Coverage Indications, Limitations, and/or Medical Necessity

The following clinical indications apply to the Computerized Axial Tomography (CT or CAT) of the thorax:

- Evaluation of pulmonary, mediastinal, pleural and chest wall infections and their complications.
- Detection and characterization of mediastinal neoplasms and other processes.
- Assessment of cardiopulmonary failure or insufficiency.
- Diagnosis and/or staging of neoplastic and hematologic processes arising in the thorax or with potential involvement of the thorax.
- Detection and determination of nature and extent of cardiovascular abnormalities such as, but not limited to aneurysm, dissection, embolism, thrombosis, congenital anomalies, postoperative complications and sequelae of atherosclerotic disease.
- For assessing and/or guiding drainage of pulmonary or pleural fluid collections such as abscess, empyema, effusion or pneumothorax.
- For characterizing and follow-up evaluation of interstitial and alveolar lung disease due to idiopathic, allergic, collagen-vascular, environmental or other causes.
- For evaluating thoracic sequelae of remote processes including, but not limited to, pancreatitis, gastrointestinal perforation and other processes.
- For assessing injury, potential injury or thoracic sequelae after trauma, burn, surgery, transplantation, radiation therapy, chemotherapy or invasive procedure such as pacemaker placement, chest tube placement or mechanical ventilation.
- Evaluation of the patient with symptoms that may be arising from the chest, or be referred to the chest including but not limited to cough, hemoptysis, chest pain, abdominal pain and others.
- To further characterize a suspected abnormality detected by another imaging test.

In keeping with American College of Radiology (ACR) Practice Guidelines and Technical Standards, CT thorax should be provided by qualified radiology personnel (radiology technicians, diagnostic radiologists). The patient’s condition should be monitored throughout the procedure. As this involves the patient being in a closed environment, claustrophobia or medical problems exacerbated by the enclosure may be exhibited.
Qualified physicians (such as board-certified radiologists) should perform the interpretation of the films.

The computerized tomographic service should be furnished only when clinically appropriate for the patient’s symptoms or complaint. When performed as a screening function, it will not be covered.

**Coding Information**

**CPT/HCPCS Codes**

Group 1 Paragraph: Note: Providers are reminded to refer to the long descriptors of the CPT codes in their CPT book. The American Medical Association (AMA) and the Centers for Medicare & Medicaid Services (CMS) require the use of short CPT descriptors in policies published on the Web.

Group 1 Codes:

- 71250 Ct thorax w/o dye
- 71260 Ct thorax w/dye
- 71270 Ct thorax w/o & w/dye

*Please refer to the CMS website for the ICD-10 Codes that Support Medical Necessity.*

**Documentation Requirements**

Documentation must be legible, relevant and sufficient to justify the services billed. This documentation must be made available to the A/B MAC upon request.

**Utilization Guidelines**

**Reordering Identical Type of Imaging Examination:** No imaging examination (pertaining to an identical CPT code only) should be ordered more frequently than six times per calendar year. Furthermore, this frequency limit shall only apply to the following outpatient Places of Service (POS): office (11), outpatient hospital (22), independent clinic (49), rural health clinic (72) and (99) independent diagnostic testing facility.

Reasonable and necessary imaging which is felt to be required more frequently than six times a calendar year must have substantial documentation to describe medical necessity.