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

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Policy Number: 832
BCBSA Reference Number: N/A

Related Policies
- Medicare Advantage: High-Technology Radiology and Sleep Disorder Management Clinical and Utilization Guidance Redirect, #923
- 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

Policy¹
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity
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.

| Outpatient |
|-----------------|-----------------|
| Commercial Managed Care (HMO and POS) | This service is not covered. |
| Commercial PPO and Indemnity | This service is not covered. |

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, and Indemnity:

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Code Description</th>
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<tbody>
<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

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tr>
<td>1/2018</td>
<td>Prior authorization information for Medicare HMO Blue and Medicare PPO Blue removed. 1/1/2018.</td>
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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.