Coronary Computed Tomography (64-Slice CT)

MPM 3.4

Disclaimer
Refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description
Coronary computer tomography (CCT) is a general phrase used to describe noninvasive imaging of the arteries with multislice CT (MSCT). CCT may reduce the need for invasive coronary angiography for certain patients. Visualizing cross-sections of coronary vessels is one of several applications for MSCT.

Prior Authorization is required.

Effective October 1, 2016 criteria changed to NIA Magellan. This criteria will be available on the RAD MD website http://www1.radmd.com/media/377496/2016-master-nia-clinical-guidelines.pdf

Expert consensus guidelines have concluded that coronary artery calcium scoring via cardiac CT scan should not be recommended in low-risk asymptomatic patients. CPT 75571 is not covered.

Approval Signatures:
Clinical Quality Committee: Thomas Rothfeld MD

Medical Director: Norman White MD
Date: March 22, 2017

Publication History:
06-28-06: Benefit Alert, original effective date
04-23-08: Transitioned to Medical Policy
08-26-09: Annual Review
05-26-10: Annual Review, updated coding
05-25-11: Annual Review and revision
06-27-12: Annual Review and revision
01-29-14: Presbyterian Policy Retired
01-29-14: Presbyterian now uses MCG Criteria A-0020
03-25-15: Annual Review, no changes
06-24-15: Addition of language that CPT 75571 is not covered
07-27-16: Change to NIA Magellan effective 10-01-16.
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This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.
For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing case.
Please note that all Presbyterian Medical Policies are available on the Internet at: http://www.phs.org/phs/healthplans/providers/healthservices/Medical/index.htm