SOUTH TAMPA CARDIOLOGY
ADVANCED IMAGING CENTER

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Date: _____

Insurance Company: _____
Insurance Address: _____
Insurance City, State, Zip: _____
Insurance Fax: _____

Patient: _____
DOB: _____
Address: _____
City, State, Zip: _____
Insurance ID#: _____

Physician: _____

Dear _____,
(Insurance Company)

The following document will provide a detailed appeal for the denial of coverage for coronary computed tomography angiography (CCTA) as a first-line diagnostic test for a patient with suspected coronary artery disease (CAD). The appeal is grounded in robust clinical evidence demonstrating the superiority of CCTA in improving patient outcomes, enhancing diagnostic accuracy, and reducing healthcare costs compared to traditional stress testing. This evidence is supported by guidelines from the American College of Cardiology and the American Heart Association, among others.

Appeal for CCTA Coverage

I am writing to appeal the denial of coverage for coronary computed tomography angiography (CCTA) as a first-line diagnostic test for my patient with suspected coronary artery disease (CAD). The use of CCTA is strongly supported by clinical evidence and professional guidelines, which demonstrate its benefits in improving patient outcomes, enhancing diagnostic accuracy, and reducing healthcare costs compared to stress testing.

The 2021 American College of Cardiology/American Heart Association (ACC/AHA) guidelines recommend CCTA for the evaluation of patients with stable chest pain and no known CAD, particularly those at intermediate to high risk.[1] The SCOT-HEART trial showed that the addition of CCTA to standard care significantly reduced the incidence of CAD death or myocardial infarction over five years (HR: 0.59; 95% CI: 0.41-0.84; P=0.004).[1] Additionally, the PROMISE trial indicated that patients with diabetes who underwent CCTA had a lower risk of cardiovascular death or myocardial infarction compared to those who underwent stress testing (adjusted HR: 0.38; 95% CI: 0.18-0.79; P=0.01).[1]

The Society of Cardiovascular Computed Tomography, endorsed by the American College of Radiology and the North American Society for Cardiovascular Imaging, also supports the use of CCTA as a first-line test for patients presenting with acute chest pain.[2] CCTA has been shown to have a high negative predictive value, superior diagnostic accuracy, and the ability to identify high-risk plaque morphology, which can guide appropriate patient management and reduce unnecessary invasive procedures

Furthermore, the National Institute for Health and Care Excellence (NICE) guidelines recommend CCTA as the first-line test for patients with typical or atypical angina without STEMI, highlighting its cost-effectiveness and diagnostic efficiency.[3] The integration of CCTA in clinical practice has been associated with a reduction in cardiovascular mortality and fewer hospitalizations for myocardial infarction.[3]

Given the substantial evidence supporting the use of CCTA and the limitations of stress testing, including a high false positive rate and the potential for unnecessary invasive procedures, I request reconsideration and approval of CCTA coverage for my patient. This will ensure optimal patient care and align with current clinical guidelines and best practices.

In conclusion-
ðStudies show that a CCTA-first strategy results in a 41% reduction in death and non-fatal heart attacks compared to patients who undergo stress testing first.
ðStress testing has significant limitations, with a false positive rate of nearly 50%, leading to unnecessary invasive procedures and increased healthcare costs.
ðGiven these limitations and the strong support from clinical studies and the American Heart Association, I request reconsideration and approval of CCTA coverage to ensure optimal patient care.

Thank you for your attention to this matter.

Sincerely,

[Physician's Name]

[Physician's Contact Information]

This document should provide a comprehensive and evidence-based appeal for the use of CCTA as a first-line diagnostic test for suspected CAD, emphasizing its clinical benefits and alignment with professional guidelines.

References
[1] Gulati M, Levy PD, Mukherjee D, et al. 2021 AHA/ACC/ASE/CHEST/SAEM/SCCT/SCMR Guideline for the Evaluation and Diagnosis of Chest Pain: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. Circulation. 2021;144(22):e368-e454. doi:10.1161/CIR.0000000000001029.
[2] Maroules CD, Rybicki FJ, Ghoshhajra BB, et al. 2022 Use of Coronary Computed Tomographic Angiography for Patients Presenting With Acute Chest Pain to the Emergency Department: An Expert Consensus Document of the Society of Cardiovascular Computed Tomography (SCCT): Endorsed by the American College of Radiology (ACR) and North American Society for Cardiovascular Imaging (NASCI).

Journal of Cardiovascular Computed Tomography. 2023 Mar-Apr;17(2):146-163. doi:10.1016/j.jcct.2022.09.003.
[3] Weir-McCall JR, Williams MC, Shah ASV, et al. National Trends in Coronary Artery Disease Imaging: Associations With Health Care Outcomes and Costs. JACC. Cardiovascular Imaging. 2023;16(5):659-671. doi:10.1016/j.jcmg.2022.10.022.