“FOR CMS (MEDICARE) MEMBERS ONLY”

NATIONAL COVERAGE DETERMINATION (NCD) FOR COMPUTED TOMOGRAPHY:

Item/Service Description

A. General
Diagnostic examinations of the head (head scans) and of other parts of the body (body scans) performed by computerized tomography (CT) scanners are covered if medical and scientific literature and opinion support the effective use of a scan for the condition, and the scan is: (1) reasonable and necessary for the individual patient; and (2) performed on a model of CT equipment that meets the criteria in C below.

CT scans have become the primary diagnostic tool for many conditions and symptoms. CT scanning used as the primary diagnostic tool can be cost effective because it can eliminate the need for a series of other tests, is non-invasive and thus virtually eliminates complications, and does not require hospitalization.

Indications and Limitations of Coverage for NCD 220.1

B. Determining Whether a CT Scan Is Reasonable and Necessary
Sufficient information must be provided with claims to differentiate CT scans from other radiology services and to make coverage determinations. Carefully review claims to insure that a scan is reasonable and necessary for the individual patient: i.e., the use must be found to be medically appropriate considering the patient’s symptoms and preliminary diagnosis.

There is no general rule that requires other diagnostic tests to be tried before CT scanning is used. However, in an individual case the contractor's medical staff may determine that use of a CT scan as the initial diagnostic test was not reasonable and necessary because it was not supported by the patient's symptoms or complaints stated on the claim form: e.g., "periodic headaches."

Claims for CT scans are reviewed for evidence of abuse which might include the absence of reasonable indications for the scans, an excessive number of scans or unnecessarily expensive types of scans considering the facts in the particular cases.
NIA CLINICAL GUIDELINE FOR EBCT:

INTRODUCTION:

Advanced obstructive coronary heart disease (CHD) can exist with minimal or no symptoms and can progress rapidly. The first clinical manifestation is often catastrophic: acute myocardial infarction (MI), unstable angina, or sudden cardiac death. The rationale for early detection of CHD is that detection during the subclinical stages of disease might permit the reliable identification of subjects at increased risk of an adverse cardiac event and that appropriate therapy (e.g., lipid lowering) might improve the prognosis of those at high risk.

Coronary artery calcification screening, especially for intermediate-risk patients, can enhance the prediction of risk in asymptomatic individuals and increase the predictive value of the Framingham Risk Score.

Initial Clinical Reviewers (ICRs) and Physician Clinical Reviewers (PCRs) must be able to apply criteria based on individual needs and based on an assessment of the local delivery system.

INDICATIONS FOR EBCT:

For use as a risk stratification tool, based upon Framingham-ATP IV, Reynolds (includes family history), Pooled Cohort Equation (includes cerebrovascular risk), ACC/AHA Risk Calculator, or similar risk score: U (4-6)

- For the detection of coronary artery calcification in asymptomatic adults without known coronary artery disease (CAD) at intermediate global risk 10 to 20%, or 6-20% in women and younger men (when the result is expected to lead to a change in the management/treatment based upon reclassification to a lower or higher risk group.

- It is not to be used as a diagnostic test for CAD in a symptomatic patient.

Risk Calculators - Links to Cardiac/Vascular Risk Online Calculators:

Framingham-ATP IV:  
http://cvdrisk.nhlbi.nih.gov/

Reynolds Risk Score (Adds in family history):  
http://www.reynoldsriskscore.org/

Pooled Cohort Equation (includes cardiac and cerebrovascular risk):  
http://clincalc.com/Cardiology/ASCVD/PooledCohort.aspx?example

ACC/AHA Risk Calculator (includes cardiac and cerebrovascular risk):  
http://tools.acc.org/ASCVD-Risk-Estimator/

MESA Risk Calculator with addition of Coronary Artery Calcium Score:
https://www.mesa-nhlbi.org/MESACHDRisk/MesaRiskScore/RiskScore.aspx
REFERENCES


http://circ.ahajournals.org/content/122/25/2748.full.pdf


Calcium Scoring Updated References:

http://content.onlinejacc.org/article.aspx?articleid=1143998


Reviewed/Approved by: Michael Pentecost, MD, Chief Medical Officer