Medical Policy

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

**Table of Contents**
- Policy: Commercial
- Coding Information
- Authorization Information
- Policy History
- Information Pertaining to All Policies
- References
- Endnotes

**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
- AIM High Technology Radiology Management Program CPT and HCPCS Codes, #900
- Oncologic Imaging, #960
- Non-oncologic Imaging of the Abdomen and Pelvis, #961
- Non-oncologic Imaging of the Brain, #962
- Non-oncologic Imaging of the Chest, #963
- Non-oncologic Imaging of the Extremities, #964
- Non-oncologic Imaging of the Head and Neck, #965
- Non-oncologic Imaging of the Spine, #966
- Non-Oncologic Vascular Imaging, #967
- Computed Tomography (CT) Cardiac (Structure), #833
- Nuclear Cardiology: Cardiac Blood Pool Imaging Blood Pool Imaging includes MUGA (Multi-Gated Acquisition) & First Pass Radionuclide Ventriculography, #830
- Nuclear Cardiology Infarct Imaging, #834
- Nuclear Cardiology Myocardial Perfusion Imaging, #836
- Magnetic Resonance Imaging (MRI) Cardiac, #835
- Positron Emission Tomography (PET) Myocardial Imaging, #837

**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**

**Inpatient**
• For services described in this policy, precertification/preauthorization 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>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:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial PPO and EPO</td>
<td>Please verify member eligibility and requirements through Online Services by logging onto Provider Central. Refer to our Quick Tip for an overview of precertification and prior authorization requirements. Ordering clinicians should request pre-certification from AIM Specialty Health or call 1-866-745-1783 (when applicable).</td>
</tr>
<tr>
<td>Indemnity</td>
<td>Prior authorization information for Medicare HMO Blue and Medicare PPO Blue is addressed in medical policy #923, High Technology Radiology and Sleep Disorder Management for Medicare Advantage Products.</td>
</tr>
</tbody>
</table>

Prior authorization information for Medicare HMO Blue and Medicare PPO Blue is addressed in medical policy #923, High Technology Radiology and Sleep Disorder Management for Medicare Advantage Products.

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>
</tr>
</thead>
<tbody>
<tr>
<td>75571</td>
<td>Computed tomography, heart, without contrast material, with quantitative evaluation of coronary artery calcium</td>
</tr>
</tbody>
</table>

Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<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 #923, High Technology Radiology and Sleep Disorder Management for Medicare Advantage Products.</td>
</tr>
</tbody>
</table>

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.