

Chest CTA and CT for Pulmonary Emboli Criteria

Iowa Medicaid Program:	Prior Authorization	Effective Date:	10/19/2012
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Reviewed By:	Medicaid Clinical Advisory Committee	Next Review Date:	1/2017
Approved By:	Medical Director	Approved Date:	4/27/2016

Criteria to be used for Chest CTA or a CT is requested for Pulmonary Emboli which cannot be approved based on Interqual or Milliman criteria.

The current standard of care for members with suspected pulmonary embolism is a spiral CT scan, also called a CTA, CT PA (computed tomography pulmonary angiography), MDCT (multidetector CT) or helical CT scan. The accuracy of the CTA is nearly 100 percent particularly when combined with D-dimer testing.

Criteria:

Chest CTA for Pulmonary Emboli is considered medically necessary to rule out pulmonary emboli when **ALL of** the following are met:

1. A Wells Score of > 4.0

Wells criteria and modified Wells criteria: clinical assessment for pulmonary embolism

Clinical symptoms of DVT (leg swelling, pain and palpation)	3.0
Other diagnosis less likely than pulmonary embolism	3.0
Heart rate > 100	1.5
Immobilization (≥ 3 days) or surgery in the previous four weeks	1.5
Previous DVT/PE	1.5
Hemoptysis	1.0
Malignancy	1.0

2. Other indications for CTA:

- a) suspected aortic dissection
- b) high energy trauma to the chest with suspected vessel injuries

3. A chest CT is approved when: (**ALL FOUR** conditions must be met)

- a) CTA is not available,
- b) A V/Q scan is unavailable,
- c) D-dimer is positive, and
- d) The suspicion of a pulmonary embolism remains high despite a normal chest x-ray.

A plain CT scan of the chest offers little additional information not available on standard AP and lateral views of the chest.

Note: Patients with a normal D-dimer should not require any further imaging. CTA is the current diagnostic test of choice with high clinical probability of pulmonary emboli. MRA is inferior to CTA for diagnosing pulmonary emboli.

CPT Codes:

71250

71260

71270

References Used:

Data from van Bell, A, et al. JAMA 2006; 295:172

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

Change History:

Change Date:	Changed By:	Description of Change:	New Version Number:
10/19/12	CAC	Removed criterion #3	1
4/19/13	CAC	Criterion #2 added or contraindicated. Added CPT codes.	2
1/16/15	CAC	Note after criterion #2 replaced pulmonary angiography as test of choice with CTA. Added last paragraph in References Used.	3
1/15/16	CAC	Omit Chest CT Angiography criteria and combined with this criteria. Added paragraph on standard of care. Added criterion #2 and #3.	4


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