



Texas Department of State
Health Services

AUTHORIZATION FOR SELF-REFERRED CT CORONARY CALCIUM SCREENING FOR ATHEROSCLEROSIS

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
RADIATION SECTION - REGISTRATION UNIT
Mail Code 1986
P.O. Box 149347
Austin, Texas 78714-9347

Phone #: (737) 218-7110
Fax #: (512) 203-3787
Email: XRAYregistration@dshs.texas.gov

In accordance with 25 Texas Administration Code (TAC) 25 §289.226 persons proposing to conduct self-referred healing arts screening must apply for and receive authorization from this agency prior to initiating a screening program. Items 1 through 9 shall be submitted for review by this agency. All documentation submitted must be maintained for inspections by the agency.

1. A written request must be submitted to receive authorization to perform CT coronary calcium screening to include the applicants name, address and Certificate of Registration number.
2. A description of the procedures to be used in advising the individuals screened, and their private practitioners of the healing arts, of the results of screening procedures and any further medical needs indicated.
3. A description of the procedures to address individuals, without a physician, means of selecting a physician to whom the report will be sent and who will see the patient for follow up if necessary.
4. A description of the population to be examined in the screening program (e.g., age, sex, physical condition and other appropriate information).
5. A description of the disease or conditions for which the x-ray examinations are to be used in the diagnoses.
6. Description of the specific anatomy to be imaged.

Note: The Department will not approve the imaging of anatomy that cannot be supported by a nationally recognized standard such as the American College of Radiology's PRACTICEPARAMETER FOR THE PERFORMANCE AND INTERPRETATION OF CARDIAC COMPUTEDTOMOGRAPHY (CT) which specifically limits coronary calcium screening to the cardiac chambers, valves, ventricular myocardium, coronary arteries and veins, aortic root, central pulmonary arteries and veins, and pericardium.

7. Copy of CT protocols for the coronary calcium screening procedure.
(i.e., scan parameters, orientation of patient, scan acquisition, technical factors)

Population to be screened:

Males between the ages of 40-65 or females between the ages of 45-70 years of age and have at least one of the following risk factors:

- Diabetes
- Current Smoker
- Obesity
- Family history of heart disease
- Cholesterol level greater than 160/LDL
- Blood pressure greater than 120/80

8. An equipment performance evaluation of the CT system within the last 12 months by a licensed medical physicist with a specialty in diagnostic radiological physics. The evaluation by the LMP shall show that such systems do satisfy all requirements of 25 TAC 289.227.
9. A description of the procedures for the retention or disposition of the CT study and other records pertaining to the x-ray examination.

Credentials for operators of radiation equipment and interpreting physicians shall be maintained and available for inspections by the agency.

Definition:

Cardiac/coronary calcium screening is performed primarily for the morphologic evaluation of the cardiac chambers, valves, ventricular myocardium, coronary arteries and veins, aortic root, central pulmonary arteries and veins, and pericardium.

GUIDANCE AND RESOURCES:

- **ACR–NASCI–SPR Practice Parameter for the Performance and Interpretation of Cardiac Computed Tomography (CT)**
<https://www.acr.org/-/media/ACR/Files/Practice-Parameters/CardiacCT.pdf>
- **American College of Cardiology-2018 Guideline on the Management of Blood Cholesterol**
<https://www.acc.org/~media/Non-Clinical/Files-PDFs-Excel-MS-Word-etc/Guidelines/2018/Guidelines-Made-Simple-Tool-2018-Cholesterol.pdf>
- **ACC/AHA Clinical Practice Guidelines-2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease**
<https://www.ahajournals.org/doi/pdf/10.1161/CIR.0000000000000678>