



Cerebral Perfusion Analysis

State(s):

☒ Idaho ☒ Montana ☒ Oregon ☒ Washington ☐ Other:

LOB(s):

☒ Commercial ☒ Medicare ☒ Medicaid

Enterprise Policy

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determination are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Computed tomography (CT) perfusion imaging provides a quantitative measurement of regional cerebral blood flow. A perfusion CT study involves sequential acquisition of CT sections during intravenous administration of an iodinated contrast agent. Analysis of the results allows the physician to calculate the regional cerebral blood volume, the blood mean transit time through the cerebral capillaries, and the regional cerebral blood flow. CT perfusion imaging may be used to evaluate patients suspected of having an acute stroke whenever Thrombolysis is considered.

Criteria

Commercial

PacificSource covers cerebral perfusion analysis using computed tomography (CT) as medically necessary for the emergent evaluation of suspected acute stroke (≤ 6 hours from symptom onset) when thrombolytic therapy is being considered.

Medicaid

PacificSource Community Solutions follows Oregon Health Plan (OHP) per Oregon Administrative Rules (OAR) 410-120-1200 410-141-3820 to 410-141-3830 , and Local Coverage Determination (LCD) L38700 for coverage of Cerebral Perfusion Analysis using computed tomography (CT).

Medicare

PacificSource Medicare follows Local Coverage Determination (LCD) L38709 for Computed Tomography Cerebral Perfusion Analysis.

Experimental/Investigational/Unproven

PacificSource considers cerebral perfusion analysis using CT to be experimental, investigational or unproven for any other indications than listed above.

Coding Information

The following list of codes are for informational 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.

0042T Cerebral perfusion analysis using CT scan with contrast administration, including post-processing of parameter map with determination of cerebral blood flow, cerebral blood volume, and mean transit time.

References

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Centers for Medicare & Medicaid Services Local Coverage Determination (LCD) Non-covered Services (L35008)

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Appendix

Policy Number:

Effective: 8/1/2020

Next review: 8/1/2022

Policy type: Enterprise

Author(s):

Depts: Health Services

Applicable regulation(s):

Commercial Ops: 9/2021

Government Ops: 9/2021