

**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

LCD Number

72192

LCD Database ID Number

L6144

Contractor Name

First Coast Service Options, Inc.

Contractor Number

00590

Contractor Type

Carrier

LCD Title

Computed Tomography of the Abdomen and Pelvis

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CMS National Coverage Policy

Language quoted from CMS National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals are italicized throughout the Local Coverage Determination (LCD). NCDs and coverage provisions in interpretive manuals are not subject to the LCD Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See § 1869 (f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, *italicized* text represents quotation from one or more of the following CMS sources:

Medicare National Coverage Determinations Manual Chapter 1-220.1

Primary Geographic Jurisdiction

Florida

Secondary Geographic Jurisdiction

N/A

CMS Region

Region IV

CMS Consortium

Southern

Original Determination Effective Date

04/14/1997

Original Determination Ending Date

N/A

Revision Effective Date

01/01/2006

Revision Ending Date

12/31/2005

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, Crohn'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.

Coverage Topic

Diagnostic Tests and X-Rays

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

ICD-9 Codes that Support Medical Necessity

N/A

Diagnoses that Support Medical Necessity

N/A

ICD-9 Codes that DO NOT Support Medical Necessity

N/A

Diagnoses that DO NOT Support Medical Necessity

N/A

Documentation Requirements

The reason for the procedure should be documented in the physician's progress notes. Also, test results should be included in the documentation. Generally a CT scan should only be considered after a physical exam has been performed. If the CT scan is the primary diagnostic tool and physical examination and/or another test, such as echography, could have been performed to determine the patient's diagnosis or status, the reason for utilizing the CT scan should also be documented. This information can usually be found in the office notes, facility progress notes, history and physical and/or test results.

If the provider of service is other than the ordering/referring physician, that provider must maintain hard copy documentation of test results and interpretation, along with copies of the ordering/referring physician's order for the studies. The physician must state the clinical indication/medical necessity for the study in his order for the test.

When ordering the study, the requesting provider must be specific and indicate whether or not the study should be performed with or without contrast. The contingent order, "use contrast if medically necessary or indicated" is acceptable.

Utilization Guidelines

It is expected that these services would be performed as indicated by current medical literature and/or standards of practice. When services are performed in excess of established parameters, they may be subject to review for medical necessity.

Sources of Information and Basis for Decision

ACR Practice Guideline For The Performance Of Computed Tomography (CT) Of The Abdomen And Computed Tomography (CT) Of The Pelvis [On-Line]. Available: <http://www.acr.org/s_acr/bin.asp.file.pdf>[2005, May 12].

ACR Practice Guideline For Performing And Interpreting Diagnostic Computed Tomography (CT). [On-Line]. Available: <http://www.acr.org/s_acr/index.asp225p>. [2005, May 12].

Grainger & Allison's Diagnostic Radiology: A Textbook of Medical Imaging, 4th ed., Chapter 45. Copyright © 2001 Churchill Livingstone, Inc.

Harisinghani, MG - Gastroenterol Clin North Am - 01-SEP-2002; 31(3): 759-76, vi. NIH/NLM MEDLINE.

NIA Diagnostic Imaging Guidelines. [On-Line]. Available: <http://www.radmd.com/assets/20050305_guidelines.pdf>. [2005, March]

Radiologic Clinics of North America; Volume 41, No. 6; November 2003. Copyright 2003 W.B. Saunders Company.

Advisory Committee Notes

This policy does not reflect the sole opinion of the contractor or Contractor Medical Director. Although the final decision rests with the contractor, this policy was developed in cooperation with advisory groups, which includes representatives from the Radiology and Oncology societies.

Start Date of Comment Period

06/01/2005

End Date of Comment Period

07/18/2005

Start Date of Notice Period

11/01/2005

Revision History

Revision Number	14	LCR B2005-098
Start Date of Comment Period	06/01/2005	
Start Date of Notice Period	11/01/2005	1 st Quarter 2006 Update
Original Effective Date	01/01/2006	

Explanation of Revision: Major revision to combined Computed Tomography of the Abdomen (74150) into the Computed Tomography of the Pelvis (72192) policy. Split CT/FL policy for Computed Tomography of the Pelvis. The policy title has been changed to Computed Tomography of the Abdomen and Pelvis (72192). Updated “Indications and Limitations of Coverage and/or Medical Necessity” section to include indications for abdominal scan, pelvic scan and combined scans of abdomen and pelvis. ICD-9-CM Codes that Support Medical Necessity have been removed from the policy. The effective date of policy revision is based on date of service.

Revision History for 72192 Computed Tomography of the Pelvis

Florida Revision Number:	13	LCR B2005-038FL/CT
Start Date of Comment Period:	N/A	
Start Date of Notice Period:	11/01/2005	1 st Quarter 2006 Update
Revised Effective Date:	10/01/2005	

Explanation of Revision: Addition of ICD-9-CM codes 593.9 and 752.41. Annual 2006 ICD-9-CM Update. Deleted diagnosis code 567.2 and added diagnosis codes 567.21, 567.22, 567.23, 567.29, 567.31, 567.38, 567.39, 599.60, and 599.69. The effective date of policy revision is based on date of service.

Florida Revision Number:	12	LCR B2005-027FL/CT
Start Date of Comment Period:	N/A	
Start Date of Notice Period:	08/01/2005	4 th Quarter 2005 Update
Revised Effective Date:	01/01/2005	

Explanation of Revision: ICD-9-CM code 592.0 was inadvertently left out of the last policy change (FL) and policy development (CT). Therefore, adding ICD-9-CM code 592.0 to the policy. The effective date of policy revision is based on date of service.

Revision Number:	11	LCR B2004-028FL/CT
Start Date of Comment Period	N/A	
Start Date of Notice Period	02/01/2005	2 nd Quarter 2005 Update
Revised Effective Date:	01/01/2005	

Explanation of Revision: Expanded the “Indications and Limitations of Coverage and/or Medical Necessity” section to include the following statement: “To evaluate signs and symptoms which indicate an abnormality in the pelvic region”. Addition of the following ICD-9-CM codes: 152.0-152.9, 158.0-158.9,

159.0-159.9, 170.6, 171.3, 172.9, 176.0-176.9, 184.1-184.4, 187.1-187.7, 195.8, 196.8, 198.82, 199.0-199.1, 200.01-200.04, 200.07, 200.11-200.14, 200.17, 200.21-200.24, 200.27, 200.80-200.88, 202.00-202.68, 202.81-202.84, 202.87, 202.90-202.98, 204.00-204.01, 204.10-204.11, 211.2, 213.6, 215.3, 221.1-221.2, 221.8-221.9, 222.0-222.9, 223.0-223.9, 230.3, 230.5, 230.6, 230.7, 235.5, 236.3, 236.4, 236.6, 236.91, 239.0, 239.2, 592.1, 592.9, V55.3 and V55.5. Some V-codes cannot be billed as primary diagnosis, therefore, ICD-9-CM codes V42.0 and V42.84 have been removed and can be billed using ICD-9-CM codes 996.81 and 996.87, respectively. ICD-9-CM codes V44.3 and V44.50-V44.59 have been replaced with ICD-9-CM codes V55.3 and V55.5. LMRP converted into LCD format. The effective date of policy revision is based on date of service.

Revision Number:	10	PCR B2003-231
Start Date of Comment Period	N/A	
Start Date of Notice Period	11/01/2003	1 st Quarter 2004 Update
Revised Effective Date:	10/01/2003	

Explanation of Revision: Policy updated to conform to 2004 ICD-9-CM Coding Changes.

Revision Number:	9	PCR B2003-149
Start Date of Comment Period	N/A	
Start Date of Notice Period	08/01/2003	4 th Quarter 2003 Update
Revised Effective Date:	06/09/2003	

Explanation of Revision: Addition of ICD-9 codes to the policy.

Revision Number:	8	PCR B2003-027
Start Date of Comment Period	N/A	
Start Date of Notice Period	02/01/2003	2 nd Quarter 2003 Update
Revised Effective Date:	01/01/2003	

Explanation of Revision: Annual 2003 HCPCS Update.

Revision Number:	7	PCR B2001-168
Start Date of Comment Period	N/A	
Start Date of Notice Period	11/01/2001	1 st Quarter 2002 Update
Revised Effective Date:	10/29/2001	

Explanation of Revision: A revision was made to add ICD-9 codes 625.9, 789.00, and 789.39.

Revision Number:	6	PCR B2001-059
Start Date of Comment Period	N/A	
Start Date of Notice Period	02/01/2001	2 nd Quarter 2001 Update
Revised Effective Date:	02/05/2001	

Explanation of Revision: A revision was made to add ICD-9 codes 820.00-820.99, 867.0-867.9 and 902.81-902.9.

Revision Number:	5	PCR B2000-160
Start Date of Comment Period	N/A	
Start Date of Notice Period	09/01/2000	Sept/Oct 2000 Update
Revised Effective Date:	10/01/2000	

Explanation of Revision: Annual ICD-9 Update

Revision Number:	4	PCR B99-070
Start Date of Comment Period		
Start Date of Notice Period		
Revised Effective Date:	05/03/99	
Revision Number:	3	PCR B98-145
Start Date of Comment Period	N/A	
Start Date of Notice Period		
Revised Effective Date:	10/01/98	

Explanation of Revision: 1999 ICD-9 Update

Revision Number:	2	PCR B98-059
Start Date of Comment Period		
Start Date of Notice Period		
Revised Effective Date:	02/16/98	
Revision Number:	1	PCR B97-047A
Start Date of Comment Period		
Start Date of Notice Period		
Revised Effective Date:	05/07/97	
Revision Number:	Original	PCR B97-047
Start Date of Comment Period	09/28/96	
Start Date of Notice Period		
Original Effective Date:	04/14/1997	

Revision History for 74150 Computed Tomography of the Abdomen

Revision Number:	7	LCR B2005-095
Start Date of Comment Period	N/A	
Start Date of Notice Period	11/01/2005	1 st Quarter 2006 Update
Revised Effective Date:	10/01/2005	

Explanation of Revision: LMRP converted into LCD format. Updated “Indications and Limitations of Coverage and/or Medical Necessity” and “CMS National Coverage Policy” sections. Identified diagnosis codes V42.0, V42.7, V42.83, V42.84, V44.3, and V44.50-V44.59 as secondary diagnosis codes. Annual 2006 ICD-9-CM Update. Added diagnosis codes 599.60 and 599.69. Descriptor change to diagnosis range 567.0-567.9. The effective date of policy revision is based on date of service.

Revision Number:	6	PCR B2003-106
Start Date of Comment Period	N/A	
Start Date of Notice Period	05/01/2003	3 rd Quarter 2003 Update
Revised Effective Date:	04/07/2003	

Explanation of Revision: Addition of ICD-9 code 996.62 to policy.

Revision Number:	5	PCR B2003-093
Start Date of Comment Period	N/A	
Start Date of Notice Period	02/01/2003	
Revised Effective Date:	01/27/2003	

Explanation of Revision: Changed revised effective date from 01/16/2003 to 01/27/2003 for revisions 2 and 3.

Revision Number:	4	PCR B2003-028
Start Date of Comment Period	N/A	
Start Date of Notice Period	02/01/2003	2 nd Quarter 2003 Update
Revised Effective Date:	01/01/2003	

Explanation of Revision: Annual 2003 HCPCS Update.

Revision Number:	3	PCR B2002-203
Start Date of Comment Period	N/A	
Start Date of Notice Period	02/01/2003	2 nd Quarter 2003 Update
Revised Effective Date:	01/27/2003	

Explanation of Revision: Addition of ICD-9 code 202.83 to the “ICD-9 Codes that Support Medical Necessity” section of the policy.

Revision Number:	2	PCR B2002-202
Start Date of Comment Period	N/A	
Start Date of Notice Period	02/01/2003	2 nd Quarter 2003 Update
Revised Effective Date:	01/27/2003	

Explanation of Revision: Addition of ICD-9 codes 162.2-162.9 to the “ICD-9 Codes that Support Medical Necessity” section of the policy.

Revision Number:	1	PCR B2001-159
Start Date of Comment Period	N/A	
Start Date of Notice Period	11/01/2001	1 st Quarter 2002 Update
Revised Effective Date:	10/01/2001	

Explanation of Revision: Annual ICD-9 Update

Revision Number:	Original	PCR B2001-116
Start Date of Comment Period	08/11/2000	
Start Date of Notice Period	06/01/2001	June 2001 Special Update
Original Effective Date:	07/30/2001	

Related Documents

N/A

LCD Attachments

N/A

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