



**UM-CDG-060 AI Enabled CT Based Quantitative
Coronary Topography Coronary Plaque Analysis**

**Approved By:
Director, Health Services**

**Effective Date:
10/20/2025**

This Policy applies to all SECUR affiliates, associates, and subsidiaries.

Approved by Courtney Gonzales, Director of Health Services on behalf of the Utilization Management Committee.

PURPOSE

This coverage determination guideline serves to address artificial intelligence (AI) enabled computed tomography (CT) based quantitative coronary topography (AI-QCT) and coronary plaque analysis (AI-CPA), imaging obtained through coronary CT scans to calculate coronary artery dimensions and degree of stenosis per vessel and coronary plaque composition and burden.

For SECUR Health Plan members, National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) will be applied to requests when applicable. SECUR Health Plan Coverage Determination Guidelines (CDG) will be utilized in the absence of an appropriate NCD and/or LCD.

DEFINITIONS

None

RELATED POLICY(IES)

[UM-CDG-008 Computed Tomographic Angiography of the Chest, Heart, and Coronary Arteries](#)

POLICY

SECUR Health Plan will consider AI-QCT/AI-CPA using coronary computed tomography angiography (CCTA) as medically necessary as a diagnostic study when:

1. Member has acute or stable chest pain with no known coronary artery disease (CAD) and is eligible for CCTA, and
2. CCTA classifies member as intermediate risk or CAD-RADS 1, CAD-RADS 2, or CAD-RADS 3 category on CCTA, and
3. Cardiac evaluation is negative or inconclusive for acute coronary syndrome (ACS).

SECUR Health Plan will follow the guidance in UM-CDG-008 for criteria for CCTA. AI-QCT/AI-CPA should not be performed until after the base study (CCTA) has been completed and interpreted. Software to perform AI-QCT/AI-CPA must be US Food and Drug Administration (FDA) cleared or approved.

SECUR Health Plan does not consider AI-QCT/AI-CPA as medically necessary in the following:

1. Screening
2. When there is a contraindication to CCTA
3. In conjunction with invasive coronary catheterization
4. In the presence of normal CCTA results
5. In the presence of high grade stenosis (greater than 70%)

6. Within thirty (30) days of a myocardial infarction (MI)
7. In the presence of unstable coronary symptoms
8. For disease surveillance

Coronary Artery Disease Reporting and Data System (CAD-RADS)

Category	Degree of maximal coronary stenosis	Interpretation
CAD-RADS 0	0%	Absence of CAD
CAD-RADS 1	1-24%	Minimal non-obstructive CAD
CAD-RADS 2	25-49%	Mild non-obstructive CAD
CAD-RADS 3	50-69%	Moderate stenosis
CAD-RADS 4	70-99% or left main \geq 50% or 3-vessel obstructive (\geq 70%) disease	Severe stenosis
CAD-RADS 5	100%	Total coronary artery occlusion or sub-total occlusion
CAD-RADS N	Non-diagnostic study	Obstructive CAD cannot be excluded

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