Medical Policy

Cardiac Computed Tomography (CT) for Quantitative Evaluation of Coronary Calcification

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Policy Number: 832
BCBSA Reference Number: N/A
NCD/LCD: N/A

Related Policies
Computed Tomography (CT) Abdomen & Pelvis Combination, #750
Computed Tomography (CT) Abdomen, #749
Computed Tomography (CT) Cardiac (Structure), #833
Computed Tomography (CT) Cervical Spine, #751
Computed Tomography (CT) Chest, #752
Computed Tomography (CT) CT Colonography (Virtual Colonoscopy), #179
Computed Tomography (CT) Head, #753
Computed Tomography (CT) Lower Extremity, #754
Computed Tomography (CT) Lumbar Spine, #755
Computed Tomography (CT) Neck for Soft Tissue Evaluation, #756
Computed Tomography (CT) Orbit, Sella Turcica, Posterior Fossa, Temporal Bone, including Mastoids, #757
Computed Tomography (CT) Paranasal Sinus & Maxillofacial Area, #758
Computed Tomography (CT) Pelvis, #791
Computed Tomography (CT) Thoracic Spine, #759
Computed Tomography (CT) Upper Extremity, #760
Computed Tomography Perfusion Imaging of the Brain, #448
Whole-Body Computed Tomography Scan as a Screening Test, #447

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

The use of cardiac CT for quantitative evaluation of coronary artery calcification has not been conclusively shown to impact patient outcomes and is therefore considered to be NOT MEDICALLY NECESSARY in all clinical situations.
Prior Authorization Information
Pre-service approval is required for all inpatient services for all products.
See below for situations where prior authorization may be required or may not be required.
Yes indicates that prior authorization is required.
No indicates that prior authorization is not required.
N/A indicates that this service is primarily performed in an inpatient setting.

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
<td>This service is not covered.</td>
</tr>
<tr>
<td>Commercial PPO and Indemnity</td>
<td>This service is not covered.</td>
</tr>
<tr>
<td>Medicare HMO Blue&lt;sup&gt;SM&lt;/sup&gt;</td>
<td>This service is not covered.</td>
</tr>
<tr>
<td>Medicare PPO Blue&lt;sup&gt;SM&lt;/sup&gt;</td>
<td>This service is not covered.</td>
</tr>
</tbody>
</table>

CPT Codes / HCPCS Codes / ICD Codes
Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list. The following CPT code is considered investigational for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

CPT Codes

<table>
<thead>
<tr>
<th>CPT codes:</th>
<th>Code Description</th>
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<tr>
<td>75571</td>
<td>Computed tomography, heart, without contrast material, with quantitative evaluation of coronary artery calcium</td>
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Policy History

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<th>Date</th>
<th>Action</th>
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Information Pertaining to All Blue Cross Blue Shield Medical Policies
Click on any of the following terms to access the relevant information:
Medical Policy Terms of Use
Managed Care Guidelines
Indemnity/PPO Guidelines
Clinical Exception Process
Medical Technology Assessment Guidelines

References
N/A

Endnotes

1 Based on AIM Clinical Appropriateness Guidelines: Advanced Imaging: Cardiac Imaging. Effective Date: February 20, 2017.