CONTRAST-ENHANCED CORONARY COMPUTED TOMOGRAPHY (CT) ANGIOGRAPHY FOR CORONARY ARTERY EVALUATION

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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Description:

Electron-beam computed tomography (EBCT; also known as ultrafast CT) uses an electron gun rather than a standard X-ray tube to generate X-rays, thus permitting very rapid scanning.

Helical CT scanning (also referred to as spiral CT scanning) also creates images at greater speeds by rotating a standard X-ray tube around the individual such that data are gathered in a continuous helix or spiral rather than in individual slices.

Multidetector row helical CT (MDCT) or multislice CT scanning, is a technologic evolution of helical CT, which uses CT machines equipped with an array of multiple X-ray detectors that can simultaneously image multiple sections of the individual during a rapid volumetric image acquisition.

CT angiography (CTA) uses EBCT and helical CT scan technology along with intravenous contrast for evaluation of acute chest pain, suspected anatomical coronary artery anomaly, suspected aortic artery dissection or ruptured aortic aneurysm or a suspected pulmonary embolism.

Criteria:

CT angiography for evaluation of a suspected anatomical coronary artery anomaly will be reviewed by the medical director(s) and/or clinical advisor(s).

- Contrast-enhanced coronary CT angiography for evaluation of a suspected anatomical coronary artery anomaly is considered medically necessary with documentation of ALL of the following:
  1. Unexplained dyspnea, chest pain, palpitations, recurrent syncope, arrhythmia or cardiac arrest
  2. Current diagnostic tests, including chest X-ray, treadmill stress test, holter and/or event monitor, are inconclusive or normal, or images from MRI or TEE are technically limited.

- Contrast-enhanced coronary CT angiography for the emergency evaluation of individuals with acute chest pain and without known coronary artery disease is considered medically necessary.
Contrast-enhanced coronary CT angiography for evaluation of a suspected aortic artery dissection or ruptured aortic aneurysm is considered medically necessary when ultrasound imaging is suboptimal or non-diagnostic.

Contrast-enhanced coronary CT angiography for evaluation of a suspected pulmonary embolism in a symptomatic individual is considered medically necessary.

Contrast-enhanced coronary CT angiography for evaluation of congenital heart defects, including cardiac chambers, valves, great vessels and vasculature is considered medically necessary as part of the pre and post-operative assessment for cardiac surgery with documentation of ANY of the following:

- Congenital heart disease with contraindications to cardiac MRI (e.g., pacemaker)
- Evaluation of coronary heart abnormalities with respect to origin and distribution (e.g., anomalous coronary artery arising from the pulmonary artery, left coronary artery from the right sinus of Valsalva)
- Following coronary artery implantation after aortic root replacement or after transposition of the great artery repair
- Primary evaluation of vascular ring or pulmonary artery sling lesions
- Evaluation of the pulmonary artery in an individual with pulmonary atresia, hypoplasia or agenesis of the pulmonary artery
- Following stent implantation in the pulmonary artery or aortic arch
- Suspected aortic arch abnormality
- Need to visualize extracardiac structures related to the congenital heart defect (e.g., tracheobronchial tree, esophagus, lung parenchyma)
- Complex congenital heart defect to evaluate ventricular function

Contrast-enhanced coronary CT angiography for evaluation of the left atrium prior to catheter ablation for atrial fibrillation is considered medically necessary.
CONTRAST-ENHANCED CORONARY COMPUTED TOMOGRAPHY (CT) ANGIOGRAPHY FOR CORONARY ARTERY EVALUATION (cont.)

Criteria: (cont.)

- Contrast-enhanced coronary CT angiography for coronary artery evaluation for all indications not previously listed or if above criteria not met is considered experimental or investigational based upon:
  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.

Examples include, but are not limited to:

- Coronary artery bypass graft patency
- Coronary artery stenosis
- Measurement of cardiac perfusion
- Evaluation of coronary artery disease or atherosclerosis in an asymptomatic or symptomatic individual
- Screening for coronary artery disease or atherosclerosis in an asymptomatic individual

Resources:

Literature reviewed 10/30/18. We do not include marketing materials, poster boards and non-published literature in our review.

The BCBS Association Medical Policy Reference Manual (MPRM) policy is included in our guideline review. References cited in the MPRM policy are not duplicated on this guideline.


2. External Consultant Review. Pediatric Cardiology. 06/02/2009.


CONTRAST-ENHANCED CORONARY COMPUTED TOMOGRAPHY (CT) ANGIOGRAPHY FOR CORONARY ARTERY EVALUATION (cont.)

Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ’s Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ’s Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díi kwe’é atah níilíñgii Blue Cross Blue Shield of Arizona haada yít’éego bína’íí’díldíldígo éí doódago Háída bíjá aníyeedííí t’áadoo le’é yína’íídíldíldígo beeheaz’áaníí hołq̲íí díí t’áad házaad’ehjí háhá a’doo wolgo bee haz’a doo báq’íí ilínígóó. Ata’halne’ilííí kojíí bíchíí’ií hodilííí 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thể thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thợ dịch viễn, xin gọi 877-475-4799.

Arabic: إن كان لديك أو أداد مساعدة أسئلة بخصوص Blue Cross Blue Shield of Arizona الضرورية بلغتك من دون أي تكلفة. للتحدث مع مرزح اتصل ب 877-475-4799.
CONTRAST-ENHANCED CORONARY COMPUTED TOMOGRAPHY (CT) ANGIOGRAPHY FOR CORONARY ARTERY EVALUATION (cont.)

Multi-Language Interpreter Services: (cont.)

Tagalog: Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makaasap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona에 관해서 질문이 있다면 귀하의 도움과 정보를 귀하의 언어로 영어 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799로 전화해 주십시오.

French: Si vous, ou quelqu’un que vous êtes en train d’aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d’obtenir de l’aide et l’information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если вы или лицо, которому вы помогаете, имеете вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizonaについてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799までお電話ください。

Farsi: اگر شما یا کسی که شما به آن کمک می‌کنید، سوال ندارد و اطلاعات به زبان خود را به طور رایگان دریافت نمی‌کنید، با 677-475-4799 تماس حاصل نمایید.

Assyrian: یاری نیازمند یا یاری یافتگان گرچه خود به سوال رایگان مبتنی The Blue Cross Blue Shield of Arizona، می‌توانند با 877-475-4799 تماس حاصل نمایند.

Serbo-Croatian: Ukoliko vi ili neko kome vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijate pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodilicom, nazovite 877-475-4799.

Thai: หากคุณหรือผู้ที่คุณช่วยเหลือมีคำถามเกี่ยวกับ Blue Cross Blue Shield of Arizonaคุณสามารถขอความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่เสียค่าใช้จ่าย ติดต่อเราที่ 877-475-4799.