

3.2 CT Coronary Angiography (CTA)

In all cases the referral for a CTA must be made by a cardiologist in private practice following a clinical consultation additionally one of the following criteria must be met:

1. Members with chest pain or other cardiac symptoms suggestive of coronary artery disease, with a low or intermediate pre-test probability of CAD when the member cannot perform or has a contradiction to exercise and pharmacologic evoked stress testing.
2. Members with an intermediate pre-test probability of CAD based on the NZ Guidelines Group 5year CVD risk 10-15% in whom a recent stress test for the investigation of suspected CAD symptoms (Treadmill/Echo/Myocardial Perfusion Scan) has produced results which are unable to be interpreted or equivocal.
3. Members who require a pre-operative assessment of coronary arteries prior to undergoing elective Cardiac Valve or Aortic Aneurysm surgery and the CTA is carried out instead of an Angiogram.
4. Members with Echocardiographic evidence of suspected Cardiac Mass, or other morphologic abnormality of the heart, pericardium, or great vessels (subject to congenital exclusion).
5. Members with new onset heart failure or dilated cardiomyopathy previously evaluated by echocardiography, where ischemia is the suspected aetiology and the CTA is in lieu of an Angiogram.

Southern Cross Health Society does not fund CT Coronary Angiography for:

- Asymptomatic Members in the absence of any other supporting evidence from diagnostic tests
- Screening purposes based on risk factors (e.g. Hypertension/Hyperlipidaemia and family history) as a sole indication
- Members with an acute presentation of symptoms
- Members with an intermediate or high pre-test probability of CAD when prior stress tests (Treadmill/Echo/Myocardial Perfusion Scan) are unequivocally negative or positive
- Post revascularization procedure evaluation following Coronary Angioplasty involving Stent placement.
- Post CABG assessment in asymptomatic members.
- Evaluation of pulmonary vein anatomy prior to invasive radiofrequency ablation for atrial fibrillation
- Pre-operative evaluation of members undergoing non-cardiac surgery who do not qualify according to the criteria listed above
- Members with a BMI of greater than 40 in whom it is deemed that it is likely that image quality will be non diagnostic
- Members with a CAC score of greater than 1700 Agatston units from a previous coronary calcium scan

