CT Heart

CPT: 75571 through 75574

NOTE FIRST

The following technical factors may make CT of the heart difficult or impossible. If any are present in the history the request should be first reviewed by a radiologist or cardiologist at the rendering site to determine if the test is feasible.

- Atrial fibrillation
- Multifocal Atrial Tachycardia (MAT)
- Frequent Atrial Premature Contractions
- More than 50 premature ventricular contractions per
- Inability to lie flat
- Body mass index >40

Inability to obtain a heart rate less than 65 beats/minute after beta-blocker therapy or contraindication to beta-blocker therapy

- Calcium (Agatston) score of 1000 or more
- Inability to hold breath for >8 seconds
- Renal insufficiency (serum creatinine>1.5 mg/dL)

1 Without Contrast for Coronary Calcium 75571

1.1 No Symptoms but Framingham risk >10% [BOTH]

1.1.1 No prior Calcium Scoring for 5 years

1.1.2 No prior abnormal stress tests, coronary CTs, or catheterizations

1.2 Chest Pain Syndrome [BOTH]

1.2.1 No prior Calcium Scoring for 5 years

1.2.2 No prior abnormal stress tests, coronary CTs, or catheterizations

1.2.3. Results of coronary calcium scoring would influence the prescription of statin therapy6

2 With contrast material, for cardiac structure and morphology 75572

NOTES

- Based on any one of the following: echocardiographic evidence of regional RV akinesia, dyskinesia, or aneurysm; repolarization abnormalities on electrocardiogram (e.g. inverted T waves in right precordial leads in individuals>14 years of age in the absence of complete right bundle branch block); depolarization abnormalities on electrocardiogram (e.g. epsilon waves in right precordial leads); arrhythmia (e.g. non-sustained or sustained ventricular tachycardia of left bundle branch block morphology or >500 ventricular extrasystoles/24 hours on Holter monitoring); or family history
- No cardiac MRI has been performed because there is a contraindication to MRI OR a cardiac MRI was performed but was non-diagnostic

2.1. Evaluation of pulmonary vein anatomy prior to invasive radiofrequency ablation for atrial fibrillation

2.2. Non-invasive coronary vein mapping prior to placement of biventricular pacemaker

2.3. Non-invasive coronary arterial mapping, including internal mammary artery prior to repeat cardiac surgical revascularization

2.4. Evaluation of native or prosthetic valve, cardiac mass, or pericardial mass when a prior CT, cardiac MRI, or echocardiogram was performed for this indication and was non-diagnostic

2.5. Evaluation of left and/or right ventricular function when a prior echocardiogram, MRI, or MUGA was performed for this indication and was non-diagnostic

2.6. Characterization of aortic valve morphology (i.e. trileaflet or bicuspid) when not able to determine by echocardiography7

2.7. Arrhythmogenic right ventricular dysplasia/cardiomyopathy is suspected8 [BOTH]

3. With Contrast for congenital heart disease. 75573

3.1. Coronary artery anomaly suspected based on cardiac catheterization in which all coronary arteries could not be identified

3.1.1. Evaluation of thoracic arteriovenous anomaly (CTA or MRA preferred)

3.1.2. Evaluation of complex adult congenital heart disease with one of the following:

3.1.2.1. No cardiac CT or cardiac MRI has been performed and there is contraindication to MRI

3.1.2.2. A cardiac CT or cardiac MRI was performed one year ago or more

4 For Evaluation of Coronary Artery Disease 75574

4.1 Congestive heart failure

4.1.1 No stress or angiographic studies in prior 60 days

4.1.2 Evaluation of coronary arteries in patients with new onset heart failure to assess etiology

4.2 Acute Chest pain [ALL]

4.2.1 Low to Intermediate pretest probability of CAD See Chart Below

4.2.2 No ECG changes

4.2.3 Serial enzymes negative

4.3 Chest Pain Syndrome includes any of the following: chest pain, tightness, and burning, dyspnea, shoulder or jaw pain

4.3.1 Low to Intermediate pretest probability of CAD See Chart Below

4.3.2 ECG uninterpretable or unable to exercise (for stress test)Abnormal or equivocal stress test (e.g. discordance between EKG changes and perfusion defects or inducible wall motion abnormalities)

4.3.3 No chest pain

4.3.4 Catheterization not planned

4.4 Evaluation of known coronary artery artery disease [One of the following]

4.4.1 New chest pain or shortness of breath with prior coronary artery bypass grafting/assessment of graft patency

4.4.2 No symptoms [One of the following]:Left main coronary artery stent is present 1Stent diameter>3 mm and ≥2 years since PCI Coronary artery bypass grafting surgery≥5 years

4.5 Incomplete prior coronary angiogram

4.6 In place of coronary angiogram in cases with difficult vascular access or at risk due to anticoagulation

4.7 Evaluation of suspected coronary aretery anomaly

4.8 Prior to noncoronary cardiac or other high risk surgery

4.9 Detection of left atrial appendage thrombus in patients with atrial fibrillation when transesophageal echocardiography is not planned or is contraindicated

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