



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an independent
Licensee of the Blue Cross and Blue Shield Association

Medical Policy

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

Table of Contents

- [Policy: Commercial](#)
- [Coding Information](#)
- [Information Pertaining to All Policies](#)
- [Authorization Information](#)
- [Policy History](#)
- [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/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**.

	Outpatient
Commercial Managed Care (HMO and POS)	The requirements of BCBSMA Radiology Management Program may require a precertification/prior authorization via AIM Specialty Health. These requirements are member-specific:
Commercial PPO and EPO	<p>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.</p> <p>Ordering clinicians should request pre-certification from AIM Specialty Health or call 1-866-745-1783 (when applicable).</p> <p>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.</p>
Indemnity	Prior authorization is not required.

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:

CPT Codes

CPT codes:	Code Description
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary artery calcium

Policy History

Date	Action
1/2018	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 .
10/1/2016	New medical policy describing medically necessary indications. Effective 10/1/2016. Adopted AIM Clinical Appropriateness Guidelines: Advanced Imaging: Cardiac Imaging Effective Date: October 1, 2016.

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.