



# MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

## Medical Policy Advanced Imaging of the Heart

### Policy Number: 972

BCBSA Reference Number: N/A

NCD/LCD: N/A

Effective Date: September 1, 2019

### Related Policies

- **Medicare Advantage: Advanced Imaging/Radiology and Sleep Disorder Management Clinical and Utilization Guidance Redirect, #923**
- Advanced Imaging/Radiology, #968
- Advanced Imaging/Radiology CPT and HCPCS Codes, #900
- Sleep Disorder Management, #969
- Sleep Disorder Management CPT, HCPCS and Diagnoses Codes, #970
- Advanced Imaging of the Heart CPT, HCPCS and Diagnoses Codes, #971

### Overview:

Blue Cross Blue Shield of Massachusetts has delegated utilization management to AIM Specialty Health (AIM) for Advanced Imaging of the Heart.

### Policy and Coverage Criteria for Commercial Products:

The AIM Clinical Appropriateness Guidelines include medical necessity criteria for [Advanced Imaging of the Heart](#):

- Cardiac Computed Tomography (CT) for Quantitative Evaluation of Coronary Calcification
- Computed Tomography (CT) Cardiac (Structure)
- Coronary CT Angiography (CCTA) and CT Derived Fractional Flow Reserve (FFR-CT)
- Magnetic Resonance Imaging (MRI) Cardiac
- Nuclear Cardiology Infarct Imaging
- Nuclear Cardiology Myocardial Perfusion Imaging
- Nuclear Cardiology: Cardiac Blood Pool Imaging Blood Pool Imaging includes MUGA (Multi-Gated Acquisition) & First Pass Radionuclide Ventriculography
- Positron Emission Tomography (PET) Myocardial Imaging

### Requesting Prior Authorization

#### Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

#### Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial	The requirements of BCBSMA Radiology Management Program may require prior

<b>Managed Care (HMO and POS)</b>  <b>Commercial PPO and EPO</b>	authorization via AIM Specialty Health. These requirements are member-specific:  Please verify member eligibility and requirements through <b>Online Services</b> by logging onto <a href="#">Provider Central</a> . Refer to our <a href="#">Quick Tip</a> for an overview of pre-certification and prior authorization requirements.  Ordering clinicians should request prior authorization from <a href="#">AIM Specialty Health</a> or call 1-866-745-1783 (when applicable).  Prior authorization information for <b>Medicare HMO Blue and Medicare PPO Blue</b> is addressed in <a href="#">medical policy #923, Advanced Imaging/Radiology and Sleep Disorder Management for Medicare Advantage Products</a> .
<b>Indemnity</b>	Prior authorization is not required.

### Advanced Imaging of the Heart for Medicare Advantage Products

Prior authorization through AIM Specialty Health is required for Medicare Advantage products.

The following Advanced Imaging of the Heart **medical policies will be retired effective September 1, 2019**. These policies will no longer be available on the BCBSMA website as of this date. For medically necessary indications, see the [AIM Clinical Appropriateness Guidelines for Advanced Imaging of the Heart](#).

Retired Medical Policies	Policy Number
Cardiac Computed Tomography (CT) for Quantitative Evaluation of Coronary Calcification	832
Computed Tomography (CT) Cardiac (Structure)	833
Coronary CT Angiography (CCTA) and CT Derived Fractional Flow Reserve (FFR-CT)	831
Magnetic Resonance Imaging (MRI) Cardiac	835
Nuclear Cardiology Infarct Imaging	834
Nuclear Cardiology Myocardial Perfusion Imaging	836
Nuclear Cardiology: Cardiac Blood Pool Imaging Blood Pool Imaging includes MUGA (Multi-Gated Acquisition) & First Pass Radionuclide Ventriculography	830
Positron Emission Tomography (PET) Myocardial Imaging	837

### Disclaimer:

Coverage is subject to applicable benefit contract. Specific benefits may vary by product and/or employer group. Please reference appropriate member materials (e.g., Benefit Handbook, Certificate of Coverage) for member-specific benefit information.

Member's medical records must document that services are medically necessary for the care provided. BCBS MA maintains the right to audit the services provided to our members, regardless of the participation status of the provider. All documentation must be available upon request. Failure to produce the requested information may result in denial or retraction of payment.

### References:

[AIM Clinical Appropriateness Guidelines for Advanced Imaging of the Heart](#)