal systolic pressure but rising diastolic pressure; Narrowing pulse pressure; Postural hypertension	Narrow pulse pressure (greater than or equal to 20 mm/Hg; Hypotension for age; Unrecordable blood pressure
Respiratory Rate	Normal respiratory rate for age	Tachypnea	Hyperpnea or Kussmaul's breathing (metabolic acidosis)
Urine Output	Normal	Reducing trend	Oliguria or anuria

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.

Hemorrhage is a copious or heavy discharge of blood from the blood vessels.

Hepatic means relating to the liver

Hypertension (high blood pressure) is defined as a systolic blood pressure of 130 mm Hg or higher and/or a diastolic blood pressure of 80 mm Hg or higher in adults, regardless of the patient's weight in pounds.

Iliac vein compression syndrome (May-Thurner syndrome) also known as May-Thurner syndrome, is a condition where the left common iliac vein is compressed by the overlying right common iliac artery and the underlying vertebral body, leading to venous congestion and stasis, which predisposes to venous thromboembolism (VTE).

Indeterminate findings are inconclusive or insufficient for treatment planning.

Inferior vena cava filter is a small device that can stop blood clots from going up into the lungs. The inferior vena cava is a large vein in the middle of the body.

Intimal hyperplasia is the abnormal thickening of the innermost layer of a blood vessel, primarily due to the proliferation and migration of vascular smooth muscle cells and the accumulation of extracellular matrix.

Intramural hematoma (IMH) is a collection of blood within the wall of the aorta, a life-threatening condition characterized by bleeding into the medial layer of the aortic wall without a visible entry tear into the lumen or a distinct intimal flap, distinguishing it from a true aortic dissection

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.

Loeys-Dietz Syndrome (LDS) is a genetic disorder that affects the connective tissue in the body.

Marfan syndrome is a congenital connective tissue disorder that is primarily associated with cardiac pathology (eg, mitral valve prolapse, aortic root dilation), skeletal pathology (eg, lengthening of long bones, joint laxity) and ocular pathology (eg, ectopia lentis).

May-Thurner syndrome (iliac vein compression syndrome) is a condition where the left common iliac vein is compressed by the overlying right common iliac artery and the underlying vertebral body, leading to venous congestion and stasis, which predisposes to venous thromboembolism (VTE).

Mesenteric is a fold of membrane that attaches the intestine to the abdominal wall and holds it in place.

Neurofibromatosis is a rare genetic disorder that causes benign tumors to grow on nerves and other parts of the body. There are three types of neurofibromatosis: neurofibromatosis 1 (NF1), neurofibromatosis 2 (NF2) and schwannomatosis.

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

Occlusion is an obstruction or blockage of an anatomical passage.

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.

Pelvic congestion syndrome occurs when varicose veins develop around the ovaries, similar to varicose veins that occur in the legs. The valves in the veins no longer function normally, which causes blood to back up. The veins become engorged or “congested”, which can be very painful.

Periprocedural is a medical term that means occurring before, during, or after a medical procedure. "Perioperative" is another term that refers to the time around surgery.

Pseudoaneurysm, also called a false aneurysm, is a leakage of blood from an artery into the surrounding tissue. It occurs when there is a breach in the arterial wall.

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.

Retroperitoneal describes the area behind the smooth transparent serous membrane that lines the cavity of the abdomen.

Retroperitoneal bleed occurs when blood enters into space immediately behind the posterior reflection of the abdominal peritoneum. The organs of this space include the esophagus, aorta, inferior vena cava, kidneys, ureters, adrenals, rectum, parts of the duodenum, parts of the pancreas and parts of the colon.

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.

Spontaneous coronary artery dissection (SCAD) is a tear in the wall of a coronary artery. It's an emergency condition that can slow or block blood flow to the heart. This can lead to a heart attack, heart rhythm problems or sudden death.

Surveillance in cancer is the ongoing, timely and systematic collection and analysis of information on new cancer cases, extent of disease, screening tests, treatment, survival and cancer deaths.

Takayasu's arteritis is a chronic inflammatory disease especially of the aorta and its major branches (the brachiocephalic artery and left common carotid artery) that result in progressive stenosis, occlusion and aneurysm formation marked by diminution or loss of the pulse (as in the arm) and ischemic symptoms.

Technetium 99-m (Tc-99m) red blood cells (RBC) scan is a diagnostic radiopharmaceutical agent used for blood pool imaging, including cardiac first pass and gated equilibrium imaging and for detection of sites of gastrointestinal bleeding.

Thoracic outlet syndrome is a condition caused by the compression of neurovascular structures as they pass through the thoracic outlet, leading to symptoms such as pain, paresthesia, and weakness in the upper extremity.

Thrombosis is the formation of a blood clot (partial or complete blockage) within blood vessels, whether venous or arterial, limiting the natural flow of blood and resulting in clinical sequela.

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.

Transcatheter Aortic Valve Implantation/Replacement (TAVI/TAVR) is a minimally invasive procedure that replaces a diseased aortic valve with a man-made or animal tissue valve. TAVR is for patients with severe aortic stenosis, which is a narrowing of the valve opening. The procedure only requires a small cut in the skin and does not require open-heart surgery.

Ulcerated is a break in the skin or mucous membrane with loss of surface tissue, disintegration and necrosis of epithelial tissue and often pus.

Ultrasound is the diagnostic or therapeutic use of ultrasound and especially a noninvasive technique involving the formation of images used for the examination and measurement of internal body structures and the detection of bodily abnormalities.

Vasculitis is inflammation of a blood or lymph vessel.

Venous thrombosis or compression is the formation of a blood clot in a blood vessel.

Visceral artery is the major artery that supply the intestines, spleen and liver.

Williams syndrome is a developmental disorder that affects many parts of the body. This condition is characterized by mild to moderate intellectual disability or learning problems, unique personality characteristics, distinctive facial features and heart and blood vessel (cardiovascular) problems.

CTA/CTV Abdomen and Pelvis References

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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.



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11248 11249 11253 11282 11325 11328 11333 11349 11350 11351 11352 11354 11355 11356
11358 11359 11360 11361 11362 11365 11366 11367 11368 11369 11370 11374 11375 11394
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