Cerebral Perfusion Imaging
Policy Number: PG0297
Last Review: 05/26/2017

GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

SCOPE
X Professional
X Facility

DESCRIPTION
Cerebral 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 has been proposed to be used primarily as a method of evaluating patients suspected of having an acute stroke whenever thrombolysis is considered.

POLICY
Cerebral CT perfusion imaging is non-covered.

COVERAGE CRITERIA
HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage
Paramount has determined that cerebral CT perfusion imaging is experimental and investigational and therefore non-covered for all indications including the diagnosis and management of acute cerebral ischemia (stroke).

CODING/BILLING INFORMATION
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODES

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>0042T</td>
<td>Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time</td>
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REVISION HISTORY EXPLANATION
ORIGINAL EFFECTIVE DATE: 07/18/2014
07/18/14: Policy created per the Technology Assessment Working Group (TAWG) to reflect most current clinical evidence.
04/23/15: Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).
04/22/16: Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).
05/26/17: Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).
REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.