

## Request for Individual Consideration for Coverage --- Electron Beam CT Coronary Exam

I am a physician who is knowledgeable about the roles and limitations of Electron Beam Computed Tomography (EBCT) coronary imaging and treatment guidelines in this field (Mayo Clinic Proc., 1999). I am referring the above referenced patient for an EBCT coronary scan in order to make a clinical decision based upon the coronary calcium score. The calcium score indicates the extent of atherosclerosis and has been shown to be a more powerful predictor of future coronary events than risk factors, stress tests and angiographic results (references available). I consider this test to be medically indicated and necessary and it is not being used as a screen. This patient is being referred to Colorado Heart Imaging for one of the following clinical indications (circled) acknowledged separately by consensus statements on EBCT by the expert panel 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 One:

- I. My patient is asymptomatic, has one or more coronary risk factors (age>40, dyslipidemia, fam.hx. premature CAD, hypertension, diabetes, obesity, smoking) and therefore has at least an “intermediate” risk for future symptomatic coronary disease. EBCT is the only extensively validated test to noninvasively detect nonobstructive coronary atherosclerosis, which results in the majority of clinical events in asymptomatics (references available). The coronary calcium score, will be used by me to make a targeted therapeutic decision to determine the need and/or aggressiveness of lifelong cardioprotective therapy (e.g. statins, ACE inhibitors) and risk factor management. A zero or low score might obviate drug therapy. (Class 2A indication--SAI).
- II. My patient has symptoms, which in my judgment 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 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 costly or invasive testing (Class I indication-SAI).
- IV. My patient has had a previous EBCT test and is now on medical therapy and aggressive risk factor management. EBCT is the only extensively validated test to noninvasively monitor the progression of subclinical atherosclerosis (references available). I am referring the patient to determine if he/she is responding to the aforementioned therapy. I acknowledge that the utility in this situation is considered “possibly useful” (Class 2B-SAI).

---

Physician

---

Date