

## Coronary Artery Calcium Scoring (CACS)

Also known as	<div><div></div><div><div>1. Calcium scoring exam</div><div>2. Computed tomography (CT) for coronary artery calcium scoring (CACS)</div><div>3. Electron beam computed tomography (EBCT)</div><div>4. Heart scan</div></div></div>						
Description	<p>Coronary artery calcium scoring (CACS) is a diagnostic test that uses special X-ray equipment to produce pictures of the coronary (heart) arteries to determine if they are blocked or narrowed by the build-up of plaque, an indicator for heart disease. The information obtained can help evaluate whether a patient is at increased risk for heart attack.</p>						
See also	<div><div>Similar, related, or easily confused documents.</div><div><div><div>• <a href="#">Cardiac Computed Tomography</a> - Non-invasive imaging that provides detailed pictures of the anatomy of the heart and coronary circulation.</div><div>• <a href="#">Computed Tomography (CT) Scan</a> - An imaging test using x-rays to obtain images at multiple angles though specific sections of the body.</div><div>• <a href="#">Coronary Computed Tomography Angiography (CCTA)</a> - Diagnostic imaging that combines multiple x-ray images with the assistance of a computer to produce cross-sectional views of the vessels of the heart.</div></div></div></div>						
Table of Contents	<div><div>The following topics are included in this document:</div><div><div><div>• <a href="#">Commercial</a></div><div>• <a href="#">Government Programs</a></div><div>• <a href="#">Individual and Family Business (IFB)</a></div></div></div></div>						
Document history	<div><div>The document history for the past 12 months is outlined below.</div><table><tr><th>Date</th><th>Description</th></tr><tr><td>9.3.24</td><td>Refreshed due to age.</td></tr><tr><td>5.2.24</td><td>Updated to new template.</td></tr></table></div>	Date	Description	9.3.24	Refreshed due to age.	5.2.24	Updated to new template.
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Commercial

**Introduction** This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).

**Dean (DHP, Prevea360)** Coverage depends on the date of service.

DOS	Coverage
Prior to 10.1.24	<ul style="list-style-type: none"><li>• <b>Requires prior authorization.</b></li><li>• See <a href="#">Radiology Prior Authorizations</a> for details.<ul style="list-style-type: none"><li>– Some providers and POS are excluded from PA.</li></ul></li><li>• If approved, quote MRI, CT, PET scan benefits. If section doesn’t exist, quote X-Ray/imaging benefits. Include facility benefits.</li><li>• <b>Contrast:</b> A contrast material injection may be required. If billed, covered under the same benefits.</li></ul>
After 10.1.24	<ul style="list-style-type: none"><li>• <b>Requires prior authorization.</b></li><li>• See <a href="#">Radiology Prior Authorizations</a> or <a href="#">Cardiology Prior Authorizations</a> for details.<ul style="list-style-type: none"><li>– Some providers and POS are excluded from PA.</li></ul></li><li>• If approved, quote MRI, CT, PET scan benefits. If section doesn’t exist, quote X-Ray/imaging benefits. Include facility benefits.</li><li>• <b>Contrast:</b> A contrast material injection may be required. If billed, covered under the same benefits.</li></ul>

**Mayo Medical Plan (MMP)** Coverage depends on the provider.

Provider	Coverage
Mayo provider	<ul style="list-style-type: none"><li>• Quote MRI, CT, PET scan benefits. If section doesn’t exist, quote X-Ray/imaging benefits. Include facility benefits.</li><li>• <b>Contrast:</b> A contrast material injection may be required. If billed, covered under the same benefits.</li></ul>
Non-Mayo provider	<ul style="list-style-type: none"><li>• Medica’s Coverage Policy, <i>Coronary Artery Calcium Scoring (CACS) - Mayo Medical Plan Only</i>, applies.</li><li>• <b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</li><li>• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none"><li>– <b>Important:</b> Check policy for limits or exclusions.</li></ul></li><li>• If eligible, quote MRI, CT, PET scan benefits. If section doesn’t exist, quote X-Ray/imaging benefits. Include facility benefits.</li><li>• <b>Contrast:</b> A contrast material injection may be required. If billed, covered under the same benefits.</li><li>• For investigative indications, not covered.</li></ul>

**Medica (including MHPS)** Coverage depends on the date of service.

DOS	Coverage
Prior to 5.1.24	<ul style="list-style-type: none"><li>• Medica’s Coverage Policy, <i>Coronary Artery Calcium Scoring (CACS)</i>, applies.</li><li>• <b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</li><li>• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none"><li>– <b>Important:</b> Check policy for limits or exclusions.</li></ul></li><li>• If eligible, quote MRI, CT, PET scan benefits. If section doesn’t exist, quote X-Ray/imaging benefits. Include facility benefits.</li><li>• <b>Contrast:</b> A contrast material injection may be required. If billed, covered under the same benefits.</li><li>• For investigative indications, not covered.</li></ul>
After 5.1.24	<ul style="list-style-type: none"><li>• <b>Requires prior authorization.</b></li><li>• See <a href="#">Radiology Prior Authorizations</a> or <a href="#">Cardiology Prior Authorizations</a> for details.<ul style="list-style-type: none"><li>– Some providers and POS are excluded from PA.</li></ul></li><li>• If approved, quote MRI, CT, PET scan benefits. If section doesn’t exist, quote X-Ray/imaging benefits. Include facility benefits.</li><li>• <b>Contrast:</b> A contrast material injection may be required. If billed, covered under the same benefits.</li></ul>

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Government Programs

Introduction

This section applies to all Medicaid and Medicare products.

AccessAbility (SNBC),

Medicaid only groups:

See Medicaid below.

Minnesota Senior Care Plus (MSC+)

Medicare eligible groups:

Quote X-ray/imaging benefits.

Contrast: A contrast material injection may be required. If billed, covered under the same benefits.

Follows Medicare guidelines.

Medicare is the primary payer.

If no Medicare eligibility, Medicaid applies. See Medicaid below.

AccessAbility Enhanced (I-SNBC),

Coverage depends on the date of service.

DOS	Coverage
Prior to 5.1.24	<div><div>Medica’s Coverage Policy, Coronary Artery Calcium Scoring (CACS), applies.</div><div>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</div><div>Covered indications are listed under Coverage Policy.<div>Important: Check policy for limits or exclusions.</div></div><div>If eligible, quote X-Ray/imaging benefits.</div><div>Contrast: A contrast material injection may be required. If billed, covered under the same benefits.</div><div>For investigative indications, not covered.</div><div>Medica is the only payer.</div></div>
After 5.1.24	<div><div>Requires prior authorization.</div><div>See Radiology Prior Authorizations or Cardiology Prior Authorizations for details.<div>Some providers and POS are excluded from PA.</div></div><div>If approved, quote X-Ray/imaging benefits.</div><div>Contrast: A contrast material injection may be required. If billed, covered under the same benefits.</div><div>Medica is the only payer.</div></div>

Cost (Prime)

Coverage depends on the date of service.

DOS	Coverage
Prior to 5.1.24	<div><div>Check for an LCD or NCD. If one does not exist, Medica’s Coverage Policy, Coronary Artery Calcium Scoring (CACS), applies.</div><div>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</div><div>Covered indications are listed under Coverage Policy.<div>Important: Check policy for limits or exclusions.</div></div><div>If eligible, quote outpatient diagnostic tests and therapeutic services and supplies.</div><div>Contrast: A contrast material injection may be required. If billed, covered under the same benefits.</div><div>For investigative indications, not covered.</div><div>Follows Medicare guidelines.</div></div>
After 5.1.24	<div><div>Quote outpatient diagnostic tests and therapeutic services and supplies.</div><div>Contrast: A contrast material injection may be required. If billed, covered under the same benefits.</div><div>Does NOT require prior authorization (PA) through Medica.</div><div>Follows Medicare guidelines.</div></div>

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Med Advantage    Coverage depends on the date of service.

DOS	Coverage
Prior to 5.1.24	<ul style="list-style-type: none"><li>• Medica’s Coverage Policy, <i>Coronary Artery Calcium Scoring (CACS)</i>, applies.</li><li>• <b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</li><li>• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none"><li>– <b>Important:</b> Check policy for limits or exclusions.</li></ul></li><li>• If eligible, quote outpatient diagnostic tests and therapeutic services and supplies.</li><li>• <b>Contrast:</b> A contrast material injection may be required. If billed, covered under the same benefits.</li><li>• For investigative indications, not covered.</li><li>• Follows Medicare guidelines.</li><li>• Medica is the only payer.</li></ul>
After 5.1.24	<ul style="list-style-type: none"><li>• <b>Requires prior authorization.</b></li><li>• See <a href="#">Radiology Prior Authorizations</a> or <a href="#">Cardiology Prior Authorizations</a> for details.<ul style="list-style-type: none"><li>– Some providers and POS are excluded from PA.</li></ul></li><li>• If approved, quote outpatient diagnostic tests and therapeutic services and supplies.</li><li>• <b>Contrast:</b> A contrast material injection may be required. If billed, covered under the same benefits.</li><li>• Follows Medicare guidelines.</li><li>• Medica is the only payer.</li></ul>

Med Supp (Select, Signature)    Quote X-ray/imaging benefits.

- **Contrast:** A contrast material injection may be required. If billed, covered under the same benefits.
- Follows Medicare guidelines.
- Medicare supplement.
- Medicare is the primary payer.

Medicaid    Coverage depends on the date of service.

DOS	Coverage
Prior to 5.1.24	<ul style="list-style-type: none"><li>• Medica’s Coverage Policy, <i>Coronary Artery Calcium Scoring (CACS)</i>, applies.</li><li>• <b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</li><li>• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none"><li>– <b>Important:</b> Check policy for limits or exclusions.</li></ul></li><li>• If eligible, quote X-Ray/imaging benefits. Also quote facility benefits.</li><li>• <b>Contrast:</b> A contrast material injection may be required. If billed, covered under the same benefits.</li><li>• For investigative indications, not covered.</li></ul>
After 5.1.24	<ul style="list-style-type: none"><li>• <b>Requires prior authorization.</b></li><li>• See <a href="#">Radiology Prior Authorizations</a> or <a href="#">Cardiology Prior Authorizations</a> for details.<ul style="list-style-type: none"><li>– Some providers and POS are excluded from PA.</li></ul></li><li>• If approved, quote X-Ray/imaging benefits. Include facility benefits.</li><li>• <b>Contrast:</b> A contrast material injection may be required. If billed, covered under the same benefits.</li></ul>

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Individual and Family Business (IFB)

**Introduction** This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.

Dean (DHP, Medica formerly WellFirst, Prevea360)	Coverage depends on the date of service.	
	DOS	Coverage
	Prior to 10.1.24	<ul style="list-style-type: none"><li>Requires prior authorization.</li><li>See Radiology Prior Authorizations for details.<ul style="list-style-type: none"><li>Some providers and POS are excluded from PA.</li></ul></li><li>If approved, quote MRI, CT, PET scan benefits. If section doesn’t exist, quote X-Ray/imaging benefits. Include facility benefits.</li><li>Contrast: A contrast material injection may be required. If billed, covered under the same benefits.</li></ul>

Dean (DHP, Medica formerly WellFirst, Prevea360)	After 10.1.24	<ul style="list-style-type: none"><li>Requires prior authorization.</li><li>See Radiology Prior Authorizations or Cardiology Prior Authorizations for details.<ul style="list-style-type: none"><li>Some providers and POS are excluded from PA.</li></ul></li><li>If approved, quote MRI, CT, PET scan benefits. If section doesn’t exist, quote X-Ray/imaging benefits. Include facility benefits.</li><li>Contrast: A contrast material injection may be required. If billed, covered under the same benefits.</li></ul>
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Medica	Coverage depends on the date of service.	
	DOS	Coverage
	Prior to 5.1.24	<ul style="list-style-type: none"><li>Medica’s Coverage Policy, Coronary Artery Calcium Scoring (CACS), applies.</li><li>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</li><li>Covered indications are listed under Coverage Policy.<ul style="list-style-type: none"><li>Important: Check policy for limits or exclusions.</li></ul></li><li>If eligible, quote MRI, CT, PET scan benefits. If section doesn’t exist, quote outpatient X-rays and imaging service in an office or hospital. Include facility benefits.</li><li>Contrast: A contrast material injection may be required. If billed, covered under the same benefits.</li><li>For investigative indications, not covered.</li></ul>

Medica	After 5.1.24	<ul style="list-style-type: none"><li>Requires prior authorization.</li><li>See Radiology Prior Authorizations or Cardiology Prior Authorizations for details.<ul style="list-style-type: none"><li>Some providers and POS are excluded from PA.</li></ul></li><li>If approved, quote MRI, CT, PET scan benefits. If section doesn’t exist, quote outpatient X-rays and imaging service in an office or hospital. Include facility benefits.</li><li>Contrast: A contrast material injection may be required. If billed, covered under the same benefits.</li></ul>
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