



SOCIETY OF  
**CARDIOVASCULAR**  
COMPUTED TOMOGRAPHY

Ms. Tamara Syrek Jensen, JD  
Director, Coverage and Analysis Group  
Center for Clinical Standards and Quality  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, Maryland 21244

Dear Ms. Jensen,

The Society of Cardiovascular Computed Tomography (SCCT) writes in support of the Society of Heart Attack Prevention and Eradication (SHAPE) formal request for a National Coverage Determination for coronary artery calcium scoring. This effort reflects the updated role of coronary artery calcium scoring (CACS) highlighted by the *2018 AHA/ ACC/ AACVPR/ AAPA/ ABC/ ACPM/ ADA/ AGS/ APhA/ ASPC/ NLA/ PCNA Guideline on the Management of Blood Cholesterol* and the *2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease*.

Based on abundant data from multiple international cohorts highlighting how CAC can reclassify risk among individuals who are potential candidates for statin therapy, CAC was awarded a level IIa recommendation among patients aged 40-75 with an intermediate-risk (10 years risk of ASCVD events between 7.5% and 20%), or selected borderline-risk (10 year risk of ASCVD events between 5 and 7.5%) adults. The guidelines recommendation was based on data that a CAC of zero allows for safe deferral of statin therapy in nearly 50% of patients who would otherwise qualify for statins therapy based on the pooled cohorts equation (PCE). Importantly, with the new guidelines, the role of CAC has shifted from a “screening test” – where it was used to identify higher risk patients among those who would otherwise be classified as low-risk - to a test which is used in the context of shared decision making among individuals who meet criteria for statin consideration, but for whom there is uncertainty regarding risk and/or patient indecision.

Despite the important role of CAC testing highlighted in these guidelines, in many parts of the U.S. CAC testing is not covered by payors, often necessitating an out-of-pocket payment. In order to ensure appropriate access to this test, in a manner which is consistent with the current guidelines, we urge the Centers for Medicare and Medicaid Services to make this test available to patients.

Please address any questions or CACS policy updates to Dawn Brennaman, SCCT Director of Advocacy and Payer Relations, [dbrennaman@scct.org](mailto:dbrennaman@scct.org).

Thank you for your consideration.

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Suhny Abbara, MD, FACR, FSCCT  
President, SCCT

A handwritten signature in black ink, appearing to read "Ron Blankstein".

Ron Blankstein, MD, FSCCT  
Chair, SCCT CAC Working Group  
President-Elect, SCCT