

## Request for Individual Consideration for Coverage "Electron Beam CT Coronary Calcification Exam"

I am referring \_\_\_\_\_ to Advanced Body Scan of Newport for an EBCT coronary scan in order to make a clinical decision based upon the coronary calcium score. The calcium score measures the extent of atherosclerosis present and has been shown to be a more powerful predictor of future coronary events than conventional risk factors, stress testing and coronary angiography (references available). I consider this test to be medically indicated and necessary. My patient has the following clinical indications (circled), acknowledged separately in consensus statements on EBCT by the expert panels of the American College of Cardiology/American Heart Association (Circulation, 2000), the Society of Atherosclerosis Imaging (SAI) (Am. J Cardiology 2000) and Prevention V of the American Heart Association (Circulation, 2000).

### Circle Appropriate Indication:

- I. *My patient has least an "intermediate" risk for coronary disease due to having one or more following risk factors: age greater than 40, dyslipidemia, family history of premature coronary heart disease, hypertension, diabetes or smoking. EBCT is an FDA approved, extensively validated, noninvestigational test that noninvasively detects and measures coronary atherosclerosis. The EBCT coronary calcium score will be used by me to determine the need for drug therapy. A positive score will be used by me to justify institution of lifelong cardioprotective drug therapy (e.g. statins, ACE inhibitors, Aspirin) but a zero or low score would obviate the need for drug therapy. (Class 2A indication--SAI).*
- II. *My patient has symptoms that indicate a low to moderate likelihood for true coronary obstruction (e.g., atypical chest pain). I am referring the patient for an EBCT coronary scan to determine whether further cardiac testing will be necessary or if noncardiac causes should be investigated. EBCT coronary calcification imaging is considered the most cost-effective (references available) first test in cardiology for this indication (Class I indication-SAI).*
- III. *My patient has undergone a stress test and the results are equivocally positive. I am referring the patient for an EBCT coronary scan to help determine the likelihood of a "false positive" to possibly avoid further costly and potentially invasive testing (Class I indication-SAI).*
- IV. *My patient has an unexplained, primary cardiomyopathy. I am referring the patient for an EBCT coronary scan as the initial test to determine the likelihood underlying coronary atherosclerotic disease and possibly avoid further costly and invasive testing. The majority of unexplained, idiopathic cardiomyopathies are viral or toxic in origin and a zero or low calcium score would obviate the need for further evaluation of the coronary arteries (Class I indication-SAI).*
- V. *My patient has documented coronary artery disease and is now on medical therapy. EBCT is an extensively validated test that noninvasively monitors the progression of atherosclerosis (references available). I am referring the patient to determine how he/she is responding to my therapy. I acknowledge that the utility in this situation is considered "possibly useful" (Class 2B-SAI).*

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Physician

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Date