JOHNS HOPKINS HEALTHCARE
Policy Number CMS05.02

Medical Policy: Electron Beam Computed Tomography and Calcium Scoring
Department: Health Services
Lines of Business: EHP, USFHP, PPMCO, ADVANTAGE MD

ACTION:
☐ New Policy:
☒ Revising Policy Number: CMS05.02
☐ Superseding Policy Number:
☐ Archiving Policy Number:
☐ Retiring Policy Number:

Effective Date: 08/31/2005
Review Dates: 10/22/06, 10/22/07, 10/15/08, 09/27/10, 08/23/11, 06/05/15, 06/02/17

Johns Hopkins HealthCare LLC (JHHC) provides a full spectrum of health care products and services for Employer Health Programs, Priority Partners, Advantage MD, and US Family Health Plan. Each line of business possesses its own unique contract and guidelines which, for benefit and payment purposes, should be consulted to know what benefits are available for reimbursement. Specific contract benefits, guidelines or policies supersede the information outlined in this policy.

POLICY:

For US Family Health Plan see TRICARE Policy Manual 6010.57-M, February 1, 2008, Radiology, Chapter 5, Section 1.1 - Diagnostic Radiology (Diagnostic Imaging)

For Advantage MD:
Local Coverage Determinations (LCDs) do not exist at this time. (Accessed January 24, 2017)
Medicare does not have a National Coverage Determination (NCD) for Electron Beam Computed Tomography and Calcium Scoring.

I. When benefits are provided under the member’s contract, JHHC considers Coronary Artery Calcium Scoring medically necessary for patients satisfying BOTH requirements:
   A. Asymptomatic intermediate-risk score per the Framingham risk assessment AND
   B. No prior electron beam computed tomography or calcium scoring testing.

II. Unless specific benefits are provided under the member’s contract, JHHC considers Coronary Artery Calcium Scoring experimental and investigational for all other indications, as it does not meet Technology Evaluation Criteria (TEC) #2-5.

DOCUMENTATION REQUIREMENTS:

The patient’s risk factors and Framingham risk score must be submitted for clinical review.
BACKGROUND:

Electron Beam Computed Tomography (EBCT), also known as ultrafast, is a noninvasive imaging technique that is most commonly used to detect calcium deposits in coronary arteries. These calcium deposits are often associated with atherosclerotic plaques, and it has been proposed that detection of coronary calcifications can provide an early and sensitive method of diagnosing coronary artery disease. The amount of calcium deposits or calcification upon imaging is expressed as a score (calcium score).

The American Heart Association (AHA) and the American College of Cardiology (ACC) have recently endorsed the use of calcium scores in asymptomatic intermediate risk patients based on Framingham Risk Scores (FRS); calcium scores can be used to encourage these persons to more aggressively manage risk factor modification and alter therapy. The Consensus Committee felt that there is a need to measure for evidence of coronary artery disease in this group, which comprises 40% of the population. The Consensus Committee also felt that little was to be gained by testing for coronary artery calcium (CAC) in low risk groups by FRS. Further, patients with a high FRS should be treated aggressively consistent with the secondary prevention goals and need not have CAC.

Clinical monitoring of CAC progression through serial fast CT scanning is not recommended at this time.

Intermediate risk is defined as 2 or more major risk factors (cigarette smoking; hypertension ≥ 140/90 mmHg or on anti-hypertensive medications; low HDL cholesterol < 40mg/dl; high LDL cholesterol >130 mg/dl; family history of premature Coronary Heart Disease (CHD) in male first degree relative < 55 years of age, and CHD in female < 65 years of age; and men ≥ 45 years of age and women ≥ 55 years of age) plus a 10-year risk for CHD of 10% to 19%.1,2

CODING INFORMATION:

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Note: The following CPT/HCPCS codes are included below for informational purposes. Inclusion or exclusion of a CPT/HCPCS code(s) below does not signify or imply member coverage or provider reimbursement. The member's specific benefit plan determines coverage and referral requirements. All inpatient admissions require pre-authorization.
### Medical Policy: Electron Beam Computed Tomography and Calcium Scoring

#### Department: Health Services

#### Lines of Business: EHP, USFHP, PPMCO, ADVANTAGE MD

**PRE-AUTHORIZATION REQUIRED**

*Compliance with the provision in this policy may be monitored and addressed through post-payment data analysis and/or medical review audits*

<table>
<thead>
<tr>
<th>Employer Health Programs (EHP) <strong>See Specific Summary Plan Description (SPD)</strong></th>
<th>Priority Partners (PPMCO) refer to COMAR guidelines and PPMCO SPD then apply policy criteria</th>
<th>US Family Health Plan (USFHP), TRICARE Medical Policy supersedes JHHC Medical Policy. If there is no Policy in TRICARE, apply the Medical Policy Criteria</th>
<th>Advantage MD, LCD and NCD Medical Policy supersedes JHHC Medical Policy. If there is no LCD or NCD, apply the Medical Policy Criteria</th>
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<tr>
<th>CPT ® CODES</th>
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<tbody>
<tr>
<td>75571</td>
<td>Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium</td>
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<tr>
<td>75572</td>
<td>Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)</td>
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<tr>
<td>75573</td>
<td>Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image post processing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)</td>
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<tr>
<td>75574</td>
<td>Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)</td>
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<tr>
<th>HCPCS CODE</th>
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<tr>
<td>S8092</td>
<td>Electron beam computed tomography (also known as ultrafast CT, cine CT)</td>
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<tr>
<th>Revenue Codes</th>
<th>DESCRIPTION</th>
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<tr>
<td>0350</td>
<td>Hospital; Outpatient; CT Scan-General</td>
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<tr>
<td>0352</td>
<td>Hospital; Outpatient; CT Scan-Body Scan</td>
</tr>
<tr>
<td>0359</td>
<td>Hospital; Outpatient; CT Scan-Other CT Scans</td>
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REFERENCE STATEMENT:

Analyses of the scientific and clinical references cited below were conducted and utilized by the Johns Hopkins HealthCare LLC (JHHC) Medical Policy Team during the development and implementation of this medical policy. Per NCQA standards, the Medical Policy Team will continue to monitor and review any newly published clinical evidence and adjust the references below accordingly if deemed necessary.

REFERENCES:


CIGNA. Medical Coverage Policy: Electron Beam Computed Tomography (EBCT) and Multidetector Computed Tomography (MDCT) for Coronary Artery Calcification. p.34. Retrieved: https://www.cigna.com


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