



**INSTITUTE FOR CLINICAL AND ECONOMIC REVIEW**

**RESPONSE TO PUBLIC COMMENTS**

**CORONARY COMPUTED TOMOGRAPHIC ANGIOGRAPHY  
(CCTA) FOR DETECTION OF CORONARY ARTERY DISEASE**

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We appreciated Dr. Shuman's drawing our attention to the work he and his colleagues are pursuing at the University of Washington. We understand his concern regarding our economic evaluation of CCTA in the emergency department – namely, that any evaluation that does not include the costs associated with what may be a lengthy delay for observation in patients receiving standard triage care may be viewed as incomplete. However, we believe our model has addressed the issue of the shorter ED management time expected for patients evaluated with initial CCTA. The major difference in our approach is that we adopted the perspective of the third-party payer in contrast to the hospital perspective taken in the two papers provided to us as part of this comment. While time spent in ED and/or observation may be a very real cost to the hospital, it is our understanding that time “delays” do not factor into third-party reimbursement for ED care in a linear fashion.

On pages 66-67 of our report, we describe the assumptions we used in depicting typical third-party reimbursement for ED triage of chest pain. In addition to the costs of the ED visit and any diagnostic testing, we also used the Medicare reimbursement for 24-hour observation care (\$443) as an estimate for observation delay; this cost was applied *in toto* to all patients receiving standard triage care, but was only applied to patients in the CCTA strategy who had mild stenosis or indeterminate findings on CCTA.

While perhaps of a different magnitude than cited in the above-mentioned ED papers, our primary analyses also suggest that immediate CCTA may be cost-saving when used as a diagnostic strategy for low-risk chest pain patients in the ED; in fact, in sensitivity analyses varying the cost of observation care, our model suggests that CCTA remains a cost-saving strategy at observation costs as low as \$47.

### Premera Blue Cross

We are unsure whether Premera's statement regarding current medical policy on CCTA was intended as a correction to our report or simply as additional information. We intended our list of private insurer policies to be a sampling, not an exhaustive list. In any event, it appears that the policy employed by Premera is similar to the policies quoted for the Regence Group and UniCare – i.e., coverage is deemed medically necessary for CCTA when conventional angiography cannot be performed or if the results of conventional angiography are equivocal.