Aortography and Peripheral Angiography

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

Angiography services are deemed medically necessary when performed within the following service locations (POS (Place of Service)):

- POS 11: Office
- POS 19: Off-Campus – Outpatient Hospital
- POS 21: Inpatient Hospital
- POS 22: Outpatient Hospital
- POS 23: Emergency Room – Hospital
- POS 24: Ambulatory Surgical Center

Please note that mobile units and all other locations are not covered.

Diagnostic angiography, also known as arteriography, is an invasive procedure used to assess the interior of blood vessels and the vasculature of organs within the body and the heart's chambers. This procedure involves the insertion of a needle or catheter into an artery, followed by the injection of contrast material and the use of digital imaging to visualize the vascular area or organ in question.

In contemporary medical practice, noninvasive imaging techniques such as duplex ultrasonography, magnetic resonance angiography (MRA), and contrast-enhanced computed tomographic angiography (CTA) have significantly reduced the necessity for invasive diagnostic angiography. Currently, invasive angiography is reserved for cases where it is necessary to resolve conflicting findings from noninvasive studies or with therapeutic procedures.

Reimbursement Guidelines

Molina Healthcare calculates reimbursement amounts in accordance with the relevant fee schedules and the provisions stipulated within the provider contract. It is imperative to strictly adhere to the billing guidelines prescribed by the respective state Medicaid program and/or CMS. Neglecting to include the requisite indicators and documentation along with your submitted charges may lead to disruptions, denials, or audits during the claim payment process.

Supplemental Information

Definitions

Term	Definition
CMS	Centers for Medicare and Medicaid Services
CTA	Computed tomographic angiography

State Exceptions

State	Exception
TX	TX Medicaid is Expectation from the policy

Documentation History

Type	Date	Action
Effective	10/23/2023	New Policy
Revised Date	12/12/2024	Updated Templated and added state expectation

References

State/Agency	Document Name/Description	Link/Document
CMS	**Billing and Coding: Aortography and Peripheral Angiography**	Article - Billing and Coding: Aortography and Peripheral Angiography (A57056) (cms.gov)
CMS	**Aortography and peripheral angiography**	LCD - Aortography and peripheral angiography (L36767) (cms.gov)

***CODING DISCLAIMER**. Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.*