Medica Coverage Policy

<table>
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<tr>
<th>Policy Name:</th>
<th>Carotid Intima-Media Thickness Measurement</th>
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<td>Effective Date:</td>
<td>2/17/2020</td>
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Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare and Minnesota Health Care Programs, this policy will apply unless those programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

Coverage Policy

Carotid intima-media thickness measurement for screening, diagnosis, and management of atherosclerotic disease is investigative unproven, and therefore NOT COVERED. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Note: See related Medica coverage policies: Lipoprotein-associated Phospholipase A2 (Lp-PLA2) Immunoassay for Prediction of Risk for Coronary Heart Disease or Ischemic Stroke (PLAC® Test), Apolipoprotein E (APOE) Genetic Testing for Prediction and Management of Cardiovascular Disease, Coronary Artery Calcium Scoring (CACS), Coronary Computed Tomography Angiography (CCTA) for Coronary Artery Evaluation.

Description

Carotid intima-media thickness (CIMT) measurement is a non-invasive test that measures the lining of the carotid (neck) arteries. The intima is the innermost layer of the artery and the media is the middle layer of the artery. CIMT is typically measured using B-mode ultrasound (US), an imaging method that uses high-frequency sound waves to produce images of structures within the body. B-mode US produces 2-dimensional images of the walls of the carotid artery, which are then analyzed by computer software.

Cardiovascular disease (CVD) is the broad term for problems with the heart and blood vessels. These problems are often due to atherosclerosis, a condition in which fat, cholesterol, and other substances buildup in artery walls. This buildup is called plaque. Over time, plaque can narrow the blood vessels and, if an artery becomes blocked, lead to heart attack or stroke. Because several studies have identified an association between CIMT and CVD, CIMT has been proposed as an objective measurement capable of detecting CVD before symptoms appear. This has also led researchers to theorize that it may be used to predict risk of heart attack and stroke, independent of traditional risk factors, such as age, sex, high blood pressure, diabetes and smoking. However, more study is needed.

FDA Approval

Measurement of CIMT is a procedure, and thus, not subject to regulation by the FDA. However, the FDA does regulate the US equipment that is used to measure CIMT. There are many US machines that have received FDA approval.
Prior Authorization
Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Coding Considerations
Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes
- 93895 - Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral
- 0126T - Common carotid intima-media thickness (IMT) study for evaluation of atherosclerotic burden or coronary heart disease risk factor assessment

Original Effective Date: 4/1/2017
Re-Review Date(s): 1/16/2020