INDICATIONS FOR CCTA, CARDIAC (HEART) CT OR EBCT:

Cardiac CT may be considered medically necessary for the diagnosis or risk assessment in patients at low or intermediate risk, or as a pretest for probability of coronary artery disease (CAD) under the following conditions:

Detection of CAD in patients with chest pain without known heart disease

*Non-acute chest pain* possibly representing an ischemic equivalent

- Intermediate pretest probability of CAD and ECG uninterpretable or equivocal stress test (exercise, perfusion, or stress echo) OR unable to exercise; or
- Low pretest probability of CAD, ECG uninterpretable or unable to exercise

*Acute chest pain* with suspicion of acute coronary syndrome (urgent presentation)

- Low or intermediate pretest probability of CAD and
  - Normal ECG and cardiac biomarkers or
  - ECG uninterpretable or
  - Non-diagnostic ECG or equivocal cardiac biomarkers.

Patients may be considered to be at intermediate risk for CAD if they have two (2) of the following risk factors or to be at low risk for CAD patient must have at least one (1) of the following risk factors:

- Age (men aged 45 years or older; women aged 55 years or older)
- Diabetes
- Hypertension (BP 140 mmHg or higher, or on antihypertensive medication)
- Current or history of smoking
- LDL cholesterol of 130 or greater
- Low HDL cholesterol (35 mg/dL or less)
- Obesity
- Family history of premature or early onset of CAD:
  - Father below age 55
Mother below age 65

**Procedure Codes**
75572, 75573, 75574

Detection of coronary artery disease in other clinical scenarios

- Evaluation of reduced left ventricular ejection fraction
- Evaluation before non-coronary cardiac surgery

**Procedure Codes**
75572, 75573, 75574

Risk assessment post-revascularization – Symptomatic (Ischemic Equivalent)

- Evaluation of graft patency after CABG
- Prior left main coronary stent with stent diameter equal to or greater than 3 millimeters
- Testing prior to electrophysiological procedures for anatomic mapping, or prior to a repeat sternotomy in re-operative cardiac surgery.

**Procedure Codes**
75572, 75573, 75574

Adult Congenital Heart Disease

- Assessment of anomalies of coronary arterial and other thoracic arteriovenous vessels
- Assessment of complex adult congenital heart disease

**Procedure Codes**
75572, 75573, 75574

Evaluation of Ventricular Morphology and Systolic Function

- Evaluation of left ventricular function, following acute MI or in heart failure patients when images from other non-invasive methods are inadequate
- Quantitative evaluation of right ventricular function and/or morphology
- Evaluation for suspected arrhythmogenic right ventricular dysplasia

**Procedure Codes**
75572, 75573, 75574

Evaluation of Intra- and Extracardiac Structures

- Characterization of native cardiac valves or of suspected clinically significant valvular dysfunction when images from other non-invasive methods are inadequate
- Characterization of prosthetic cardiac valves or suspected clinically significant valvular dysfunction when images from other non-invasive methods are inadequate
- Evaluation of cardiac mass (suspected tumor or thrombus) when images from other non-invasive methods are inadequate
- Evaluation of pericardial anatomy
- Evaluation of pulmonary vein anatomy prior to radiofrequency ablation for atrial fibrillation
- Noninvasive coronary vein mapping prior to placement of biventricular pacemaker
- Localization of coronary bypass grafts and other retrosternal anatomy prior to reoperative chest or cardiac surgery

**Procedure Codes**

75572, 75573, 75574

Cardiac CT using electron beam CT (EBCT) or other rapid imaging CT scanning systems to detect coronary artery calcification (also called calcium scoring) is considered not medically necessary.

**Procedure Codes**

75571, S8092

Cardiac CT for all other clinical indications and applications is considered not medically necessary. There is insufficient scientific evidence to determine whether this procedure improves patient health outcomes for other conditions.