

CTA Heart for evaluation for coronary artery disease

CPT: 75574

NOTE: ANY OF THE FOLLOWING REQUIRE PHYSICIAN REVIEW:

- Atrial fibrillation
- Fast heart rate, inability to take beta blockade
- Frequent premature atrial or ventricular contractions with irregular heart rhythm
- Known severe coronary artery calcifications (i.e., coronary calcium score >1000-1500 Agatston units)
- Morbid obesity
- Screening test of asymptomatic patient
- Serum creatinine >2.0 mg/dL

- 1 For mapping of coronary veins prior to biventricular pacing
- 2 For mapping of left atrium and pulmonary veins prior to ablation procedure

3 For Evaluation of Coronary Artery Disease 75574

3.1 Congestive heart failure

3.1.1 No stress or angiographic studies in prior 60 days

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

3.2 Acute Chest pain [ALL]

3.2.1 Low to Intermediate pretest probability of CAD See Chart Below

3.2.2 No ECG changes

3.2.3 Serial enzymes negative

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

3.3.1 Low to Intermediate pretest probability of CAD See Chart Below

3.3.2 ECG uninterpretable or unable to exercise (for stress test)

3.4 Abnormal or Equivocal Stress Test

3.4.1 No chest pain

3.4.2 Catheterization not planned

3.5 Incomplete prior coronary angiogram

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

3.7 Evaluation of suspected coronary artery anomaly

3.8 Prior to noncoronary cardiac or other high risk surgery

3.9 Pretest Probability by Symptom, Sex and Age

Age and Sex	Typical Angina	Atypical Angina	Non Anginal Pain	Asymptomatic
< 40 Male	Intermediate	Intermediate	Low	Very Low
< 40 Female	Intermediate	Very Low	Very Low	Very Low
40-49 Male	High	Intermediate	Intermediate	Low
40-49 Female	Intermediate	Low	Very Low	Very Low
50-59 Male	High	Intermediate	Intermediate	Very Low
50-59 Female	Intermediate	Intermediate	Low	Very Low
>60 Male	High	Intermediate	Intermediate	Low
>60 Female	High	Intermediate	Intermediate	Low

References

1. American College of Radiology. ACR Appropriateness Criteria®. Acute nonspecific chest pain; low probability of coronary artery disease. Initial imaging. Available at <https://acsearch.acr.org/list>. Accessed 11/2/2020.
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ACCF/ACR/AHA/NASCI/SAIP/SCAI/SCCT 2010 Expert Consensus Document on Coronary Computed Tomographic Angiography: A Report of the American College of Cardiology Foundation Task Force on Expert Consensus Documents J Am Coll Cardiol 2010 55: 2663-2699
3. Thompson Randall C, Thomas Gregory S, "Coronary Angiography by Computed Tomography" (Update). Fauci AS, Braunwald E, Kasper DL, Hauser SL, Longo DL, Jameson JL, Loscalzo J: Harrison's Principles of Internal Medicine, 17e: <http://www.accessmedicine.com/updatesContent.aspx?aid=1000672>.
4. Thompson RC et al: Potential indications of coronary angiography by computed tomography (CT). Am Heart Hosp J 3:161, 2005b