

Subject: CT (Computer Tomography) Heart with 3D Image (75572, 75573)		Original Effective Date: 12/13/17
Policy Number: MCR-646	Revision Date(s):	
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This Molina Clinical Review (MCR) is intended to facilitate the Utilization Management process. It expresses Molina's determination as to whether certain services or supplies are medically necessary, experimental, investigational, or cosmetic for purposes of determining appropriateness of payment. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered (i.e., will be paid for by Molina) for a particular member. The member's benefit plan determines coverage. Each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their providers will need to consult the member's benefit plan to determine if there are any exclusion(s) or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and a member's plan of benefits, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of a State, the Federal government or CMS for Medicare and Medicaid members. CMS's Coverage Database can be found on the CMS website. The coverage directive(s) and criteria from an existing National Coverage Determination (NCD) or Local Coverage Determination (LCD) will supersede the contents of this Molina Clinical Review (MCR) document and provide the directive for all Medicare members.

DESCRIPTION OF PROCEDURE/SERVICE/PHARMACEUTICAL

Cardiac computed tomography (Heart CT) can be used to image the cardiac chambers, valves, myocardium and pericardium to assess cardiac structure and function. Applications of Heart CT listed and discussed in this guideline include: characterization of congenital heart disease, characterization of cardiac masses, diagnosis of pericardial diseases, and pre-operative coronary vein mapping.

APPROVAL SUPPORT

Where indicated as alternative tests, transthoracic echocardiography (TTE) and stress echocardiography (SE) are a better choice because of producing non-static imaging results and avoidance of radiation exposure. Cardiac MRI can be considered as an alternative, especially in young patients, where recurrent examinations may be necessary. Coronary computed tomographic angiography (CCTA) is better when details of coronary vessels are needed.

- **Assessment of anomalies** thoracic arteriovenous vessels
(NOTE: For “anomalies of coronary arterial vessels” CCTA is preferred.)
- **Congenital heart disease after confirmation by transthoracic echocardiography (TTE)**
- **Suspected arrhythmogenic right ventricular dysplasia**
- **Evaluation of pulmonary vein anatomy**

- Prior to radiofrequency ablation for atrial fibrillation
- Noninvasive coronary vein mapping
- Prior to placement of biventricular pacemaker
- Evaluation of retrosternal anatomy/localization of existing coronary bypass grafts prior to chest surgery
- Inadequate images from other methods (such as echocardiography, MRI, myocardial perfusion imaging, CCTA)
 - Right/left ventricular morphology or function
 - Following acute myocardial infarction or in heart failure patients
 - Characterization of native cardiac valves
 - Clinically significant valvular dysfunction suspected
 - Characterization of prosthetic cardiac valves
 - Evaluation of cardiac mass (suspected tumor or thrombus)
 - Evaluation of pericardial anatomy
 - Anomalies of coronary arterial vessels (CCTA preferred)

ADDITIONAL INFORMATION

The above medical necessity recommendations are used to determine the best diagnostic study based on a patient's specific clinical circumstances. The recommendations were developed using evidence based studies and current accepted clinical practices. Medical necessity will be determined using a combination of these recommendations as well as the patient's individual clinical or social circumstances.

- Tests that will not change treatment recommendations should not be approved.
- Tests completed recently need a specific reason for repeat

REFERENCES USED FOR DETERMINATIONS

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Interventions, and Society of Thoracic Surgeons. Journal of the American College of Cardiology, 2014, 7, doi:10.1016/j.jacc.2014.07.017. Retrieved from <http://content.onlinejacc.org/article.aspx?articleid=1891717>.

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CPT	Description
75572	75572: CT (Computed Tomography) Heart with 3D image
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