

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

CPT/HCPCS Codes

70450 Computed tomography, head or brain; without contrast material

70460 with contrast material(s)

70470 without contrast material, followed by contrast material(s) and further sections

70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material

70481 with contrast material(s)

70482 without contrast material, followed by contrast material(s) and further sections

70486 Computed tomography, maxillofacial area; without contrast material

70487 with contrast material(s)

70488 without contrast material, followed by contrast material(s) and further sections

70490 Computed tomography, soft tissue neck; without contrast material

70491 with contrast material(s)

70492 without contrast material, followed by contrast material(s) and further sections

72125 Computed tomography, cervical spine; without contrast material

72126 with contrast material

72127 without contrast material, followed by contrast material(s) and further sections

72128 Computed tomography, thoracic spine; without contrast material

72129 with contrast material

72130 without contrast material, followed by contrast material(s) and further sections

72131 Computed tomography, lumbar spine; without contrast material

72132 with contrast material

72133 without contrast material, followed by contrast material(s) and further sections

73200 Computed tomography, upper extremity; without contrast material

73201 with contrast material(s)

73202 without contrast material, followed by contrast material(s) and further sections

73700 Computed tomography, lower extremity; without contrast material

73701 with contrast material(s)

73702 without contrast material, followed by contrast material(s) and further sections

LCD Number

70450

LCD Database ID Number

L6165

Contractor Name

First Coast Service Options, Inc.

Contractor Number

00590

Contractor Type

Carrier

LCD Title

Computed Tomography Scans

AMA CPT Copyright Statement

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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:

CMS Manual System, Pub. 100-3, Medicare National Coverage Determinations, Chapter 1, Section 220.1

Primary Geographic Jurisdiction

Florida

Secondary Geographic Jurisdiction

N/A

CMS Region

Region IV

CMS Consortium

Southern

Original Determination Effective Date

06/1993

Original Determination Ending Date

N/A

Revision Effective Date

09/20/2005

Revision Ending Date

09/19/2005

Indications and Limitations of Coverage and/or Medical Necessity

Tomography is the recording of internal body images at a pre-determined plane by x-ray. Computed tomography, or CAT scans, involve the measurement of the emergent x-ray beam by a scintillation counter. The electronic pulses are recorded on a magnetic disk and then processed by a minicomputer for reconstruction display of the body in cross-section on a cathode ray tube.

Computed Tomography Scans Head (Procedure codes 70450–70470)

Florida Medicare will consider a computed tomography scan of the head to be medically reasonable and necessary when performed to establish a diagnosis or to monitor treatment for the following conditions:

Intracranial neoplasms, cerebral infarctions, ventricular displacement or enlargement, cortical atrophy, cerebral aneurysms, intracranial hemorrhage and hematoma, infection, edema, degenerative processes, cyst formation, multiple sclerosis, seizure disorders, head trauma, congenital abnormalities, presence of a foreign body, and radiation treatment planning.

Coverage for headache should only be for the following situations:

- Patient suffering from headaches after a head injury. Head CAT scan is performed to rule out the possibility of a bleed.
- Patient suffering from headaches unusual in duration and not responding to medical therapy. Head CAT scan is performed to rule out the possibility of a tumor.
- Patient suffering from headaches characterized by sudden onset and severity. Head CAT scan is performed to rule out possibility of aneurysm and/or arteriovenous malformation.

Computed Tomography Scans (70480-70492, 72125-72133, 73200-73202, 73700-73702)

Florida Medicare will only consider computed tomography scans to be reasonable and necessary when performed for documented cases of illness or injury.

Coverage Topic

Diagnostic Tests and X-Rays

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ICD-9 Codes that Support Medical Necessity (70450, 70460, 70470)

006.5	Amebic brain abscess
013.00-013.06	Tuberculous meningitis
013.10-013.16	Tuberculoma of meninges
013.20-013.26	Tuberculoma of brain
013.30-013.36	Tuberculous abscess of brain
013.60-013.66	Tuberculous encephalitis or myelitis
013.80-013.86	Other specified tuberculosis of central nervous system
013.90-013.96	Unspecified tuberculosis of central nervous system
036.0	Meningococcal meningitis
036.1	Meningococcal encephalitis
036.2	Meningococcemia
042	Human immunodeficiency virus [HIV] disease
046.0-046.9	Slow virus infection of central nervous system
047.0-047.9	Meningitis due to enterovirus
049.0-049.9	Other non-arthropod-borne viral diseases of central nervous system
052.0	Postvaricella encephalitis
053.0	Herpes zoster with meningitis
054.3	Herpetic meningoencephalitis
054.72	Herpes simplex meningitis
055.0	Postmeasles encephalitis
056.01	Encephalomyelitis due to rubella

062.0-062.9	Mosquito-borne viral encephalitis
063.0-063.9	Tick-borne viral encephalitis
064	Viral encephalitis transmitted by other and unspecified arthropods
072.1	Mumps meningitis
072.2	Mumps encephalitis
090.40-090.49	Juvenile neurosyphilis
094.0-094.9	Neurosyphilis
112.83	Candidal meningitis
114.2	Coccidioidal meningitis
115.01	Infection by <i>Histoplasma capsulatum</i> , meningitis
115.11	Infection by <i>Histoplasma duboisii</i> , meningitis
115.91	Histoplasmosis, unspecified, meningitis
130.0	Meningoencephalitis due to toxoplasmosis
162.0-162.9	Malignant neoplasm of trachea, bronchus, and lung
170.0	Malignant neoplasm of bones of skull and face, except mandible
191.0-191.9	Malignant neoplasm of brain
192.0	Malignant neoplasm of cranial nerves
192.1	Malignant neoplasm of cerebral meninges
194.3	Malignant neoplasm of pituitary gland and craniopharyngeal duct
194.4	Malignant neoplasm of pineal gland
195.0	Malignant neoplasm of head, face, and neck
196.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face, and neck
198.3	Secondary malignant neoplasm of brain and spinal cord
198.4	Secondary malignant neoplasm of other parts of nervous system
198.5	Secondary malignant neoplasm of bone and bone marrow
199.0-199.1	Malignant neoplasm without specification of site
200.11	Lymphosarcoma involving lymph nodes of head, face, and neck
200.21	Burkitt's tumor or lymphoma involving lymph nodes of head, face, and neck
201.11	Hodgkin's granuloma involving lymph nodes of head, face, and neck
201.21	Hodgkin's sarcoma involving lymph nodes of head, face, and neck
201.41	Hodgkin's disease, lymphocytic-histiocytic predominance, involving lymph nodes of head, face, and neck
201.51	Hodgkin's disease, nodular sclerosis, involving lymph nodes of head, face, and neck
201.61	Hodgkin's disease, mixed cellularity, involving lymph nodes of head, face, and neck
201.71	Hodgkin's disease, lymphocytic depletion, involving lymph nodes of the head, face, and neck
201.91	Hodgkin's disease, unspecified, involving lymph nodes of the head, face, and neck
213.0	Benign neoplasm of bones of skull and face
225.0	Benign neoplasm of brain
225.1	Benign neoplasm of cranial nerves
225.2	Benign neoplasm of cerebral meninges
225.8	Benign neoplasm of other specified sites of nervous system

227.3	Benign neoplasm of pituitary gland and craniopharyngeal duct (pouch)
227.4	Benign neoplasm of pineal gland
237.0	Neoplasm of uncertain behavior of pituitary gland and craniopharyngeal duct
237.1	Neoplasm of uncertain behavior of pineal gland
237.5	Neoplasm of uncertain behavior of brain and spinal cord
237.6	Neoplasm of uncertain behavior of meninges
237.70-237.9	Neurofibromatosis
239.6	Neoplasms of unspecified nature, brain
239.7	Neoplasms of unspecified nature, endocrine glands and other parts of nervous system
250.20-250.23	Diabetes with hyperosmolarity
250.30-250.33	Diabetes with other coma
253.0-253.9	Disorders of the pituitary gland and its hypothalamic control
255.0-255.9	Disorders of adrenal glands
290.0-290.9	Dementias
293.0	Delirium due to conditions classified elsewhere
293.1	Subacute delirium
293.81	Psychotic disorder with delusions in conditions classified elsewhere
293.82	Psychotic disorder with hallucinations in conditions classified elsewhere
293.83	Mood disorder in conditions classified elsewhere
294.0-294.9	Persistent mental disorders due to conditions classified elsewhere
298.9	Unspecified psychosis
310.0-310.9	Specific nonpsychotic mental disorders due to brain damage
320.0-326	Inflammatory diseases of the central nervous system
330.0-330.9	Cerebral degenerations usually manifest in childhood
331.0-331.9	Other cerebral degenerations
332.0-332.1	Parkinson's disease
333.0-333.99	Other extrapyramidal disease and abnormal movement disorders
334.0-334.9	Spinocerebellar disease
341.0-341.9	Other demyelinating diseases of central nervous system
342.00-342.92	Hemiplegia and hemiparesis
343.0-343.9	Infantile cerebral palsy
344.00-344.9	Other paralytic syndromes
345.00-345.91	Epilepsy
348.0-348.9	Other conditions of brain
349.1	Other and unspecified disorders of nervous system complications from surgically implanted device
349.2	Other and unspecified disorders of meninges, not elsewhere classified
349.81-349.89	Other specified disorders of nervous system
349.9	Unspecified disorders of nervous system
350.1-350.9	Trigeminal nerve disorders
351.0-351.9	Facial nerve disorders
352.0-352.9	Disorders of other cranial nerves
368.11	Sudden visual loss
368.12	Transient visual loss

368.2	Diplopia
368.40-368.47	Visual field defects
368.8	Other specified visual disturbances
368.9	Unspecified visual disturbance
374.31	Paralytic ptosis
377.00	Papilledema, unspecified
377.01	Papilledema associated with increased intracranial pressure
377.51	Disorders of optic chiasm associated with pituitary neoplasms and disorders
377.52	Disorders of optic chiasm associated with other neoplasms
377.61	Disorders of other visual pathways associated with neoplasms
377.71	Disorders of visual cortex associated with neoplasms
378.51	Paralytic strabismus, third or oculomotor nerve palsy, partial
378.52	Paralytic strabismus, third or oculomotor nerve palsy, total
378.53	Paralytic strabismus, fourth or trochlear nerve palsy
378.54	Paralytic strabismus, sixth or abducens nerve palsy
378.55	External ophthalmoplegia
378.56	Total ophthalmoplegia
386.2	Vertigo of central origin
388.2	Sudden hearing loss, unspecified
388.5	Disorders of acoustic nerve
430-438.9	Cerebrovascular disease
572.2	Hepatic coma
674.00-674.04	Cerebrovascular disorders in the puerperium
738.10-738.19	Other acquired deformity of head
740.0-740.2	Anencephalus and similar anomalies
742.0-742.4	Other congenital anomalies of nervous system
742.8	Other specified anomalies of nervous system
742.9	Unspecified anomaly of brain, spinal cord, and nervous system
747.81	Anomalies of cerebrovascular system
756.0	Anomalies of skull and face bones
759.2	Anomalies of other endocrine glands
759.3	Situs inversus
759.4	Conjoined twins
759.5	Tuberous sclerosis
759.6	Other hamartoses, not elsewhere classified
759.7	Multiple congenital anomalies, so described
759.81-759.89	Other specified anomalies
759.9	Congenital anomaly, unspecified
765.00-765.29	Disorders relating to short gestation and low birthweight
767.0	Birth trauma, subdural and cerebral hemorrhage
767.11	Epicranial subaponeurotic hemorrhage (massive)
767.19	Other injuries to scalp
767.3	Birth trauma, other injuries to skeleton (skull)
768.5	Severe birth asphyxia

768.6	Mild or moderate birth asphyxia
768.9	Unspecified birth asphyxia in liveborn infant
770.81-770.89	Other respiratory problems after birth
772.10-772.14	Intraventricular hemorrhage
772.2	Subarachnoid hemorrhage
779.0	Convulsions in newborn
779.1	Other and unspecified cerebral irritability in newborn
779.2	Cerebral depression, coma, and other abnormal cerebral signs
780.01-780.09	Alteration of consciousness
780.1	Hallucinations
780.2	Syncope and collapse
780.31-780.39	Convulsions
780.4	Dizziness and giddiness
780.6	Fever
780.91-780.99	Other general symptoms
781.0-781.8	Symptoms involving nervous and musculoskeletal systems
781.94	Facial weakness
781.99	Other symptoms involving nervous and musculoskeletal systems
784.0	Headache
784.2	Swelling, mass, or lump in head and neck
784.3	Aphasia
784.5	Other speech disturbance
784.60-784.69	Other symbolic dysfunction
793.0	Nonspecific abnormal findings on radiological and other examination of skull and head
794.00-794.09	Nonspecific abnormal results of function studies, brain and central nervous system
800.00-804.99	Fracture of skull
850.0-854.19	Intracranial injury, excluding those with skull fracture
873.0	Other open wound of scalp, without mention of complication
873.1	Other open wound of scalp, complicated
873.9	Other and unspecified open wound of head, complicated
950.0-950.9	Injury to optic nerve and pathways
951.0-951.9	Injury to other cranial nerve(s)
959.01	Head injury, unspecified
996.2	Mechanical complication of nervous system device, implant, and graft
997.00-997.09	Nervous system complications
V10.85	Personal history of malignant neoplasm of brain
V10.86	Personal history of malignant neoplasm of other parts of nervous system
V10.88	Personal history of malignant neoplasm of other endocrine glands and related structures
*V45.2	Presence of cerebrospinal fluid drainage device
V67.1	Follow-up examination, following radiotherapy
V67.2	Follow-up examination, following chemotherapy

* According to the ICD-9-CM book, diagnosis code V45.2 is a secondary diagnosis code and should not be billed as the primary diagnosis.

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

Medical record documentation maintained by the ordering/referring physician must indicate the medical necessity for performing the test and the test results. This information is usually found in the history and physical, office/progress notes, or test results.

If the provider of the 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.

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

American College of Radiology. (2004). Practice guidelines for the performance of computed tomography (CT) of the brain.

American College of Radiology. (2001). Practice guidelines for the performance of computed tomography (CT) of the extra-cranial head and neck in adults and children.

National Imaging Associated. (2005). Brain, CT Guidelines.

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 Florida Diagnostic Radiology Society and the Florida Neurology Society.

Start Date of Comment Period

N/A

End Date of Comment Period

N/A

Start Date of Notice Period

N/A

Revision History

Revision Number:	21	LCR B2005-085
Start Date of Comment Period	N/A	
Start Date of Notice Period	N/A	
Revised Effective Date:	09/20/2005	

Explanation of Revision: Policy converted into LCD format. References for “CMS National Coverage Policy” and “Sources of Information and Basis for Decision” sections were updated. Under the “ICD-9 Codes that Support Medical Necessity” section, an asterisk “*” was added to code V45.2 and statement that this is a secondary diagnosis code and should not be billed as the primary code.

Revision Number:	20	LCR B2004-020FL
Start Date of Comment Period	N/A	
Start Date of Notice Period	11/01/2004	1 st Quarter 2005 Update
Revised Effective Date:	10/01/2004	

Explanation of Revision: Annual 2005 ICD-9 Update. Changed descriptors for 290.0-290.9, 293.0, 293.81, 293.82, 293.83, 294.0-294.9, and 310.0-310.9. The effective date of policy revision is based on date of service.

Revision Number	19	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	18	PCR B2003-025
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	17	PCR B2002-193
Start Date of Comment Period	N/A	
Start Date of Notice Period	02/01/2003	2 nd Quarter 2003 Update
Revised Effective Date	07/30/2001	

Explanation of Revision: Through changes made in PCR B2001-103, diagnosis range 237.5-237.9 was erroneously deleted. Therefore, it was added back into the policy.

Revision Number	16	PCR B2002-166
Start Date of Comment Period	N/A	
Start Date of Notice Period	11/01/2002	1st Quarter 2003 Update
Revised Effective Date	10/01/2002	

Explanation of Revision: Annual ICD-9 Update.

Revision Number	15	PCR B2001-162
Start Date of Comment Period	N/A	
Start Date of Notice Period	11/01/2001	1st Quarter 2002 Update
Revised Effective Date	10/29/2001	

Explanation of Revision: Policy revised to include ICD-9 diagnosis range 368.40-368.47.

Revision Number:	14	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	13	PCR B2001-103
Start Date of Comment Period	N/A	
Start Date of Notice Period	06/01/2001	June 2001 Special Update
Revised Effective Date	07/30/2001	

Explanation of Revision: Separate policies have been developed for CT of the Thorax and CT of the Abdomen, therefore, the related procedure codes were deleted from the policy.

Revision Number	12	PCR B2000-160
Start Date of Comment Period	N/A	
Start Date of Notice Period	09/01/2000	2000 Update
Revised Effective Date	10/01/2000	

Explanation of Revision: Annual ICD-9 Update

Revision Number	11	PCR B99-148
Start Date of Comment Period	N/A	
Start Date of Notice Period	11/05/1999	Nov/Dec '99 Update
Revised Effective Date	11/11/1999	

Revision Number	10	PCR B99-107
Start Date of Comment Period	N/A	
Start Date of Notice Period	09/01/1999	Sept/Oct '99 Update
Revised Effective Date	07/16/1999	

Revision Number	9	PCR A99-051
Start Date of Comment Period	N/A	
Start Date of Notice Period	08/01/1999	Aug/Sept '99 Bulletin
Revised Effective Date	07/09/1999	

Revision Number	8	PCR 98-178
Start Date of Comment Period	N/A	
Start Date of Notice Period	02/08/1999	

Revised Effective Date	11/17/1998	
Revision Number	7	PCR 98-130
Start Date of Comment Period		
Start Date of Notice Period		
Revised Effective Date	10/01/1997	

Explanation of Revision: 1998 ICD-9 Update.

Revision Number	6	PCR 97-044A
Start Date of Comment Period		
Start Date of Notice Period		
Revised Effective Date	09/09/1997	
Revision Number	5	PCR 97-044
Start Date of Comment Period	09/28/1996	
Start Date of Notice Period		
Revised Effective Date	04/14/1997	
Revision Number	4	PCR 95-148 & 95-148A
Start Date of Comment Period		
Start Date of Notice Period		
Revised Effective Date		
Revision Number	3	PCR 95-032
Start Date of Comment Period		
Start Date of Notice Period		
Revised Effective Date		
Revision Number	2	PCR 94-201
Start Date of Comment Period		
Start Date of Notice Period		
Revised Effective Date		
Revision Number	1	PCR 94-040
Start Date of Comment Period		
Start Date of Notice Period		
Revised Effective Date		
Revision Number	Original	PCR 93-014
Start Date of Comment Period:		
Start Date of Notice Period:		
Original Effective Date	06/1993	

Related Documents

N/A

LCD Attachments

N/A