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

Policy
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

Inpatient
- For services described in this policy, precertification/prior authorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient
- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

<table>
<thead>
<tr>
<th>Outpatient</th>
<th>Commercial Managed Care (HMO and POS)</th>
<th>The requirements of BCBSMA Radiology Management Program may require a precertification/prior authorization via AIM Specialty Health. These requirements are member-specific: Please verify member eligibility and requirements through <strong>Online Services</strong> by logging onto <strong>Provider Central</strong>. Refer to our <strong>Quick Tip</strong> for an overview of precertification and prior authorization requirements. Ordering clinicians should request pre-certification from <strong>AIM Specialty Health</strong> or call 1-866-745-1783 (when applicable). Prior authorization information for Medicare HMO Blue and Medicare PPO Blue is addressed in <strong>medical policy #923, High Technology Radiology and Sleep Disorder Management for Medicare Advantage Products</strong>.</th>
</tr>
</thead>
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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>
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<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>1/2018</td>
<td>Prior authorization information for Medicare HMO Blue and Medicare PPO Blue removed. Prior authorization information for Medicare HMO Blue and Medicare PPO Blue is addressed in medical policy <strong>#923, High Technology Radiology and Sleep Disorder Management for Medicare Advantage Products</strong>, 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.