



National Imaging Associates, Inc.	
Clinical guidelines Electron-Beam Tomography (EBCT) <i>(Heart CT w/o contrast material with quantitative evaluation of coronary calcium)</i>	Original Date: February 2005 Page 1 of 1 "Arkansas BCBS"
CPT Codes: 75571, S8092	Last Review Date: November 2012
Coverage Policy Number: 20005010	Last Revised Date: November 2012
Responsible Department: Clinical Operations	Implementation Date: January 2013

**"ARKANSAS BCBS"**

**INDICATIONS FOR EBCT:**

- Quantitative coronary artery calcium scoring meets primary coverage criteria of effectiveness when performed to determine if there is too much calcium present to proceed with CT coronary angiography.
- The following indications **do not** meet member benefit primary coverage criteria that there be scientific evidence of effectiveness in improving health outcomes:
  - Screening, unless performed prior to CT coronary angiography to determine if there is too much calcium present to proceed with CT coronary angiography.

Reviewed/Approved by *Michael Pentecost MD*

Michael Pentecost, MD, Associate Chief Medical Officer