

Radiologic Diagnostic Procedures

Policy Number: MCS076.06

Approval Date: December 13, 2023

[Instructions for Use](#)

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Related Policies
None

Coverage Guidelines

Diagnostic radiologic procedures are covered when Medicare criteria are met.

Notes:

- Radiology prior authorization programs exist for some markets for MRIs, MRAs, PET scans and nuclear medicine studies. Reference materials are available at [UnitedHealthcare Radiology Prior Authorization and Notification](#).
- For members in UnitedHealthcare Medicare Advantage plans where a delegate manages utilization management and prior authorization requirements, the delegate’s requirements need to be followed.

Diagnostic X-Rays

For coverage guidelines, refer to the:

- [Medicare Benefit Policy Manual, Chapter 15, §10 – Supplementary Medical Insurance \(SMI\) Provisions.](#)
- [Medicare Benefit Policy Manual, Chapter 15, §80 – Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests.](#)
- [Medicare Benefit Policy Manual, Chapter 15, §80.4 – Coverage of Portable X-Ray Services Not Under the Direct Supervision of a Physician.](#)

Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. These LCDs/LCAs are available at <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>.

(Accessed December 11, 2023)

X-Ray, Radium, and Radioactive Isotope Therapy

For coverage guidelines, refer to the [Medicare Benefit Policy Manual Chapter 15, §90 – X-Ray, Radium and Radioactive Isotope](#). (Accessed December 13, 2023)

Bone (Mineral) Density Studies/Mass Measurements

Bone (mineral) density studies/mass measurements are covered when Medicare coverage criteria are met.

Refer to the:

- [National Coverage Determination \(NCD\) for Bone \(Mineral\) Density Studies \(150.3\)](#).
- [Medicare Benefit Policy Manual, Chapter 15, §80.5 – Bone Mass Measurements \(BMMs\)](#).
- Medicare Preventive Services-MLN Educational Tool at <https://www.cms.gov/Medicare/Prevention/PreventionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html>.

Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. These LCDs/LCAs are available at <https://www.cms.gov/medicare-coverage-database/search.aspx>. (Accessed December 11, 2023)

Computerized Tomography (CT Scan)

For coverage guidelines, refer to [NCD for Computerized Tomography \(220.1\)](#).

Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. These LCDs/LCAs are available at <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>.

For states/territories with no LCDs/LCAs, for uses of CT scans not specifically addressed by the National Coverage Determination (NCD) for Computerized Tomography (220.1), refer to the following for coverage guidelines:

- **For regions/states/territories involved in the UnitedHealthcare Radiology Prior Authorization and Notification Program**, refer to the UnitedHealthcare Medicare Advantage Plans Radiology and Cardiology Clinical Guidelines at <https://www.uhcprovider.com/en/prior-auth-advance-notification/radiology-prior-authorization.html>.
- **For regions/states/territories not involved in the UnitedHealthcare Radiology Prior Authorization and Notification Program**, refer to the nationally recognized guidelines, i.e., InterQual® Guidelines.

(Accessed December 11, 2023)

Computed Tomography (CCT) and Coronary Computed Tomography Angiography (CCTA)

Multi-detector (multi-detector-row/multi-slice) computed cardiac tomography (MDCT) is also known as cardiac computed tomographic coronary angiography (CCTA) or computed tomography of the heart and coronary arteries.

Medicare does not have an NCD for CCT and CCTA. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Cardiac Computed Tomography and Coronary Computed Tomography Angiography](#).

For states/territories with no LCD/LCAs, refer to the following for coverage guidelines:

- **For regions involved in the UnitedHealthcare Radiology Prior Authorization and Notification Program**, refer to the UnitedHealthcare Medicare Advantage Plans Radiology and Cardiology Clinical Guidelines at <https://www.uhcprovider.com/en/prior-auth-advance-notification/radiology-prior-authorization.html>.
- **For regions not involved in the UnitedHealthcare Radiology Prior Authorization and Notification Program**; refer to the WPS [LCD for Coronary Computed Tomography Angiography \(CCTA\) \(L35121\)](#).

Note: After checking the [Cardiac Computed Tomography and Coronary Computed Tomography Angiography](#) table and the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

(Accessed December 11, 2023)

Single Photon Emission Computed Tomography (SPECT)

For coverage guidelines, refer to the [NCD for Single Photon Emission Computed Tomography \(SPECT\) \(220.12\)](#).

Notes:

- Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. These LCDs/LCAs are available at <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>.
- **For states/territories with no LCDs/LCAs, for uses of SPECT not specifically addressed by the National Coverage Determination (NCD) for SPECT (220.12)**, refer to the following for coverage guidelines:
 - **For regions/states/territories involved in the UnitedHealthcare Radiology Prior Authorization and Notification Program**, refer to the UnitedHealthcare Medicare Advantage Plans Radiology and Cardiology Clinical Guidelines at <https://www.uhcprovider.com/en/prior-auth-advance-notification/radiology-prior-authorization.html>.
 - **For regions/states/territories not involved in the UnitedHealthcare Radiology Prior Authorization and Notification Program**, refer to the nationally recognized guidelines, i.e., InterQual® Guidelines.

(Accessed December 11, 2023)

Magnetic Resonance Imaging (MRI)

For coverage guidelines, refer to the [NCD for Magnetic Resonance Imaging \(220.2\)](#).

Notes:

- Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. These LCDs/LCAs are available at <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>.
- **For states/territories with no LCDs/LCAs, for uses of MRI not specifically addressed by the National Coverage Determination (NCD) for MRI (220.2)**, refer to the following for coverage guidelines:
 - **For regions/states/territories involved in the UnitedHealthcare Radiology Prior Authorization and Notification Program**, refer to the UnitedHealthcare Medicare Advantage Plans Radiology and Cardiology Clinical Guidelines at <https://www.uhcprovider.com/en/prior-auth-advance-notification/radiology-prior-authorization.html>.
 - **For regions/states/territories not involved in the UnitedHealthcare Radiology Prior Authorization and Notification Program**, refer to the nationally recognized guidelines, i.e., InterQual® Guidelines.
- The list of Medicare approved clinical trials is available at <https://www.cms.gov/Medicare/Coverage/Coverage-with-Evidence-Development/index>.
- For payment rules for NCDs requiring CED, refer to the [Medicare Managed Care Manual, Chapter 4, §10.7.3 – Payment for Clinical Studies Approved Under Coverage with Evidence Development \(CED\)](#).

(Accessed December 11, 2023)

Magnetic Resonance Angiography (MRA) (MRI for Blood Flow)

For coverage guidelines, refer to the [NCD for Magnetic Resonance Imaging \(220.2\)](#).

Notes:

- Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. These LCDs/LCAs are available at <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>.
- **For states/territories with no LCDs/LCAs, for uses of MRA not specifically addressed by the National Coverage Determination (NCD) for MRI (220.2)**, refer to the following for coverage guidelines:
 - **For regions/states/territories involved in the UnitedHealthcare Radiology Prior Authorization and Notification Program** refer to the UnitedHealthcare Medicare Advantage Plans Radiology and Cardiology Clinical Guidelines at <https://www.uhcprovider.com/en/prior-auth-advance-notification/radiology-prior-authorization.html>.
 - **For regions/states/territories not involved in the UnitedHealthcare Radiology Prior Authorization and Notification Program**, refer to the nationally recognized guidelines, i.e., InterQual® Guidelines.

(Accessed December 11, 2023)

Proton Emission Tomography

Positron emission tomography (PET)(FDG) for oncologic conditions may be covered when criteria are met. Refer to the [NCD for Positron Emission Tomography \(FDG\) for Oncologic Conditions \(220.6.17\)](#).

PET for other specific conditions may be covered when criteria are met. Refer to the following National Coverage Determinations (NCDs):

- [NCD for PET for Perfusion of the Heart \(220.6.1\)](#).
- [NCD for FDG PET for Dementia and Neurodegenerative Diseases \(220.6.13\)](#).
 - The list of Medicare approved clinical trials is available at <http://www.cms.gov/Medicare/Coverage/Coverage-with-Evidence-Development/FDG-PET-and-Other-Neuroimaging-Devices-for-Dementia.html>.
 - For payment rules for NCDs requiring CED, refer to the [Medicare Managed Care Manual, Chapter 4, §10.7.3 – Payment for Clinical Studies Approved Under Coverage with Evidence Development \(CED\)](#).
- [NCD for FDG PET for Myocardial Viability \(220.6.8\)](#).
- [NCD for FDG PET for Refractory Seizures \(220.6.9\)](#).
- [NCD - Positron Emission Tomography \(NaF-18\) to Identify Bone Metastasis of Cancer \(220.6.19\)](#).

(Accessed December 11, 2023)

Beta Amyloid Positron Emission Tomography in Dementia and Neurodegenerative Disease

Medicare does not have a National Coverage Determination (NCD) for beta amyloid positron emission tomography. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

UnitedHealthcare considers an amyloid PET scan [including, but not limited to, florbetapir F18 (Amyvid), florbetaben F18 (Neuraceq) flortaucipir F18 injection (Tauvid), flutemetamol F18 (Vizamyl)] reasonable and medically necessary for members with a clinical diagnosis of mild cognitive impairment due to Alzheimer disease or mild Alzheimer Dementia who are being considered for enrollment in a clinical trial/registry of Food and Drug Administration (FDA) approved monoclonal antibodies [(e.g., aducanumab (Aduhelm) or lecanemab-irmab (Leqembi)].

Note: Effective October 13, 2023, CMS removed [NCD for Beta Amyloid Positron Tomography in Dementia and Neurodegenerative Disease \(220.6.20\)](#) from Publication 100-03, the NCD Manual, ending coverage with evidence development (CED) for positron emission tomography (PET) beta amyloid imaging and permitting Medicare coverage determinations for PET beta amyloid imaging to be made by the Medicare Administrative Contractors under section [1862\(a\)\(1\)\(A\) of the Social Security Act](#). (Accessed December 11, 2023)

Computed Tomographic Colonography (CTC) for Screening Purposes

Refer to the Coverage Summaries titled [Gastroesophageal and Gastrointestinal \(GI\) Services and Procedures](#).

Definitions

Diagnostic Services: A service is "diagnostic" if it is an examination or procedure to which the patient is subjected, or which is performed on materials derived from a hospital outpatient, to obtain information to aid in the assessment of a medical condition or the identification of a disease. Among these examinations and tests are diagnostic laboratory services such as hematology and chemistry, diagnostic x-rays, isotope studies, EKGs, pulmonary function studies, thyroid function tests, psychological tests, and other tests given to determine the nature and severity of an ailment or injury. Refer to the [Medicare Benefit Policy Manual, Chapter 6, §20.4.1 Diagnostic Services Defined](#). (Accessed December 11, 2023)

Supporting Information

Cardiac Computed Tomography (CCT) and Cardiac Computed Tomography Angiography (CCTA)				
Accessed December 11, 2023				
LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L33947 (A56451)	Cardiac Computed Tomography (CCT) and	Part A and B MAC	CGS Administrators, LLC	KY, OH

Cardiac Computed Tomography (CCT) and Cardiac Computed Tomography Angiography (CCTA)

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
	Coronary Computed Tomography Angiography (CCTA)			
L33559 (A56737)	Cardiac Computed Tomography (CCT) and Coronary Computed Tomography Angiography (CCTA)	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L33423 (A56691)	Cardiac Computed Tomography & Angiography (CCTA)	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
L35121 (A57552)	Coronary Computed Tomography Angiography (CCTA)	Part A and B MAC	Wisconsin Physicians Service Insurance Corporation	IN, IA, KS, MI, MO, NE

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Policy History/Revision Information

Approval Date	Summary of Changes
12/13/2023	<p>Coverage Guidelines</p> <p>Proton Emission Tomography</p> <p>Beta Amyloid Positron Emission Tomography in Dementia and Neurodegenerative Disease</p> <ul style="list-style-type: none"> Revised language to indicate: <ul style="list-style-type: none"> Medicare does not have a National Coverage Determination (NCD) for beta amyloid positron emission tomography; Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist UnitedHealthcare considers an amyloid positron emission tomography (PET) scan [including, but not limited to, florbetapir F18 (Amyvid), florbetaben F18 (Neuraceq), flortaucipir F18 injection (Tauvid), flutemetamol F18 (Vizamyl)] reasonable and medically necessary for members with a clinical diagnosis of mild cognitive impairment due to Alzheimer disease or mild Alzheimer Dementia who are being considered for enrollment in a clinical trial of Food and Drug Administration (FDA) approved monoclonal antibodies [(e.g., aducanumab (Aduhelm) or lecanemab-irmab (Leqembi)] Effective Oct. 13, 2023, Centers for Medicare & Medicaid (CMS) removed NCD for <i>Beta Amyloid Positron Tomography in Dementia and Neurodegenerative Disease (220.6.20)</i> from <i>Publication 100-03</i>, of the <i>NCD Manual</i>, ending coverage with evidence development (CED) for positron emission tomography (PET) beta amyloid imaging and permitting Medicare coverage determinations for PET beta amyloid imaging to be made by the Medicare Administrative Contractors under section <i>1862(a)(1)(A) of the Social Security Act</i> <p>Supporting Information</p> <ul style="list-style-type: none"> Archived previous policy version MCS076.05

Instructions for Use

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as stated in the Member's Evidence of Coverage (EOC)/Summary of Benefits (SB). If there is a discrepancy between this policy and the member's EOC/SB, the member's EOC/SB provision will govern. The information contained in this document is believed to be current as of the date noted.

The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

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