

### Contrast-Enhanced Coronary CT Angiography (CCTA)

Blue Care Network provides coverage for Contrast-Enhanced Coronary CT Angiography (CCTA) performed by multidetector CT scanners that have 64 or more detectors for members who meet medical necessity criteria. CCTA performed in the outpatient treatment setting requires clinical review. Submit prior authorization requests through e-referral. The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below. If all questions are answered, e-referral will either approve or pend the case. If the case pends and BCN cannot authorize it, BCN will contact the provider for additional clinical information. Authorization is not a guarantee of payment. Payment is based on established claim edits. Compliance with this prior auth service will be monitored retrospectively.

Code	Description	
* 75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	
*75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)	
*75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	
1.	Does the patient have:	
2.	New onset of chest pain in a low to intermediate risk patient as indicated by a Framingham risk score of greater than 10?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Stress test results that are inconclusive or not consistent with other clinical evidence where CCTA is being requested as an alternative to invasive coronary angiography?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	The need for assessment of coronary or pulmonary venous anatomy for pre-surgical planning OR prior to invasive radiofrequency ablation for atrial fibrillation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	The need for non-invasive coronary arterial mapping, including internal mammary artery prior to repeat cardiac surgical revascularization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Cardiac or major thoracic surgery scheduled AND the need to exclude coronary artery disease for which CCTA is requested as an alternative to invasive coronary angiography?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	An incomplete invasive catheterization result for which CCTA is requested as an alternative to repeat invasive catheterization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	The need for assessment of a complex congenital heart disease including anomalies of coronary circulation, great vessels, and cardiac chambers and valves?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	The need for evaluation of cardiac mass (suspected tumor or thrombus) AND technically limited images from echocardiogram, MRI or Transesophageal echocardiogram?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	The need for a cardiac evaluation in a patient with technically limited images from echocardiogram, MRI or Transesophageal echocardiogram?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Symptoms needing an evaluation for a patient with a history of a coronary bypass graft or coronary stent patency to facilitate decision making for additional testing with invasive coronary angiography?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**References:**

BCBSM/BCN Medical Policy titled Contrast-Enhanced Computed Tomography Angiography (CTA, CCTA, MDCT, MSCT) of the Heart and/or Coronary Arteries, effective 1/1/14

BCBSM/BCN Medical Policy Computed Tomography to Detect Coronary Artery Calcification, effective 5/1/13.

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