

Medical Coverage Policies

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Ultrasonographic Measurement of Carotid Intimal-Medial Thickness as an Assessment of Subclinical Atherosclerosis

EFFECTIVE DATE	08/18/2009	LAST UPDATED	11/02/2010
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Description:

There has been interest in identifying a technique that can measure and monitor atherosclerosis that reflects the pathogenic endpoint of coronary heart disease (CHD) risk factors. The carotid arteries can be well visualized by ultrasonography, and ultrasonography measurement of the carotid intimal medial thickness (IMT) has been investigated as a technique to identify and monitor subclinical atherosclerosis. Ultrasonographic measurement of carotid intimal-medial thickness (IMT) uses B-mode ultrasound to determine the thickness of the two innermost layers of the carotid artery wall, the intima and the media. The intimal-medial thickness is measured and averaged over several sites in each carotid artery. Imaging of the far wall of each common carotid artery yields more accurate and reproducible IMT measurements than imaging of the near wall. Two echogenic lines are produced, representing the lumen-intima interface and the media-adventitia interface. The distance between these two lines constitutes the IMT.

At this time, there is no scientific literature that directly and experimentally tests the hypothesis that measurement of carotid IMT results in improved patient outcomes, and no specific guidance on how measurements of carotid IMT should be incorporated into risk assessment and risk management.

Medical Criteria:

Not applicable.

Policy:

Ultrasonographic measurement of carotid artery intimal-medial thickness (IMT) as a technique of identifying subclinical atherosclerosis is considered not medically necessary for use in the screening, diagnosis, or management of atherosclerotic disease because the existing data are insufficient to determine the impact of this technology on net health outcome.

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate evidence of coverage, subscriber agreements, or BlueCHiP for Rlte Care contract for applicable "Not Medically Necessary Services."

Coding:

The following Category III codes are considered not medically necessary:

0126T

Publications:

Provider Update, Oct 2009
Provider Update, Mar 2011

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services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions.

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