

BCBS Plans	Covered Indications
Alabama 5/18	No published medical policy for CMR
Alaska (Premera) 5/18	No published medical policy for CMR
Arizona 5/18	No published medical policy for CMR
Arkansas 5/18	Unable to verify. Requires member login.
California (Blue Shield) 5/18 California (Anthem) 5/18	<p>No published medical policy for CMR</p> <p>CG-MED 58: Coronary Artery Imaging: Contrast-Enhanced CT Angiography, Fractional Flow Reserve derived from CT, Coronary MRA, and Cardiac MRI; last review August 3, 2017</p> <p>Medically Necessary:</p> <p>Contrast-enhanced coronary computed tomography angiography (CCTA), coronary magnetic resonance angiography (MRA), or cardiac magnetic resonance imaging (MRI) is considered medically necessary for the evaluation of suspected anomalous coronary arteries:</p> <p>In pediatric individuals (age less than 18 years), either before or after conventional angiography; or</p> <p>In adults (age 18 and over) when conventional angiography has been unsuccessful or has provided equivocal results and the results could impact treatment.</p> <p>Fractional Flow Reserve derived from Computed Tomography (FFRCT) is considered medically necessary for the evaluation of stable chest pain in individuals at intermediate risk of coronary artery disease as an alternative to invasive coronary angiography.</p> <p>Not Medically Necessary:</p> <p>Coronary computed tomography angiography (CCTA) or coronary magnetic resonance angiography (MRA) is considered not medically necessary for all other indications, including, but not limited to, the following:</p> <p>Screening for coronary artery disease (CAD), either in asymptomatic individuals or as part of a preoperative evaluation; or</p> <p>Diagnosis of CAD, in individuals with acute or non-acute symptoms, or after a coronary intervention; or</p> <p>As a technique to evaluate cardiac function.</p> <p>Cardiac magnetic resonance imaging (MRI) is considered not medically necessary for the following:</p> <p>Screening for CAD, either in asymptomatic individuals or as part of a preoperative evaluation; or</p> <p>Diagnosis of CAD, in individuals with acute or non-acute symptoms, or after a coronary artery intervention.</p> <p>Fractional flow reserve derived from computed tomography (FFRCT) is considered not medically necessary for all other indications when the above criteria are not met.</p>

<p>Colorado (Anthem) 5/18</p>	<p>CG-MED 58: Coronary Artery Imaging: Contrast-Enhanced CT Angiography, Fractional Flow Reserve derived from CT, Coronary MRA, and Cardiac MRI; last review August 3, 2017</p> <p>Medically Necessary:</p> <p>Contrast-enhanced coronary computed tomography angiography (CCTA), coronary magnetic resonance angiography (MRA), or cardiac magnetic resonance imaging (MRI) is considered medically necessary for the evaluation of suspected anomalous coronary arteries:</p> <p>In pediatric individuals (age less than 18 years), either before or after conventional angiography; or</p> <p>In adults (age 18 and over) when conventional angiography has been unsuccessful or has provided equivocal results and the results could impact treatment.</p> <p>Fractional Flow Reserve derived from Computed Tomography (FFRCT) is considered medically necessary for the evaluation of stable chest pain in individuals at intermediate risk of coronary artery disease as an alternative to invasive coronary angiography.</p> <p>Not Medically Necessary:</p> <p>Coronary computed tomography angiography (CCTA) or coronary magnetic resonance angiography (MRA) is considered not medically necessary for all other indications, including, but not limited to, the following:</p> <p>Screening for coronary artery disease (CAD), either in asymptomatic individuals or as part of a preoperative evaluation; or</p> <p>Diagnosis of CAD, in individuals with acute or non-acute symptoms, or after a coronary intervention; or</p> <p>As a technique to evaluate cardiac function.</p> <p>Cardiac magnetic resonance imaging (MRI) is considered not medically necessary for the following:</p> <p>Screening for CAD, either in asymptomatic individuals or as part of a preoperative evaluation; or</p> <p>Diagnosis of CAD, in individuals with acute or non-acute symptoms, or after a coronary artery intervention.</p> <p>Fractional flow reserve derived from computed tomography (FFRCT) is considered not medically necessary for all other indications when the above criteria are not met.</p>
<p>Connecticut (Anthem) 5/18</p>	<p>CG-MED 58: Coronary Artery Imaging: Contrast-Enhanced CT Angiography, Fractional Flow Reserve derived from CT, Coronary MRA, and Cardiac MRI; last review August 3, 2017</p> <p>Medically Necessary:</p> <p>Contrast-enhanced coronary computed tomography angiography (CCTA), coronary magnetic resonance angiography (MRA), or cardiac magnetic resonance imaging (MRI) is considered medically necessary for the evaluation of suspected anomalous coronary arteries:</p> <p>In pediatric individuals (age less than 18 years), either before or after conventional angiography; or</p>

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<p>Delaware (Highmark) 5/18</p>	<p>No published medical policy for CMR</p>
<p>Florida 5/18</p>	<p>Medical Policy: 04-70540-13: Magnetic Resonance Imaging Cardiac; last review April 2018; revised May 15, 2018</p> <p>INDICATIONS FOR CARDIAC (HEART) MRI:</p> <p>Where stress echocardiography (SE) is noted as an appropriate substitute according to the American College of Cardiology Foundation (ACCF) Appropriateness Criteria for cardiac magnetic resonance imaging (MRI) for* indications (2, 3, 4, 12, and 13) AND at least one of the following contraindications to SE must be documented in the member’s medical record:</p> <p>Stress echocardiography is not indicated; OR</p> <p>Stress echocardiography has been performed, however findings were inadequate; there were technical difficulties with interpretation, or results were discordant with previous clinical data</p> <p>OR</p> <p>Cardiac MRI is the preferred diagnostic imaging to stress echocardiography for the following, including, but not limited to following conditions:</p> <p>Ventricular paced rhythm</p>

	<p>Evidence of ventricular tachycardia</p> <p>Severe aortic valve dysfunction</p> <p>Severe chronic obstructive pulmonary disease, (COPD) as defined as FEV1 < 30% predicted or FEV1 < 50% predicted plus respiratory failure or clinical signs of right heart failure. (GOLD classification of COPD)</p> <p>Congestive heart failure (CHF) with current ejection fraction (EF), 40%</p> <p>Inability to get an echocardiography window for imaging</p> <p>Prior thoracotomy, CABG, other surgery</p> <p>Obesity BMI>40</p> <p>Poorly controlled hypertension (generally above 180 mm Hg systolic (both physical stress and dobutamine stress may exacerbate hypertension during stress echocardiography))</p> <p>Poorly controlled atrial fibrillation (resting heart rate > 100 bpm on medication)</p> <p>Inability to exercise requiring pharmacological stress test</p> <p>Segmental wall motion abnormalities at rest (e.g., due to cardiomyopathy, recent MI, or pulmonary hypertension)</p> <p>OR</p> <p>Arrhythmias with stress echocardiography- any member on a type 1C anti- arrhythmic drug (e.g., Flecainide or Propafenone) or considered for treatment with a type 1C anti-arrhythmic drug.</p> <p>All other requests for cardiac MRI, the member must meet the ACCF cardiac magnetic resonance imaging Appropriateness Criteria Score (4-9).</p>
<p>Georgia 5/18</p>	<p>CG-MED 58: Coronary Artery Imaging: Contrast-Enhanced CT Angiography, Fractional Flow Reserve derived from CT, Coronary MRA, and Cardiac MRI; last review August 3, 2017</p> <p>Medically Necessary:</p> <p>Contrast-enhanced coronary computed tomography angiography (CCTA), coronary magnetic resonance angiography (MRA), or cardiac magnetic resonance imaging (MRI) is considered medically necessary for the evaluation of suspected anomalous coronary arteries:</p> <p>In pediatric individuals (age less than 18 years), either before or after conventional angiography; or</p> <p>In adults (age 18 and over) when conventional angiography has been unsuccessful or has provided equivocal results and the results could impact treatment.</p> <p>Fractional Flow Reserve derived from Computed Tomography (FFRCT) is considered medically necessary for the evaluation of stable chest pain in individuals at intermediate risk of coronary artery disease as an alternative to invasive coronary angiography.</p> <p>Not Medically Necessary:</p>

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<p>Hawaii 5/18</p>	<p>Uses NIA/Magellan indications/prior authorization; pre-certification of providers.</p> <p>https://hmsa.com/portal/provider/MM.05.007_Radiology_Guidelines_for_Advanced_Imaging_Studies_121517.pdf</p>
<p>Idaho (Blue Cross) 5/18</p> <p>Idaho (Regence) 5/18</p>	<p>No published medical policy for CMR</p> <p>No published medical policy for CMR</p>
<p>Illinois (HCSC) 5/18</p>	<p>No published medical policy for CMR</p>
<p>Indiana (Anthem) 5/18</p>	<p>CG-MED 58: Coronary Artery Imaging: Contrast-Enhanced CT Angiography, Fractional Flow Reserve derived from CT, Coronary MRA, and Cardiac MRI; last review August 3, 2017</p> <p>Medically Necessary:</p> <p>Contrast-enhanced coronary computed tomography angiography (CCTA), coronary magnetic resonance angiography (MRA), or cardiac magnetic resonance imaging (MRI) is considered medically necessary for the evaluation of suspected anomalous coronary arteries:</p> <p>In pediatric individuals (age less than 18 years), either before or after conventional angiography; or</p> <p>In adults (age 18 and over) when conventional angiography has been unsuccessful or has provided equivocal results and the results could impact treatment.</p> <p>Fractional Flow Reserve derived from Computed Tomography (FFRCT) is considered medically necessary for the evaluation of stable chest pain in individuals at intermediate risk of coronary artery disease as an alternative to invasive coronary angiography.</p>

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<p>Iowa (Wellmark) 5/18</p>	<p>No published medical policy for CMR</p>
<p>Kansas 5/18</p>	<p>Policy Title: Cardiovascular Magnetic Resonance; last updated April 2018</p> <p>Medically necessary indications for CMR include:</p> <ol style="list-style-type: none"> 1. Congenital heart disease <ul style="list-style-type: none"> a. Assessment of shunt size b. Situs anomalies with complex congenital heart disease c. Anomalous pulmonary venous return, especially in complex anomalies and cor triatriatum d. Anomalous systemic venous return e. Systemic or pulmonary venous obstruction f. Ventricular Septal Defect (VSD) associated with complex anomalies g. Supracristal VSD h. Evaluation of right and left ventricular volumes, mass and function i. Pulmonary regurgitation j. Supravalvular aortic stenosis k. Post-operative follow-up of shunts l. Aortic (sinus Valsalva) aneurysm m. Aortic coarctation n. Vascular rings o. Aortopulmonary window p. Anomalous origin of coronary arteries q. Pulmonary atresia r. Central pulmonary stenosis s. Systemic to pulmonary collaterals 2. Acquired diseases of the vessels <ul style="list-style-type: none"> a. Diagnosis and follow-up of thoracic and abdominal aortic aneurysm including Marfan disease b. Diagnosis and follow-up of chronic aortic dissection c. Diagnosis of aortic intramural hemorrhage d. Diagnosis of penetrating ulcers of the aorta e. Pulmonary artery anatomy and flow f. Assessment of thoracic, abdominal and pelvic veins g. Assessment of renal arteries h. Assessment of iliac, femoral and lower leg arteries i. Assessment of thoracic great vessel origins j. Assessment of cervical carotid arteries k. Assessment of pulmonary veins including one in association with an electrophysiology ablation for atrial fibrillation 3. Coronary artery disease <ul style="list-style-type: none"> a. Assessment of global ventricular (left and right) function and mass b. Coronary anomalies c. Acute and chronic myocardial infarction - detection and assessment; myocardial viability

	<p>4. Pericardial disease, cardiac tumors, cardiomyopathies and cardiac transplants a. Detection and characterization of cardiac and pericardiac tumors b. Hypertrophic cardiomyopathy c. Dilated cardiomyopathy - differentiation from dysfunction related to coronary artery disease d. Arrhythmogenic right ventricular cardiomyopathy (dysplasia) e. Siderotic cardiomyopathy (in particular thalassemia) f. Restrictive cardiomyopathy</p> <p>5. Valvular heart disease</p> <p>A. Cardiac chamber anatomy and function b. Quantification of regurgitation or stenosis</p> <p>B. Experimental / investigational indications: 1. CMR as a screening test 2. Coronary MRA for screening of coronary artery disease</p> <p>C. Subject to review for medical necessity: 1. CMR for indications that are not listed above 2. Duplication of services such as CT scan, radionuclide studies, ultrasound, and MRI</p>
<p>Kentucky (Anthem) 5/18</p>	<p>CG-MED 58: Coronary Artery Imaging: Contrast-Enhanced CT Angiography, Fractional Flow Reserve derived from CT, Coronary MRA, and Cardiac MRI; last review August 3, 2017</p> <p>Medically Necessary:</p> <p>Contrast-enhanced coronary computed tomography angiography (CCTA), coronary magnetic resonance angiography (MRA), or cardiac magnetic resonance imaging (MRI) is considered medically necessary for the evaluation of suspected anomalous coronary arteries:</p> <p>In pediatric individuals (age less than 18 years), either before or after conventional angiography; or</p> <p>In adults (age 18 and over) when conventional angiography has been unsuccessful or has provided equivocal results and the results could impact treatment.</p> <p>Fractional Flow Reserve derived from Computed Tomography (FFRCT) is considered medically necessary for the evaluation of stable chest pain in individuals at intermediate risk of coronary artery disease as an alternative to invasive coronary angiography.</p> <p>Not Medically Necessary:</p> <p>Coronary computed tomography angiography (CCTA) or coronary magnetic resonance angiography (MRA) is considered not medically necessary for all other indications, including, but not limited to, the following:</p> <p>Screening for coronary artery disease (CAD), either in asymptomatic individuals or as part of a preoperative evaluation; or</p> <p>Diagnosis of CAD, in individuals with acute or non-acute symptoms, or after a coronary intervention; or</p> <p>As a technique to evaluate cardiac function.</p> <p>Cardiac magnetic resonance imaging (MRI) is considered not medically necessary for the following:</p> <p>Screening for CAD, either in asymptomatic individuals or as part of a preoperative evaluation; or</p>

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Louisiana 5/18	No published medical policy for CMR
Maine (Anthem) 5/18	<p>CG-MED 58: Coronary Artery Imaging: Contrast-Enhanced CT Angiography, Fractional Flow Reserve derived from CT, Coronary MRA, and Cardiac MRI; last review August 3, 2017</p> <p>Medically Necessary:</p> <p>Contrast-enhanced coronary computed tomography angiography (CCTA), coronary magnetic resonance angiography (MRA), or cardiac magnetic resonance imaging (MRI) is considered medically necessary for the evaluation of suspected anomalous coronary arteries:</p> <p>In pediatric individuals (age less than 18 years), either before or after conventional angiography; or</p> <p>In adults (age 18 and over) when conventional angiography has been unsuccessful or has provided equivocal results and the results could impact treatment.</p> <p>Fractional Flow Reserve derived from Computed Tomography (FFRCT) is considered medically necessary for the evaluation of stable chest pain in individuals at intermediate risk of coronary artery disease as an alternative to invasive coronary angiography.</p> <p>Not Medically Necessary:</p> <p>Coronary computed tomography angiography (CCTA) or coronary magnetic resonance angiography (MRA) is considered not medically necessary for all other indications, including, but not limited to, the following:</p> <p>Screening for coronary artery disease (CAD), either in asymptomatic individuals or as part of a preoperative evaluation; or</p> <p>Diagnosis of CAD, in individuals with acute or non-acute symptoms, or after a coronary intervention; or</p> <p>As a technique to evaluate cardiac function.</p> <p>Cardiac magnetic resonance imaging (MRI) is considered not medically necessary for the following:</p> <p>Screening for CAD, either in asymptomatic individuals or as part of a preoperative evaluation; or</p> <p>Diagnosis of CAD, in individuals with acute or non-acute symptoms, or after a coronary artery intervention.</p> <p>Fractional flow reserve derived from computed tomography (FFRCT) is considered not medically necessary for all other indications when the above criteria are not met.</p>
Maryland (Care First) 5/18	No published medical policy for CMR
Massachusetts 5/18	Policy 835, Magnetic Resonance Imaging Cardiac (July 2016). Did adopt AIM Clinical Appropriateness Guidelines: Advanced Imaging: Cardiac Imaging Effective Date: February 20, 2017.

Magnetic Resonance Imaging (MRI) Cardiac is considered **MEDICALLY NECESSARY** for the following conditions:

Coronary artery disease

Patients who have had a myocardial infarction To assess viability of the infarcted myocardium utilizing delayed hyperenhancement (contrast studies) when other studies (myocardial perfusion imaging or stress echocardiography) have yielded equivocal or indeterminate results; OR To assess LV function post myocardial infarction when there is discordant information from other studies or when other studies are technically suboptimal; OR To assess mitral valve regurgitation post-myocardial infarction when echocardiography is technically suboptimal; OR To assess ventricular septal defects post-myocardial infarction when echocardiography is technically suboptimal; OR To delineate pericardial effusions associated with acute myocardial infarction when echocardiography is technically suboptimal

Patients with suspected coronary artery disease For evaluation of patients with suspected congenital coronary anomalies

Myocarditis For the evaluation of patients with suspected myocarditis; OR For follow-up evaluation LV function of patients with an established diagnosis of myocarditis whose transthoracic echocardiogram is technically suboptimal

Cardiomyopathy To assess LV function in symptomatic patients with suspected or established cardiomyopathy when there is discordant information from other studies or when other studies are technically suboptimal; OR Annual evaluation for suspected cardiomyopathy in clinically stable patients with an established diagnosis of a chronic and progressive disease (excluding CAD) which may result in cardiomyopathy when echocardiography fails to exclude cardiomyopathy. This guideline applies to infiltrative cardiomyopathies (e.g. sarcoidosis; amyloidosis; hemochromatosis), hypertrophic obstructive cardiomyopathy (HOCM) and non-compaction cardiomyopathy; OR Reevaluation of clinically stable patients with cardiomyopathy at yearly intervals when echocardiography is technically suboptimal; OR Evaluation of patients with suspected arrhythmogenic right ventricular dysplasia; OR For coronary vein mapping in patients with cardiomyopathy for whom cardiac resynchronization therapy (CRT) is planned

Cardiac aneurysm or pseudoaneurysm

Congenital heart disease For evaluation of suspected congenital anomalies of the coronary arteries; OR For evaluation of suspected or established congenital heart disease in patients whose echocardiogram is technically limited or nondiagnostic; OR For further evaluation of patients whose echocardiogram suggests a new diagnosis of complex congenital heart disease; OR For evaluation of complex congenital heart disease in patients who are less than one year postsurgical correction; OR For evaluation of complex congenital heart disease in patients who have new or worsening symptoms and/or a change in physical examination; OR To assist in surgical planning for patients with complex congenital heart disease; OR For surveillance in asymptomatic patients with complex congenital heart disease in patients who have not had cardiac MRI or cardiac CT within the preceding year

Valvular heart disease Following inconclusive echocardiography or when echocardiography is not feasible; OR When moderate or severe valvular disease diagnosed using other imaging modalities requires further definition and that information is likely to affect subsequent management of the patient To assess valvular lesions and measure regurgitant volume, regurgitant fraction, ejection fraction and ventricular volumes To help determine the timing for valvular surgery

Intra-cardiac and para-cardiac masses and tumors In patients with a suspected cardiac or para-cardiac mass (thrombus, tumor, etc.) suggested by transthoracic echocardiography, transesophageal echocardiography, blood pool imaging or contrast ventriculography who have not undergone cardiac

	<p>MRI or cardiac CT within the preceding 60 days; OR <input type="checkbox"/> In patients with established cardiac or para-cardiac mass (thrombus, tumor, etc.) who are clinically unstable; OR <input type="checkbox"/> In patients with established cardiac or para-cardiac mass (thrombus, tumor, etc.) who are clinically stable and have not undergone cardiac MRI or cardiac CT within the preceding year; OR <input type="checkbox"/> In patients with established cardiac or para-cardiac mass (thrombus, tumor, etc.) who have undergone treatment (chemotherapy, radiation therapy, thrombolysis, anticoagulation or surgery) within the preceding year and have not had cardiac MRI or cardiac CT within the preceding 60 days</p> <p>Evaluation of cardiac venous anatomy <input type="checkbox"/> For localization of the pulmonary veins in patients with chronic or paroxysmal atrial fibrillation/flutter who are being considered for radiofrequency ablation; OR <input type="checkbox"/> Coronary venous localization prior to implantation of a biventricular pacemaker</p> <p>Evaluation of pericardial conditions (pericardial effusion, constrictive pericarditis, or congenital pericardial diseases) <input type="checkbox"/> In patients with suspected pericardial constriction; OR <input type="checkbox"/> In patients with suspected congenital pericardial disease; OR <input type="checkbox"/> In patients with suspected pericardial effusion (including hemopericardium) who have undergone echocardiography deemed to be technically suboptimal in evaluation of the effusion; OR <input type="checkbox"/> In patients whose echocardiogram shows a complex pericardial effusion (loculated, containing solid material)</p> <p>Evaluation of the thoracic aorta <input type="checkbox"/> In patients with suspected thoracic aortic aneurysm / dilation who have not undergone CT or MRI of the thoracic aorta within the preceding 60 days; OR <input type="checkbox"/> In patients with confirmed thoracic aortic aneurysm / dilation with new or worsening signs/symptoms; OR <input type="checkbox"/> For ongoing surveillance of stable patients with confirmed thoracic aortic aneurysm / dilation who have not undergone imaging of the thoracic aorta within the preceding six months; OR <input type="checkbox"/> In patients with suspected aortic dissection; OR <input type="checkbox"/> In patients with confirmed aortic dissection who have new or worsening symptoms; OR <input type="checkbox"/> In patients with confirmed aortic dissection in whom surgical repair is anticipated (to assist in preoperative planning); OR <input type="checkbox"/> For ongoing surveillance of stable patients with confirmed aortic dissection who have not undergone imaging of the thoracic aorta within the preceding year; OR <input type="checkbox"/> In patients with confirmed aortic dissection or thoracic aortic aneurysm / dilation who have undergone surgical repair within the preceding year and have not undergone imaging of the thoracic aorta within the preceding six months; OR <input type="checkbox"/> In patients who have sustained blunt chest trauma, penetrating aortic trauma or iatrogenic trauma as a result of aortic instrumentation; OR</p> <p>In patients being evaluated for potential transcatheter aortic valve implantation/replacement (TAVI or TAVR)¹ provided that the patient has not undergone cardiac CT or cardiac MRI within the preceding 60 days.</p> <p>May require pre-authorization by AIM Specialty Health.</p>
Michigan 5/18	No published medical policy for CMR
Minnesota 5/18	No published medical policy for CMR. Will use eviCore Guidelines for Cardiac Imaging for dates of service on or after August 1, 2018
Mississippi 5/18	No published medical policy for CMR
Missouri (Anthem) 5/18	<p>CG-MED 58: Coronary Artery Imaging: Contrast-Enhanced CT Angiography, Fractional Flow Reserve derived from CT, Coronary MRA, and Cardiac MRI; last review August 3, 2017</p> <p>Medically Necessary:</p> <p>Contrast-enhanced coronary computed tomography angiography (CCTA), coronary magnetic resonance angiography (MRA), or cardiac magnetic resonance imaging (MRI) is considered medically necessary for the evaluation of suspected anomalous coronary arteries:</p>

<p>BCBS of Kansas City 5/18</p>	<p>In pediatric individuals (age less than 18 years), either before or after conventional angiography; or</p> <p>In adults (age 18 and over) when conventional angiography has been unsuccessful or has provided equivocal results and the results could impact treatment.</p> <p>Fractional Flow Reserve derived from Computed Tomography (FFRCT) is considered medically necessary for the evaluation of stable chest pain in individuals at intermediate risk of coronary artery disease as an alternative to invasive coronary angiography.</p> <p>Not Medically Necessary:</p> <p>Coronary computed tomography angiography (CCTA) or coronary magnetic resonance angiography (MRA) is considered not medically necessary for all other indications, including, but not limited to, the following:</p> <p>Screening for coronary artery disease (CAD), either in asymptomatic individuals or as part of a preoperative evaluation; or</p> <p>Diagnosis of CAD, in individuals with acute or non-acute symptoms, or after a coronary intervention; or</p> <p>As a technique to evaluate cardiac function.</p> <p>Cardiac magnetic resonance imaging (MRI) is considered not medically necessary for the following:</p> <p>Screening for CAD, either in asymptomatic individuals or as part of a preoperative evaluation; or</p> <p>Diagnosis of CAD, in individuals with acute or non-acute symptoms, or after a coronary artery intervention.</p> <p>Fractional flow reserve derived from computed tomography (FFRCT) is considered not medically necessary for all other indications when the above criteria are not met.</p> <p>No published medical policy for CMR</p>
<p>Montana (HCSC) 5/18</p>	<p>No published medical policy for CMR</p>
<p>Nebraska 5/18</p>	<p>No published medical policy for CMR</p>
<p>Nevada (Anthem) 5/18</p>	<p>CG-MED 58: Coronary Artery Imaging: Contrast-Enhanced CT Angiography, Fractional Flow Reserve derived from CT, Coronary MRA, and Cardiac MRI; last review August 3, 2017</p> <p>Medically Necessary:</p> <p>Contrast-enhanced coronary computed tomography angiography (CCTA), coronary magnetic resonance angiography (MRA), or cardiac magnetic resonance imaging (MRI) is considered medically necessary for the evaluation of suspected anomalous coronary arteries:</p> <p>In pediatric individuals (age less than 18 years), either before or after conventional angiography; or</p>

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<p>New Hampshire (Anthem) 5/18</p>	<p>CG-MED 58: Coronary Artery Imaging: Contrast-Enhanced CT Angiography, Fractional Flow Reserve derived from CT, Coronary MRA, and Cardiac MRI; last review August 3, 2017</p> <p>Medically Necessary:</p> <p>Contrast-enhanced coronary computed tomography angiography (CCTA), coronary magnetic resonance angiography (MRA), or cardiac magnetic resonance imaging (MRI) is considered medically necessary for the evaluation of suspected anomalous coronary arteries:</p> <p>In pediatric individuals (age less than 18 years), either before or after conventional angiography; or</p> <p>In adults (age 18 and over) when conventional angiography has been unsuccessful or has provided equivocal results and the results could impact treatment.</p> <p>Fractional Flow Reserve derived from Computed Tomography (FFRCT) is considered medically necessary for the evaluation of stable chest pain in individuals at intermediate risk of coronary artery disease as an alternative to invasive coronary angiography.</p> <p>Not Medically Necessary:</p> <p>Coronary computed tomography angiography (CCTA) or coronary magnetic resonance angiography (MRA) is considered not medically necessary for all other indications, including, but not limited to, the following:</p>

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<p>New Jersey (Horizon) 5/18</p>	<p>https://services3.horizon-bcbsnj.com/hcm/MedPol2.nsf; Adult cardiac imaging policy. Last reviewed April 2018</p>
<p>New Mexico (HCSC) 5/18</p>	<p>No published medical policy for CMR</p>
<p>New York (Empire) 5/18</p>	<p>CG-MED 58: Coronary Artery Imaging: Contrast-Enhanced CT Angiography, Fractional Flow Reserve derived from CT, Coronary MRA, and Cardiac MRI; last review August 3, 2017</p> <p>Medically Necessary:</p> <p>Contrast-enhanced coronary computed tomography angiography (CCTA), coronary magnetic resonance angiography (MRA), or cardiac magnetic resonance imaging (MRI) is considered medically necessary for the evaluation of suspected anomalous coronary arteries:</p> <p>In pediatric individuals (age less than 18 years), either before or after conventional angiography; or</p> <p>In adults (age 18 and over) when conventional angiography has been unsuccessful or has provided equivocal results and the results could impact treatment.</p> <p>Fractional Flow Reserve derived from Computed Tomography (FFRCT) is considered medically necessary for the evaluation of stable chest pain in individuals at intermediate risk of coronary artery disease as an alternative to invasive coronary angiography.</p> <p>Not Medically Necessary:</p> <p>Coronary computed tomography angiography (CCTA) or coronary magnetic resonance angiography (MRA) is considered not medically necessary for all other indications, including, but not limited to, the following:</p> <p>Screening for coronary artery disease (CAD), either in asymptomatic individuals or as part of a preoperative evaluation; or</p> <p>Diagnosis of CAD, in individuals with acute or non-acute symptoms, or after a coronary intervention; or</p>

<p>BCBS Western NY 5/18</p> <p>Excellus BCBS 5/18</p>	<p>As a technique to evaluate cardiac function.</p> <p>Cardiac magnetic resonance imaging (MRI) is considered not medically necessary for the following:</p> <p>Screening for CAD, either in asymptomatic individuals or as part of a preoperative evaluation; or</p> <p>Diagnosis of CAD, in individuals with acute or non-acute symptoms, or after a coronary artery intervention.</p> <p>Fractional flow reserve derived from computed tomography (FFRCT) is considered not medically necessary for all other indications when the above criteria are not met.</p> <p>No published medical policy for CMR</p> <p>No published medical policy for CMR</p>
<p>North Carolina 5/18</p>	<p>Uses AIM Specialty Health Clinical Appropriateness Guidelines: Advanced Imaging. Appropriate Use Criteria: Imaging of the Heart; Revised January 2018</p>
<p>North Dakota 5/18</p>	<p>No published medical policy for CMR</p>
<p>Ohio (Anthem) 5/18</p>	<p>CG-MED 58: Coronary Artery Imaging: Contrast-Enhanced CT Angiography, Fractional Flow Reserve derived from CT, Coronary MRA, and Cardiac MRI; last review August 3, 2017</p> <p>Medically Necessary:</p> <p>Contrast-enhanced coronary computed tomography angiography (CCTA), coronary magnetic resonance angiography (MRA), or cardiac magnetic resonance imaging (MRI) is considered medically necessary for the evaluation of suspected anomalous coronary arteries:</p> <p>In pediatric individuals (age less than 18 years), either before or after conventional angiography; or</p> <p>In adults (age 18 and over) when conventional angiography has been unsuccessful or has provided equivocal results and the results could impact treatment.</p> <p>Fractional Flow Reserve derived from Computed Tomography (FFRCT) is considered medically necessary for the evaluation of stable chest pain in individuals at intermediate risk of coronary artery disease as an alternative to invasive coronary angiography.</p> <p>Not Medically Necessary:</p> <p>Coronary computed tomography angiography (CCTA) or coronary magnetic resonance angiography (MRA) is considered not medically necessary for all other indications, including, but not limited to, the following:</p> <p>Screening for coronary artery disease (CAD), either in asymptomatic individuals or as part of a preoperative evaluation; or</p>

	<p>Diagnosis of CAD, in individuals with acute or non-acute symptoms, or after a coronary intervention; or</p> <p>As a technique to evaluate cardiac function.</p> <p>Cardiac magnetic resonance imaging (MRI) is considered not medically necessary for the following:</p> <p>Screening for CAD, either in asymptomatic individuals or as part of a preoperative evaluation; or</p> <p>Diagnosis of CAD, in individuals with acute or non-acute symptoms, or after a coronary artery intervention.</p> <p>Fractional flow reserve derived from computed tomography (FFRCT) is considered not medically necessary for all other indications when the above criteria are not met.</p>
Oklahoma (HCSC) 5/18	No published medical policy for CMR
Oregon (Regence) 5/18	No published medical policy for CMR
Pennsylvania Highmark Blue Shield 5/18	https://secure.highmark.com/ldap/medicalpolicy/wpa-highmark/X-114-001.html Effective January 2, 2018; last reviewed November 2017
Capital Blue Cross 5/18	No published medical policy for CMR
Independence (Philadelphia) 5/18	No published medical policy for CMR
Rhode Island 5/18	No published medical policy for CMR
South Carolina 5/18	No published medical policy for CMR
South Dakota (Wellmark) 5/18	No published medical policy for CMR
Tennessee 5/18	No published medical policy for CMR
Texas (HCSC) 5/18	No published medical policy for CMR
Utah (Regence) 5/18	No published medical policy for CMR
Vermont 5/18	Uses AIM Specialty Health Clinical Appropriateness Guidelines: Advanced Imaging. Appropriate Use Criteria: Imaging of the Heart; Revised January 2018
Virginia (Anthem) 5/18	<p>CG-MED 58: Coronary Artery Imaging: Contrast-Enhanced CT Angiography, Fractional Flow Reserve derived from CT, Coronary MRA, and Cardiac MRI; last review August 3, 2017</p> <p>Medically Necessary:</p>

<p>Care First 5/18</p>	<p>Contrast-enhanced coronary computed tomography angiography (CCTA), coronary magnetic resonance angiography (MRA), or cardiac magnetic resonance imaging (MRI) is considered medically necessary for the evaluation of suspected anomalous coronary arteries:</p> <p>In pediatric individuals (age less than 18 years), either before or after conventional angiography; or</p> <p>In adults (age 18 and over) when conventional angiography has been unsuccessful or has provided equivocal results and the results could impact treatment.</p> <p>Fractional Flow Reserve derived from Computed Tomography (FFRCT) is considered medically necessary for the evaluation of stable chest pain in individuals at intermediate risk of coronary artery disease as an alternative to invasive coronary angiography.</p> <p>Not Medically Necessary:</p> <p>Coronary computed tomography angiography (CCTA) or coronary magnetic resonance angiography (MRA) is considered not medically necessary for all other indications, including, but not limited to, the following:</p> <p>Screening for coronary artery disease (CAD), either in asymptomatic individuals or as part of a preoperative evaluation; or</p> <p>Diagnosis of CAD, in individuals with acute or non-acute symptoms, or after a coronary intervention; or</p> <p>As a technique to evaluate cardiac function.</p> <p>Cardiac magnetic resonance imaging (MRI) is considered not medically necessary for the following:</p> <p>Screening for CAD, either in asymptomatic individuals or as part of a preoperative evaluation; or</p> <p>Diagnosis of CAD, in individuals with acute or non-acute symptoms, or after a coronary artery intervention.</p> <p>Fractional flow reserve derived from computed tomography (FFRCT) is considered not medically necessary for all other indications when the above criteria are not met.</p> <p>No published medical policy for CMR</p>
<p>Washington (Premera) 5/18</p>	<p>No published medical policy for CMR</p>
<p>Washington Regence BCBS 5/18</p>	<p>No published medical policy for CMR</p>

West Virginia (Highmark) 5/18	https://www.highmarkbcbswv.com/west-virginia-commercial-medical-policy/X-114-001.html Effective January 2, 2018; last reviewed November 2017
Wisconsin (Anthem) 5/18	<p>CG-MED 58: Coronary Artery Imaging: Contrast-Enhanced CT Angiography, Fractional Flow Reserve derived from CT, Coronary MRA, and Cardiac MRI; last review August 3, 2017</p> <p>Medically Necessary:</p> <p>Contrast-enhanced coronary computed tomography angiography (CCTA), coronary magnetic resonance angiography (MRA), or cardiac magnetic resonance imaging (MRI) is considered medically necessary for the evaluation of suspected anomalous coronary arteries:</p> <p>In pediatric individuals (age less than 18 years), either before or after conventional angiography; or</p> <p>In adults (age 18 and over) when conventional angiography has been unsuccessful or has provided equivocal results and the results could impact treatment.</p> <p>Fractional Flow Reserve derived from Computed Tomography (FFRCT) is considered medically necessary for the evaluation of stable chest pain in individuals at intermediate risk of coronary artery disease as an alternative to invasive coronary angiography.</p> <p>Not Medically Necessary:</p> <p>Coronary computed tomography angiography (CCTA) or coronary magnetic resonance angiography (MRA) is considered not medically necessary for all other indications, including, but not limited to, the following:</p> <p>Screening for coronary artery disease (CAD), either in asymptomatic individuals or as part of a preoperative evaluation; or</p> <p>Diagnosis of CAD, in individuals with acute or non-acute symptoms, or after a coronary intervention; or</p> <p>As a technique to evaluate cardiac function.</p> <p>Cardiac magnetic resonance imaging (MRI) is considered not medically necessary for the following:</p> <p>Screening for CAD, either in asymptomatic individuals or as part of a preoperative evaluation; or</p> <p>Diagnosis of CAD, in individuals with acute or non-acute symptoms, or after a coronary artery intervention.</p> <p>Fractional flow reserve derived from computed tomography (FFRCT) is considered not medically necessary for all other indications when the above criteria are not met.</p>
Wyoming 5/18	No published medical policy for CMR
District of Columbia (Care First) 5/18	No published medical policy for CMR