



Valentin Fuster, MD, PhD
*Physician-in-Chief,
The Mount Sinai Hospital
Director, Mount Sinai Heart
Director, The Zena and Michael A. Wiener
Cardiovascular Institute and of
The Marie-Josée and Henry R. Kravis
Center for Cardiovascular Health,
Richard Gorlin, MD Heart Foundation
Professor of Cardiology*

Mount Sinai Health System
One Gustave L. Levy Place, Box 1050
New York, NY 10029-6574
T 212-241-7911
F 212-423-9488
valentin.fuster@mssm.edu

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Tamara Syrek Jensen, J.D.
Centers for Medicare & Medicaid Services;
Director, Coverage and Analysis Group;
7500 Security Boulevard; Baltimore, MD 21244.

Dear Ms. Jensen and Colleagues,

On behalf of the cardiology community, I would like to express my gratitude to your team for allowing us to visit CMS and share the rationale for covering coronary artery calcium (CAC) testing in a selected patient population who could greatly benefit from the test.

As presented, CAC has two key diagnostic roles in patients with intermediate risk of atherosclerosis cardiovascular disease based on the latest national guidelines issued by American College of Cardiology and American Heart Association;

- 1) To prevent unnecessary treatment in those with CAC=0 who are truly low-risk despite being categorized by risk factors (e.g. high cholesterol) as intermediate risk.
- 2) To alert high-risk patients who based on risk factors are categorized as low or intermediate risk, and to initiate or intensify treatment in this group to prevent adverse events such as heart attack and stroke.

The indisputable evidence behind the recent guidelines creates a professional and ethical obligation for physicians to order CAC testing for their patients who meet the above diagnostic indications.

We appreciate that you considered the evidence we presented including the cost-effectiveness data and decided to initiate coverage analysis. We are happy to provide additional information you might need.

I hope CMS will expedite the approval process.

Sincerely yours,

Valentin Fuster, M.D., Ph.D.

CC: Dr. Joseph Chin
Dr. Steven Farmer
Mr. Andrew Saul
Dr. Donald Lloyd-Jones
Dr. Morteza Naghavi