

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

CPT/HCPCS Codes

71250 Computed tomography, thorax; without contrast material

71260 with contrast material(s)

71270 without contrast material, followed by contrast material(s) and further sections

LCD Number

71250

LCD Database ID Number

L6157

Contractor Name

First Coast Service Options, Inc.

Contractor Number

00590

Contractor Type

Carrier

LCD Title

Computed Tomography of the Thorax

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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:

Primary Geographic Jurisdiction

Florida

Secondary Geographic Jurisdiction

N/A

CMS Region

Region IV

CMS Consortium

Southern

Original Determination Effective Date

07/30/2001

Original Determination Ending Date

N/A

Revision Effective Date

10/11/2005

Revision Ending Date

10/10/2005

Indications and Limitations of Coverage and/or Medical Necessity

A computed tomographic (CT) image is a display of the anatomy of a thin slice of the body developed from multiple x-ray absorption measurements made around the body's periphery. Unlike conventional tomography, where the image of a thin section is created by blurring out the information from unwanted regions, the CT image is constructed mathematically using data arising only from the section of interest. Generating such an image is confined to cross sections of the anatomy that are oriented essentially perpendicular to the axial dimensions of the body. Reconstruction of the final image can be accomplished in any plane. The CT of the thorax extends from the lung apices to the posterior costophrenic sulci and may extend inferiorly to image the adrenal glands.

Florida Medicare will consider a CT of the thorax medically reasonable and necessary under the following circumstances:

- Evaluation of abnormalities of the lungs, mediastinum, pleura and chest wall initially found on a standard chest radiograph or barium swallow.

- Evaluation, staging, and follow-up after therapy (e.g., surgery, radiation, and/or chemotherapy) of lung and other primary thoracic malignancies.
- Evaluation of a patient with extrathoracic malignancies/tumors/masses in which the lungs are suspected as being the primary site.
- Evaluation of a patient who sustained trauma to the pleura, chest wall, mediastinum, and lung.
- Localization of a thoracic mass prior to biopsy.
- Evaluation of a patient with suspected congenital or acquired abnormalities.
- Evaluation of a patient with myasthenia gravis to rule out thymic tumors.
- Performance of CT-guided biopsies and drainage procedures when fluoroscopy is inadequate.
- Evaluation of a patient presenting with signs and/or symptoms suggestive of an aortic dissection. The most common symptom of an aortic dissection (occurring in approximately 90% of the cases) is sudden, excruciating pain most commonly located in the anterior chest. Patients may describe the pain as “cutting,” “ripping,” or “tearing”. A sudden neurologic episode usually accompanies the onset of most instances of “painless” aortic dissection.
- Evaluation of a patient with any other condition/symptom when there is support in medical and scientific literature for the effective use of the scan for the condition being evaluated and the scan is reasonable and necessary for the individual patient.

NOTE: Posterior and lateral views of the chest represent the basic screening tool in identifying abnormalities involving the thorax. It is expected that the chest x-ray is used to evaluate patients who present with signs and/or symptoms suggestive of chest pathology prior to proceeding to a CT scan. However, in limited circumstances, a CT of the Thorax may be used as a primary diagnostic tool if the documentation supports that the initial test was reasonable and necessary and the medical literature supports the CT scan as the primary diagnostic test for the condition being evaluated.

In addition to the medical necessity requirements, the CT scan must be performed on a model of CT equipment that meets the following criteria:

- The model must be known to the Food and Drug Administration; and
- Must be in the full market release phase of development.

Coverage Topic

Diagnostic Tests and X-Rays

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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

Medical record documentation maintained by the performing physician must clearly indicate the medical necessity of the service being billed. In addition, documentation that the service was performed must be included in the patient's medical record. This information is normally found in the office/progress notes, hospital notes, and/or procedure report.

Documentation should support the criteria for coverage as set forth in the "Indications and Limitations of Coverage and/or Medical Necessity" section of this policy.

Utilization Guidelines

N/A

Sources of Information and Basis for Decision

American College of Radiology (2003). ACR Practice Guidelines for the performance of pediatric and adult Thoracic CT.

American College of Radiology. (2001). [American College of Radiology Standards.](#)

Brown, J (2003). Medical Encyclopedia: Thoracic CT. Retrieved from <http://www.nlm.nih.gov/medlineplus/ency/article/003788.htm> on 5/25/05.

National Imaging Associates, Inc. (2005). Chest CT.

Payne, K. (2005) Computed Tomography (CT) Scan. Retrieved from http://www.webmd.com/hw/health_guide_atoz/hw233596.asp? on 5/25/05.

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 numerous specialties.

Carrier Advisory Committee Meeting held on May 13, 2000.

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	4	LCR B2005-102
Start Date of Comment Period	N/A	
Start Date of Notice Period	N/A	
Revised Effective Date	10/11/2005	

Explanation of Revision: Policy converted into LCD format. Updated references in “CMS National Coverage Policy” and “Sources of Information and Basis for Decision” sections.

Revision Number	3	PCR B2003-026
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	2	PCR B2002-118
Start Date of Comment Period	N/A	
Start Date of Notice Period	08/01/2002	4 th Quarter 2002 Update
Revised Effective Date	07/01/2002	

Explanation of Revision: CT scans are utilized for a number of conditions, which can incorporate several diagnoses. Since the ICD-9 codes associated with the many indications for CT of the Thorax can be numerous and the ability to identify every appropriate diagnosis code for this service would result in an extensive diagnosis list, the policy was revised deleting the diagnoses list. In addition, indications for coverage were added to the policy.

Revision Number	1	PCR B2001-178
Start Date of Comment Period	N/A	
Start Date of Notice Period	02/01/2002	2 nd Quarter 2002 Update
Revised Effective Date	12/17/2001	

Explanation of Revision: Diagnosis 494 was expanded due to specificity. In addition, a lung nodule should be billed under diagnosis 518.89, therefore, it was added to the policy.

Revision Number
Start Date of Comment Period:
Start Date of Notice Period:
Original Effective Date

Original
05/05/2000
06/01/2001
07/30/2001

PCR B2001-108
June 2001 Special Update

Related Documents

N/A

LCD Attachments

N/A

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