

**FIRST COAST SERVICE OPTIONS  
FLORIDA MEDICARE PART B  
LOCAL COVERAGE DETERMINATION**

**CPT/HCPCS Codes**

72192 Computed tomography, pelvis; without contrast material

72193 with contrast material(s)

72194 without contrast material, followed by contrast material(s) and further sections

74150 Computed tomography, abdomen; without contrast material

74160 with contrast material(s)

74170 without contrast material, followed by contrast material(s) and further sections

**Indications and Limitations of Coverage and/or Medical Necessity**

CT of the abdomen includes the area between the dome of the diaphragm and the iliac crests, which also includes the base of the lungs. CT of the abdomen is generally indicated when only upper abdominal organs are of interest. A typical CT of the abdomen should include transaxial images from the dome of the diaphragm to the iliac crest with up to 10mm slice thickness. Pelvic CT includes the area between the iliac crests and the perineum. A typical CT of the pelvis would extend from the iliac crest to the ischial tuberosities with up to 10 mm slice thickness. If the patient has a suspected disease that may spread through the peritoneal cavity or by lymphatics, then the pelvic scan should also be performed. In some clinical situations, it may be medically necessary to perform complete CT scans of the abdomen and pelvis on the same date of service. These situations include but are not limited to the evaluation of inflammatory disease, staging of neoplasms and the evaluation of trauma.

Suggested indications for abdominal CT or pelvic CT examinations include, but are **NOT LIMITED** to the following:

**• Evaluation of pain**

Abdomen

- a. Upper abdominal pain if ultrasound is normal (\*Note: Ultrasound does not work well in obese patients)
- b. Unexplained abdominal pain in patients older than 75 years or very frail
- c. Suspected diverticulitis or appendicitis

Pelvis

- a. Lower abdominal pain, if ultrasound is normal and clearly not a bowel problem
- b. Evaluation of pelvic fractures or bony tumors
- c. Bilateral hips for avascular necrosis as the femurs will be visualized on a pelvic study

d. Inguinal hernia suspect incarceration

• **Evaluation of known or suspected abdominal or pelvic masses or fluid collections, primary or metastatic malignancies, abdominal or pelvic inflammatory processes, and abnormalities of abdominal or pelvic vascular structures. (Note – CT scans utilized initially for suspected malignancies)**

Abdomen

- a. Jaundice or abnormal liver function tests if ultrasound is normal or not indicated
- b. Possible renal tumor (often will have ultrasound first)
- c. Persistent unresolved symptoms not explained by initial imaging
- d. Follow-up metastasis (i.e., breast, lung cancer, etc.)

Pelvis

- a. Endometriosis follow-up of abnormal ultrasound
- b. Inflammatory bowel disease, Crohns's or colitis
- c. Evaluation of bladder, cervical, ovarian, prostate or rectal cancer
- **Evaluation of known or suspected primary breast cancer metastasis**
- **Evaluation of abdominal or pelvic trauma**

Abdomen/Pelvis Combination

- a. Blunt trauma – splenic laceration , trauma to the kidneys, suspicion of intra-abdominal fluid collections related to trauma
- **Clarification of findings from other imaging studies or laboratory abnormalities**

Abdomen

- a. Delineation of known or suspected renal calculi
- b. Pancreatitis, pseudocyst
- c. Splenomegaly
- d. Ascites
- e. Hematuria or blood in urine (consider obtaining both abdomen and pelvis).
- f. Hydronephrosis

Abdomen/Pelvis Combination

- a. Fever and elevated white count, suspected abscess
- b. Infection, unexpected weight loss
- **Evaluation of known or suspected congenital abnormalities of abdominal or pelvic organs**
- **Guidance for interventional, diagnostic, or therapeutic procedures within the abdomen or pelvis**
- **Treatment planning for radiation therapy**

#### Pelvis

- a. Prostate tumor – staging for regional adenopathy, as part of radiation treatment planning
- b. Follow-up of known mass, abscess or tumor

#### Abdomen/Pelvis Combination

- a. Staging of known tumors or history of malignance
- b. Assessment of response to chemotherapy and radiation therapy in individuals undergoing treatment
- c. Lymphadenopathy, assessment of lymphomas
- d. Presence or suspicion of abdominal mass/cancer

There are no absolute contraindications to abdominal CT or pelvic CT examinations. As with all procedures, the relative benefits and risks of the procedure should be evaluated prior to the performance of iodinated contrast-enhanced abdominal CT and pelvic CT. Appropriate precautions should be taken to minimize patient risk.

CT scans performed by mobile CT scan services are eligible for reimbursement only as specified in the Medicare National Coverage Determinations Manual Chapter 1-220.1.

*CT scans performed on mobile units are subject to the same Medicare coverage requirements applicable to scans performed on stationary units, as well as certain health and safety requirements recommended by Health Resources and Services Administration (HRSA). As with scans performed on stationary units, the scans must be determined medically necessary for the individual patient. The scans must be performed on types of CT scanning equipment that have been approved for use as stationary units and must be in compliance with applicable State laws and regulations for control of radiation.*