Computed Tomography (CT) and Computed Tomography Angiography (CTA) Scans

Policy Number: PG0482
Last Review: 10/01/2021

GUIDELINES
- This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.
- Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.
- This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.

SCOPE
X Professional
X Facility Prior Authorization is required for those procedures performed in an elective outpatient setting. A prior authorization is not required for the emergency department, facility observation setting or inpatient setting.

DESCRIPTION
Computed Tomography (CT) is a radiologic modality that provides clinical information in the detection, differentiation and demarcation of disease. CT scans are radiologic imaging that produce a cross-sectional series of transverse or axial images that are converted by computer software into coronal and/or sagittal views. X-ray beams are passed through the area being imaged at different angles, recorded by detectors and channeled into a computer. The computer software then converts these images to cross-sectional views at different angles and, if needed, three-dimensional images of the internal organs and structures of the body.

CT should only be performed under the supervision of a physician with training in radiation protection to optimize examination safety. Radiation exposure should be taken into account when considering the use of this technology. A CT procedure can be performed without contrast, with contrast, or without and with contrast depending on the clinical indication.

A CT without contrast is preferred if there are clinic indications of:
- Patient has contraindication to contrast
- Patient has elevated BUN and/or creatinine
- Chronic Kidney Disease stage 3-5
- Allergies to iodinated CT contrast
- Thyroid disease which could be treated with I-131
- Diabetics
- Very elderly

If, during the performance of a non-contrast imaging study, there is a medical indication to use contrast in order to evaluate a possible abnormality, the additional study is appropriate. The use of CT contrast should proceed with caution in pregnant and breast feeding patients. There is a theoretical risk of contrast to the fetal and infant thyroid.

CT angiography (CTA) is a CT examination that is primarily performed for assessment of the heart, arteries, or veins of the body. It requires at a minimum a thin section helical (spiral) CT acquisition coupled with a power
injection of intravenous iodinated contrast medium. Three dimensional rendering and multiplanar reformations are important components of many CTA examinations.

POLICY

Effective 11/01/2021
HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage
Prior Authorization is required for Computed Tomography (CT) and CT Angiography (CTA) procedures performed in an office and elective outpatient setting.
The following procedures will continue to require a prior authorization:
70460, 70470, 70487, 70496, 72125, 72128, 72192, 72193, 73701, 74150, 74176

The following procedures will no longer require a prior authorization:
70450, 70480, 70481, 70482, 70486, 70488, 70490, 70491, 70492, 70498, 71250, 71260, 71270, 71275, 72126, 72127, 72129, 72130, 72131, 72132, 72133, 72194, 73200, 73201, 73202, 73206, 73700, 73702, 73706, 74160, 74170, 74174, 74175, 74177, 74178, 75571, 75572, 75573, 75574, 76380.

Prior to 11/01/2021
HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage
Prior Authorization is required for Computed Tomography (CT) and CT Angiography (CTA) procedures performed in an office and elective outpatient setting.
70450, 70460, 70480, 70481, 70482, 70486, 70488, 70490, 70491, 70492, 70496, 70498, 71250, 71260, 71270, 71275, 72126, 72127, 72129, 72130, 72131, 72132, 72133, 72194, 73200, 73201, 73202, 73206, 73700, 73702, 73706, 74150, 74160, 74170, 74174, 74175, 74176, 74194, 73200, 73201, 73202, 73206, 73700, 73702, 73706, 74160, 74170, 74174, 74175, 74176, 74194, 73200, 73201, 73202, 73206, 73700, 73702, 73706, 74160, 74170, 74174, 74175, 74176, 74194, 73200, 73201, 73202, 73206, 73700, 73702, 73706, 74160, 74170, 74174, 74175, 74176, 74194, 73200, 73201, 73202, 73206, 73700, 73702, 73706.

Prior Authorization is required for Computed Tomography (CT) and CT Angiography (CTA) procedures performed in an office and elective outpatient setting.

Effective 08/01/2021, an additional option for outpatient imaging prior authorization requests from Paramount participating in-plan providers; Paramount is recognizing the Protecting Access to Medicare Act (PAMA) scores greater than or equal to a score of 8, for administrative approvals across all product lines. The request form can be located at:
https://www.paramounthealthcare.com/assets/documents/provider/Fax-Request-Form-imaging.pdf

HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage
Procedure 75571 is considered not medically necessary in all clinical situations, and is considered investigational.

COVERAGE CRITERIA
HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage
Paramount utilizes Interqual® Coverage Criteria

Computerized tomographic (CT) scans are covered when the scan is medically necessary for the individual patient based on the patient’s symptoms and preliminary diagnosis. Sufficient clinical information must be included in the patient’s medical records to document that the CT scan being performed is medically appropriate. Sufficient documentation includes a current clinical evaluation (within 60 days) which included a history and physical notes, appropriate laboratory results, signs and symptoms of the disease and non-advanced imaging modalities such as plain X-ray or ultrasound, to warrant the diagnostic test and to support the claim of reasonable and necessary. This information must be available upon request.

CT Chest (Thorax): 71250, 71260, 71270
Chest CT images are used for detection and evaluation of various disease and conditions in the chest, e.g., tumor, inflammatory disease, vascular disease, congenital abnormalities, trauma and symptoms such as hemoptysis. Indications for a Chest CT include, when medical indications are supported, not all-inclusive:

- Evaluation of known tumor, cancer or mass;
- Evaluation of suspicious mass/tumor (unconfirmed cancer diagnosis);
- Lung abscess;

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• Mediastinitis;
• Known or suspected interstitial lung disease (e.g. idiopathic interstitial lung diseases, idiopathic pulmonary fibrosis, hypersensitivity pneumonitis, pneumoconiosis, sarcoidosis, silicosis and asbestosis);
• Pulmonary nodule(s) – without a known primary malignancy;
• Broncho-pleural fistula;
• Suspected vascular disease, (e.g., aneurysm, dissection);
• Known vascular disease;
• Suspected Pulmonary Embolism;
• Known or suspected congenital abnormality;
• Hemoptysis;
• Horner’s syndrome;
• Pre-operative evaluation;
  ○ i.e. Primary cardiac surgery - CT Chest without contract may be indicated to evaluate for the presence of ascending aortic calcifications prior to primary cardiac surgery when there is documentation supporting a high risk for aortic calcification;
• Post-operative/procedural evaluation;
• Follow-up of pulmonary nodule(s);
• Persistent pneumonia;
• Transplants pre and post evaluation;
• Trauma, Injury involving the chest wall, cardiomegastinal structures and/or lungs;
• Asbestos-related benign and malignant lesions, involving the lungs and pleura.

**CT Angiography, Chest (Non-Coronary): 71275**
Computed tomography angiography (CTA) is a non-invasive imaging modality that may be used in the evaluation of thoracic vascular problems. Chest CTA may be used for anatomic depiction from the pulmonary apices through the costophrenic sulci. Chest CTA (non-coronary) may be used to evaluate vascular conditions, e.g., pulmonary embolism, thoracic aneurysm, thoracic aortic dissection, aortic coarctation, or pulmonary vascular stenosis. Indications for a Chest CT Angiography include, when medical indications are supported, not all-inclusive:
• Evaluation of suspected or known pulmonary embolism;
• Developmental anomalies of the thoracic vasculature, i.e. aortic coarctation, double aortic arch, hypoplastic or atretic pulmonary arteries, inferior vena caval interruption, partial anomalous pulmonary venous return, persistent left-sided superior vena cava, right-sided aortic arch, total anomalous pulmonary venous return, truncus arteriosus;
• Thoracic aorta evaluation;
• Post-traumatic vascular injury;
• Preoperative evaluation;
• Postoperative or post-procedural evaluation;
• Evaluation of extensive vascular disease involving the chest and abdominal cavities such as aortic dissection, vasculitis diseases such as Takayasu’s arteritis, significant post-traumatic or postprocedural vascular complications, etc.;
• Systemic venous thrombosis or occlusion, including superior vena cava (SVC) syndrome;
• Pulmonary arterial hypertension;
• Pulmonary embolism (PE).

**CT Abdomen: 74150, 74160, 74170**
Abdominal imaging begins at the diaphragm and extends to the umbilicus or iliac crests. Indications for an Abdomen CT include, when medical indications are supported, not all-inclusive:
• Unexplained abdominal pain;
• Diagnosis and surveillance for ascites, following non-diagnostic ultrasound;
• Known or suspected primary or recurrent Spigelian hernia (anterior abdominal wall hernia through the semilunar line), ventral hernia, umbilical, or incisional hernia;
• Adrenal Cortical Lesions and Insufficiency;
• Evaluation of suspicious known mass/tumors (unconfirmed diagnosis of cancer) for further evaluation of indeterminate or questionable findings;
- Evaluation of known cancer for further evaluation of indeterminate or questionable findings, identified by physical examination or imaging exams such as ultrasound (US);
- Surveillance imaging of colon cancer in remission;
- Evaluation of an organ or abnormality seen on previous imaging;
- Suspected infection or inflammatory disease;
- Known infection or inflammatory disease follow up;
- Pre-surgical planning or post-surgical evaluation for treatment of complications of chronic pancreatitis;
- Known or suspected vascular disease;
- Evaluation of trauma;
- Hematoma / hemorrhage;
- Initial detection and follow-up for Lymphadenopathy;
- Retroperitoneal abnormality – fibrosis, inflammation and neoplasm;
- Acute cholecystitis;
- Acute pancreatitis;
- Bowel obstruction;
- Enteritis and/or colitis;
- Focal liver lesions, Indeterminate lesions (not biopsied and not fully characterized by prior imaging);
- Pre-operative evaluation;
- Post-operative/procedural evaluation;
- Indication for combination studies for the initial pre-therapy staging of cancer, OR active monitoring for recurrence as clinically indicated OR evaluation of suspected metastases;
- Combination studies for suspected appendicitis, peritonitis, diverticulitis, or inflammatory bowel disease (IBD);
- Urinary tract calculi;
- Undescended testicle (cryptorchidism);
- Aneurysm of the abdominal aorta;
- Aortic dissection
- Significant blunt or penetrating trauma to the abdomen;
- Congenital anomaly.

**CT Angiography, Abdomen: 74175**

An Abdomen CTA generates images of the arteries that can be evaluated for evidence of stenosis, occlusion, or aneurysms. It is used to evaluate the arteries of the abdominal aorta and the renal arteries. An Abdominal CTA is not used as a screening tool, e.g. evaluation of asymptomatic patients without a previous diagnosis. Indications for an Abdomen CT Angiography include, when medical indications are supported, not all-inclusive:

- Aneurysm of the abdominal aorta;
- Evaluation of known or suspected abdominal vascular disease;
- Dissection of the abdominal aorta and/or branch vessel;
- Mesenteric ischemia;
- Renal artery stenosis;
- Stenosis or occlusion of the abdominal aorta or branch vessels;
- Visceral artery aneurysms;
- Traumatic vascular injury;
- Pre-operative evaluation;
- Post-operative or post-procedural evaluation;
- Indication for combination studies Chest CTA/Abdomen CTA combo for evaluation of extensive vascular disease involving the chest and abdominal cavities such as aortic dissection, vasculitic diseases such as Takayasu’s arteritis, significant post-traumatic, post procedural vascular complications or preoperative or preprocedural evaluation such as transcatheter aortic valve replacement (TAVR).

**CT Pelvis: 72192, 72193, 72194**

Pelvic imaging begins at the iliac crests through pubic symphysis. It has an ability to demonstrate abnormal calcifications or fluid/gas patterns in the viscera or peritoneal space. Indications for a Pelvis CT include, when medical indications are supported, not all-inclusive:
• Diagnosis and surveillance for Ascites, following non-diagnostic ultrasound;
• Unexplained pelvic pain;
• Appendicitis;
• Initial staging of prostate cancer;
• Known prostate cancer for workup of recurrence and response to treatment;
• Suspicious known mass/tumors (unconfirmed diagnosis of cancer) for further evaluation of indeterminate or questionable findings;
• Evaluation of known cancer for further evaluation of indeterminate or questionable findings, identified by physical examination or imaging exams such as ultrasound (US);
• Evaluation of enlargement of organ or abnormality seen on previous imaging;
• Evaluation of suspected infection or inflammatory disease;
• Evaluation of known infection or inflammatory disease follow up;
• Evaluation of known or suspected vascular disease (e.g., aneurysms, hematomas);
• Evaluation of trauma;
• Hematoma / hemorrhage;
• Retroperitoneal abnormality – fibrosis, inflammation and neoplasm;
• Pre-operative evaluation;
• Post-operative/procedural evaluation;
• Indication for combination studies for the initial pre-therapy staging of cancer, OR active monitoring for recurrence as clinically indicated OR evaluation of suspected metastases;
• Congenital anomaly.

**CT Abdomen and Pelvis: 74176, 74177, 74178**
Abdomen/pelvis imaging begins at the diaphragmatic dome through pubic symphysis
Indications for an Abdomen and Pelvis CT include, when medical indications are supported, not all-inclusive:
• Evaluation of hematuria;
• Suspected bowel obstruction;
• Evaluation of known or suspected kidney or ureteral stones;
• Evaluation of suspicious known mass/tumors (unconfirmed diagnosis of cancer) for further evaluation of indeterminate or questionable findings;
• Evaluation of known cancer for further evaluation of indeterminate or questionable findings, identified by physical examination or imaging exams such as ultrasound (US);
• Evaluation of an organ enlargement;
• Evaluation of suspected infection or inflammatory disease;
• Evaluation of known infection or inflammatory disease follow up;
• Evaluation of known or suspected vascular disease (e.g., aneurysms or hematomas);
• Evaluation of trauma;
• Pre-operative evaluation;
• Post-operative/procedural evaluation;
• Indication for combination studies for the initial pre-therapy staging of cancer, OR active monitoring for recurrence as clinically indicated OR evaluation of suspected metastases.

**CT Angiography, Abdomen and Pelvis: 74174**
An Abdomen/Pelvis CTA is useful for evaluation of the arteries/veins in the peritoneal cavity abdominal aorta, iliac arteries. An Abdomen/Pelvis CTA is not appropriate as a screening tool for asymptomatic patients without a previous diagnosis.
Indications for an Abdomen and Pelvis CT Angiography include, when medical indications are supported, not all-inclusive:
• Evaluation of known or suspected abdominal vascular disease;
• Pre-operative evaluation;
• Post-operative or post-procedural evaluation;
• Indication for combination studies Chest CTA/Abdomen/Pelvis CTA combo for evaluation of extensive vascular disease involving the chest and abdominal cavities such as aortic dissection, vasculitic diseases such as Takayasu’s arteritis, significant post-traumatic, postprocedural vascular complications or
CT Upper Extremity (Hand, Wrist, Elbow, Long Bone or Shoulder): 73200, 73201, 73202
An Upper Extremity CT may be used for the diagnosis, evaluation, and management of conditions of the hand, wrist, elbow and shoulder. CT is not usually the initial imaging test, but is performed after standard radiographs. CT is used for preoperative evaluation or to evaluate specific abnormalities of the bones, joints, and soft tissues of the upper extremities.
Indications for an Upper Extremity CT include, when medical indications are supported, not all-inclusive:
- Evaluation of suspicious mass/tumor (unconfirmed cancer diagnosis);
- Evaluation of known cancer;
- Evaluation of known or suspected infection or inflammatory disease: (e.g. osteomyelitis, septic arthritis, soft tissue infection) and MRI is contraindicated or cannot be performed;
- Evaluation of suspected (AVN) avascular necrosis (e.g., aseptic necrosis) and MRI is contraindicated or cannot be performed;
- Evaluation of known or suspected fracture and/or injury;
- For evaluation of persistent pain and initial imaging has been performed and MRI is contraindicated or cannot be performed;
- Pre-operative/procedural evaluation;
- Post-operative/procedural evaluation.

CT Angiography, Upper Extremity: 73206
Indications for an Upper Extremity CT Angiography include, when medical indications are supported, not all-inclusive:
- For assessment/evaluation of known or suspected vascular disease/condition;
- Pre-operative/procedural evaluation;
- Post-operative/procedural evaluations;
- For evaluation of a dialysis graft.

CT Lower Extremity (Ankle, Foot, Hip or Knee): 73700, 73701, 73702
Computed tomography (CT) is used for evaluation of tumors, metastatic lesions, infection, fractures and other problems. Magnetic resonance imaging (MRI) is the first-line choice for imaging of many conditions, but CT may be used in these cases if MRI is contraindicated or unable to be performed.
Indications for a Lower Extremity CT include, when medical indications are supported, not all-inclusive:
- Evaluation of suspicious mass/tumor (unconfirmed cancer diagnosis);
- Evaluation of known cancer;
- Evaluation of known or suspected infection or inflammatory disease (e.g. osteomyelitis, septic arthritis, soft tissue infection) and MRI is contraindicated or cannot be performed;
- Evaluation of suspected (AVN) avascular necrosis (e.g., aseptic necrosis, Legg-Calve-Perthes disease in children) and MRI is contraindicated or cannot be performed;
- Evaluation of known or suspected autoimmune disease, (e.g. rheumatoid arthritis) and MRI is contraindicated or cannot be performed;
- Evaluation of known or suspected fracture and/or injury;
- Evaluation of persistent pain, initial imaging has been performed and MRI is contraindicated or cannot be performed;
- Pre-operative/procedural evaluation;
- Post-operative/procedural evaluation.

CT Angiography, Lower Extremity: 73706
Lower extremity computed tomography angiography (CTA) is an effective, noninvasive and robust imaging modality that is used in the assessment of symptomatic lower extremity vascular disease. It has excellent spatial resolution and shows accurate details of peripheral vasculature.
Indications for a Lower Extremity CT Angiography include, when medical indications are supported, not all-inclusive:
- For assessment/evaluation of suspected or known vascular disease/condition;
• Pre-operative/procedural evaluation;
• Post-operative/procedural evaluation.

CT Head/Brain: 70450, 70460, 70470
Computed tomography (CT) is useful in evaluating pathologies in the brain. It provides more detailed information on head trauma, brain tumors, stroke, and other pathologies in the brain than regular radiographs.

Indications for a Head/Brain CT include, when medical indications are supported, not all-inclusive:
• Evaluation of known or suspected seizure disorder;
• Evaluation of neurologic symptoms or deficits;
• Evaluation of clinical assessment documenting cognitive impairment, mental status changes, of unclear cause, with documented objective evidence from neurologic exam;
• Evaluation of known or suspected trauma;
• For evaluation of headache;
• Evaluation of known or suspected brain tumor, mass, or metastasis;
• Management of known acoustic neuroma;
• Indication for combination studies for the initial pre-therapy staging of cancer, OR active monitoring for recurrence as clinically indicated, or evaluation of suspected metastases;
• Evaluation of known or suspected Cerebrovascular accident (CVA or stroke) and transient ischemic attack (TIA);
• For evaluation of known or suspected inflammatory disease or infection (e.g., meningitis or abscess) and MRI is contraindicated or cannot be performed;
• For evaluation of known or suspected congenital abnormality (such as hydrocephalus, craniosynostosis, Chiari malformation, macrocephaly and microcephaly);
• Multiple sclerosis and other white-matter diseases;
• Suspected normal pressure hydrocephalus, (NPH) with symptoms;
• Pre-operative evaluation for brain/skull surgery;
• Post-operative/procedural evaluation.

CT Angiography, Head/Brain: 70496
A Head/Brain CT Angiography is utilized in the management of patients with cerebrovascular disease, simultaneously demonstrating the bony base of the skull and its related vasculature.

Indications for a Head/Brain CT Angiography include, when medical indications are supported, not all-inclusive:
• Evaluation of known intracranial vascular disease;
• Evaluation of suspected intracranial vascular disease;
• Evaluation of stenosis or occlusion of intracranial arteries;
• Evaluation of thromboembolic disease of major intracranial arterial systems;
• Evaluation of venous thrombosis (including dural venous sinus thrombosis, venous sinus thrombosis, cerebral vein thrombosis);
• Pre-operative evaluation for brain/skull surgery;
• Post-operative/procedural evaluation;
• Evaluation of Aneurysm;
• Evaluation of Vertebrabasilar Insufficiency (VBI);
• Evaluation of Arteriovenous Malformation (AVM);
• Evaluation of a persistent and undifferentiated headache when MRI/CT had not determined the etiology.

CT Temporal Bone, Mastoid, Orbits, Sella, Internal Auditory Canal: 70480, 70481, 70482
Temporal bone, mastoid, and internal auditory canal computed tomography (CT) is a unique study performed for problems such as conductive hearing loss, chronic otitis media, mastoiditis, cholesteatoma, congenital hearing loss and cochlear implants. It is a modality of choice because it provides 3D positional information and offers a high degree of anatomic detail. With capability for high-resolution osseous imaging, CT can provide detailed anatomic depiction of the temporal bone anatomy, including the middle and inner ear structures. It is rarely used for evaluation of VIIth of VIIIth nerve tumors. Brain CT is often ordered along with CT of the orbit for head injury with orbital trauma.

Indications for Temporal Bone, Mastoid, Orbits, Sella, and Internal Auditory Canal CT include, when medical
indications are supported, not all-inclusive:

- Orbital asymmetry, exophthalmos (proptosis), or enophthalmos;
- Vision loss with etiology not identified on ophthalmologic examination and laboratory tests;
- Diplopia or ophthalmoplegia (paralysis or weakness of the eye muscles);
- Evaluation of ocular tumor;
- Suspected hyperthyroidism (such as Graves’ disease);
- Orbital trauma;
- Osseous lesions;
- Unilateral visual deficit;
- Diagnosis or management of inflammatory disease known to involve the orbit, temporal bone, sella turcica or posterior fossa;
- Suspected orbital pseudo tumor (inflammatory orbital syndrome);
- Papilledema;
- Diagnosis or management (including perioperative evaluation) of infection involving the orbit, temporal bone, sella turcica or posterior fossa;
- Evaluation of sellar and parasellar masses;
- Sensorineural hearing loss with contraindication to MRI;
- Conductive or mixed hearing loss;
- Congenital hearing loss;
- Cochlear implant evaluation;
- Pulsatile tinnitus;
- Unilateral tinnitus with contraindication to MRI;
- Acoustic neuroma or peripheral cranial nerve palsy with contraindication to MRI;
- Mastoiditis;
- Cholesteatoma;
- Cholesteatoma;
- Dehiscence of the jugular bulb or carotid canal;
- Aberrant blood vessels or malformations;
- Episodic vertigo (peripheral vertigo) and dizziness with abnormal neurologic findings;
- Pre-operative evaluation for a planned surgery or procedure;
- When imaging, physical, or laboratory findings indicate surgical or procedural complications.

CT Sinus & Maxillofacial CT Limited or Localized Follow Up Sinus CT: 70486, 70487, 70488, 76380

A CT scan provides greater definition of the sinuses and is more sensitive than plain radiography for detecting sinus pathology, especially within the sphenoid and ethmoid sinuses. CT scan findings can be nonspecific, however, and should not be used routinely in the diagnosis of acute sinusitis. The primary role of CT scans is to aid in the diagnosis and management of recurrent and chronic sinusitis, or to define the anatomy of the sinuses prior to surgery.

Indications for Sinus & Maxillofacial CT Limited or Localized Follow Up Sinus CT: include, when medical indications are supported, not all-inclusive:

- Evaluation of known or suspected infections or inflammatory disease;
- Evaluation of known or suspected tumor or mass lesion in the sinus or nasal region;
- Evaluation of trauma to the facial bones;
- Pre-operative/procedural evaluation;
- Post-operative/procedural evaluation;
- Asthma refractory to treatment;
- Deviated nasal septum, polyp, or other structural abnormality seen on imaging or direct visualization that may be causing significant airway obstruction;
- New onset anosmia or hyposmia with contraindication to MRI;
- Other conditions such as granulomatosis with polyangiitis (Wegener’s granulomatosis) that may present as rhinosinusitis;
- Parotid or other salivary stones;
- Sinusitis/rhinosinusitis;
• Diagnosis or management (including perioperative evaluation) for foreign body in the maxillofacial regions, mucocoele of paranasal sinuses, nasal airway obstruction refractory to medical therapy, polyposis, recurrent epistaxis;
• Diagnosis or management (including perioperative evaluation) of a suspected or known congenital maxillofacial anomaly when imaging is required to direct treatment.

CT Soft Tissue Neck: 70490, 70491, 70492
A CT of the neck helps define the extent of tumors and identifies lymph node spread. A CT will define the larynx and cervical trachea and its pathology along with information on airway pathology. A neck CT can also accurately depict and characterize tracheal stenosis.
Indications for Soft Tissue Neck CT include, when medical indications are supported, not all-inclusive:
• Evaluation of a neck mass other than thyroid; i.e. solitary or multiple lateral or posterior neck masses;
• Suspected72130
• nasopharyngeal tumor;
• Known tumor or cancer of skull base, tongue, larynx, nasopharynx pharynx, or salivary glands;
• The initial pre-therapy staging of cancer, OR active monitoring for recurrence as clinically indicated OR evaluation of suspected metastases;
• Suspected tumor or cancer;
• Known or suspected deep space infections or abscesses of the pharynx or neck;
• Pre-operative evaluation;
• Post-operative/procedural evaluation (e.g. post neck dissection);
• Vocal cord lesions or vocal cord paralysis;
• Salivary gland stones or suspected gland abscess;
• For evaluation of tracheal stenosis.

CT Angiography, Neck: 70498
CT Angiography of the neck involve image acquisitions from the aortic arch to the skull base, to visualize major vessels including the extracranial carotid arteries and vertebral arteries. A Neck CT Angiography is utilized for the evaluation of carotid body tumors and for post-operative evaluation of carotid endarterectomy. A Neck CTA may be performed after initial carotid duplex imaging that does not provide adequate information or shows abnormal results.
Indications for a Neck CT Angiography include, when medical indications are supported, not all-inclusive
• Suspected or known vascular disease;
• Known or suspected tumor/mass;
• Known or suspected steno-occlusive disease;
• Aneurysm or dissection of carotid or vertebral arteries;
• Horner’s syndrome;
• Intramural hematoma;
• Pre-operative evaluation;
• Post-operative/procedural evaluation (e.g. carotid endarterectomy);
• Head or neck blunt injury with suspected extracranial carotid or vertebral artery dissection;
• Known or suspected vertebrobasilar insufficiency (VBI) in patients with symptoms such as vision changes, vertigo, or abnormal speech;
• New onset stroke or transient ischemic attack;
• Vasculopathy (including fibromuscular dysplasia and vasculitis);
• Venous thrombosis or compression;
• Vertebrobasilar stenosis or occlusion;
• Congenital or developmental vascular anomaly.

CT Cervical Spine: 72125, 72126, 72127
Primary indications for CT include conditions, e.g., traumatic, neoplastic, and infectious. CT is often used to study the cervical spine for conditions such as degenerative disc disease when MRI is contraindicated.
Indications for Cervical Spine CT include, when medical indications are supported, not all-inclusive:
• Evaluation of back pain with any of the following when Cervical Spine MRI is contraindicated;
• Evaluation of trauma or acute injury;
• Evaluation of neurologic deficits when Cervical Spine MRI is contraindicated or inappropriate;
• Evaluation of known fracture;
• Evaluation of suspected myelopathy when Cervical Spine MRI is contraindicated;
• Evaluation of known or new compression fractures with worsening back pain;
• Evaluation of known tumor, cancer, or evidence of metastasis;
• Evaluation of suspected tumor when Cervical Spine MRI is contraindicated or inappropriate;
• For combination studies, CT or MRI, for the initial pre-therapy staging of cancer, OR active monitoring for recurrence as clinically indicated OR evaluation of suspected metastases;
• Evaluation of known or suspected infection, abscess, or inflammatory disease when Cervical Spine MRI is contraindicated:
  • Evaluation of spine abnormalities related to immune system suppression, e.g., HIV, chemotherapy, leukemia, or lymphoma when Cervical Spine MRI is contraindicated;
  • As part of initial post-operative/procedural evaluation.

CT Thoracic Spine: 72128, 72129, 72130
CT may be used for conditions, e.g., degenerative changes, infection, and immune suppression, when magnetic resonance imaging (MRI) is contraindicated. It may also be used in the evaluation of tumors, cancer, or metastasis in the thoracic spine and it may be used for preoperative and post-surgical evaluations.
Indications for Thoracic Spine CT include, when medical indications are supported, not all-inclusive:
• Evaluation of back pain with any of the following when Thoracic Spine MRI is contraindicated;
• Evaluation of trauma or acute injury;
• Evaluation of known fracture;
• Evaluation of neurologic deficits when Thoracic Spine MRI is contraindicated or inappropriate;
• Evaluation of suspected myelopathy when Thoracic Spine MRI is contraindicated;
• Ossification Posterior Longitudinal Ligament (OPPL) evaluation;
• Evaluation of known or new compression fractures with worsening back pain;
• Evaluation of known tumor, cancer, or evidence of metastasis;
• Evaluation of suspected tumor when Thoracic Spine MRI is contraindicated or inappropriate;
• Indication for combination studies for the initial pre-therapy staging of cancer, OR active monitoring for recurrence as clinically indicated, OR evaluation of suspected metastases;
• Evaluation of known or suspected infection, abscess, or inflammatory disease when Thoracic MRI is contraindicated;
• Any patient with stage IV cancer with new onset back pain;
• Evaluation of spine abnormalities related to immune system suppression, e.g., HIV, chemotherapy, leukemia, or lymphoma when Thoracic MRI is contraindicated.

CT Lumbar Spine: 72131, 72132, 72133
CT scans of the lumbar spine generate high-resolution spinal images.
Indications for Lumbar Spine CT include, when medical indications are supported, not all-inclusive:
• Evaluation of back pain when Lumbar Spine MRI is contraindicated;
• Evaluation of neurologic deficits when Lumbar Spine MRI is contraindicated or inappropriate;
• Evaluation of known fracture;
• CT myelogram is indicated when signs and symptoms are incongruent with MRI findings or MRI cannot be performed/contraindicated;
• Evaluation of trauma or acute injury;
• Pars defect (spondylolysis) or spondylolisthesis;
• Evaluation of known or new compression fractures with worsening back pain;
• Evaluation of known tumor, cancer, or evidence of metastasis;
• Evaluation of suspected tumor when Lumbar Spine MRI is contraindicated or inappropriate;
• Indication for combination studies for the initial pre-therapy staging of cancer, OR active monitoring for recurrence as clinically indicated OR evaluation of suspected metastases;
• Evaluation of known or suspected infection, abscess, or inflammatory disease when Lumbar Spine MRI is contraindicated.
MRI is contraindicated:
- Evaluation of spine abnormalities related to immune system suppression, e.g., HIV, chemotherapy, leukemia, or lymphoma and Lumbar Spine MRI is contraindicated;
- Initial post-operative / procedural evaluation;
- Preoperative evaluation.

**CT Heart: 75572, 75573**
Cardiac computed tomography (Heart CT) serves to image the cardiac chambers, great vessels, valves, myocardium and pericardium to assess cardiac structure and function, particularly when echocardiography (transthoracic echocardiography and transesophageal echocardiography) cannot provide adequate information. Indications for a Heart CT include, when medical indications are supported, not all-inclusive:
- Evaluation of cardiac structure and function;
- Intra-cardiac and para-cardiac masses and tumors;
- Congenital heart disease;
- Cardiomyopathy;
- Cardiac aneurysm and pseudoaneurysm;
- Left ventricular function assessment;
- Valvular heart disease assessment;
- Evaluation of intra- and extracardiac structures;
- Electrophysiologic procedure planning;
- Transcatheter structural intervention planning;
- Aortic pathology;
- Evaluation of patients with established coronary artery disease.

**Coronary Arteries CT Angiography: 75574**
Coronary Arteries CT Angiography provides direct images of the coronary arteries (anatomical imaging); as such, it differs from more established noninvasive approaches to evaluation of the coronary arteries. Indications for a Coronary Arteries CT Angiography include, when medical indications are supported, not all-inclusive:
- Evaluation in Suspected Coronary Artery Disease (CAD);
- Equivocal, borderline, or discordant stress imaging evaluation with continued symptoms concerning for CAD;
- Congestive heart failure/cardiomyopathy/left ventricular dysfunction;
- Reduced Ejection Fraction (EF ≤ 40%) as an alternative to invasive coronary arteriography;
- Evaluation of coronary anomaly or aneurysm;
- To establish the etiology of mitral regurgitation;
- Preoperative evaluation for patients undergoing non-coronary cardiac surgery;
- Suspected coronary artery disease in patients who have had abnormal exercise EKG test (performed without imaging) within the past 60 days;
- Suspected coronary artery disease in patients who have had equivocal MPI or SE within the past 60 days;
- Suspected coronary artery disease in patients who have had abnormal MPI or SE within the past 60 days.

**CT Heart: 75571**
Coronary artery calcification has been shown to correlate with the presence of atheromatous coronary artery disease.
- The use of cardiac CT for quantitative evaluation of coronary artery calcification has not been conclusively shown to impact patient outcomes, is therefore considered not medically necessary in all clinical situations, and is considered investigational, including, but not limited to, the following indications:
  - as part of a cardiac risk assessment in asymptomatic or symptomatic individuals; or
  - as a diagnostic test in individuals considered at intermediate risk for coronary artery disease, where other cardiac tests have been inconclusive; or
  - as a diagnostic test in symptomatic individuals; or
  - in conjunction with a coronary CT angiography (CCTA).
- Selection of the optimal diagnostic work-up for cardiac evaluation should be made within the context of
other available studies (which include treadmill stress test, stress myocardial perfusion imaging, stress echocardiography, cardiac MRI, cardiac PET imaging and invasive cardiac/coronary angiography), so that the resulting information facilitates patient management decisions and does not merely add a new layer of testing.

- When quantitative assessment is performed as part of the same encounter as contrast enhanced cardiac computed tomography (codes 75572-75573) or coronary computed tomography angiography (code 75574), it is bundled in the service.

**Limited CT Imaging: 76380**

A Limited CT is used to report any CT scan, for any given area of the body, in which the work of a full diagnostic code is not performed. Indications for a Limited CT include, when medical indications are supported, not all-inclusive:

- Can be considered in those with suspicion of Upper Airway Cough Syndrome (UACS) secondary to rhinosinus disease;
- Limited or follow-up slices through a known pulmonary nodule;
- Limited slices to assess a non-healing fracture (such as the clavicle)

It is inappropriate to report CPT 76380, in conjunction with other diagnostic CT codes, to cover ‘extra slices’ in certain imaging protocols.

- A few additional slices or sequences are not uncommon.
- CT imaging protocols are often influenced by the individual clinical situation of the patient. Sometimes the protocols require more time and sometimes less.

**Repeated CT Imaging**

In general, repeated imaging of the same anatomic area should be limited to evaluation following an intervention, or when there is a change in clinical status such that imaging is required to determine next steps in management. At times, repeated imaging done with different techniques or contrast regimens may be necessary to clarify a finding seen on the original study.

- Re-imaging or additional imaging due to poor contrast enhanced exam or technically limited exam is the responsibility of the imaging provider.

**Follow-up CT Imaging**

In general, follow-up CT exams should be performed only when there is a clinical change, with new signs or symptoms, or specific finding(s) requiring imaging surveillance. Repeated imaging of the same anatomic area (with same or similar technology) may be subject to additional review in the following scenarios:

- Repeated imaging at the same facility due to motion artifact or other technical issues
- Repeated imaging requested at a different facility due to provider preference or quality concerns
- Repeated imaging of the same anatomic area (MRI or CT) based on persistent symptoms with no clinical change, treatment, or intervention since the previous study
- Repeated imaging of the same anatomical area by different providers for the same member over a short period of time

**Pediatric CT Imaging**

A pediatric CT requires assessment of the risks, benefits and use of the studies. The lowest possible radiation does consistent with acceptable diagnostic image quality should be used. Radiation does should be determined periodically based on a reasonable sample of pediatric examinations. Technical factors should be appropriate for the size and the age of the child and should be determined with consideration of parameters (e.g., characteristics of the imaging system, organs in the radiations field, lead shielding).

**Total-Body CT Screening/Whole Body CT Screening:**

Whole body CT scans, encompassing the body from the neck to the pelvis have been proposed as a general screening test for diseases, not all-inclusive, of the thyroid (i.e., cancer) lungs (i.e., lung cancer), heart (i.e., cardiovascular disease), and abdominal and pelvic organs (cancer, cardiovascular disease). Often the test is marketed directly to the patient and is offered through mobile CT scanners that travel from community to community. Currently, there is no evidence to demonstrate the efficacy of whole body CT screening in the early detection and improved management or clinical outcomes of any disease.
Whole body computed tomography as a screening tool for disease does not meet Primary Coverage Criteria in that there is scientific evidence of effectiveness in improving health outcomes. Whole body computed tomography as a screening tool is considered investigational. Note: this does not apply to follow-up screening in an individual with a history of cancer.

Full-body ultrafast (electron-beam CT): S8092 – Electron beam computed tomography (also known as ultrafast CT, cine CT). Full-body ultrafast (electron-beam (EBCT)) screening is considered experimental and investigational because it has not been shown to be effective as a screening test.

Whole-body CT should not be considered as a screening tool at this time.

Whole-body CT screening is not specific enough or tailored appropriately to detect coronary artery calcification, lung cancer, or colon polyps or masses.

Total body CT screening uses much higher doses of radiation than are normally experienced during standard CT or x-ray procedures. This increased radiation exposure may increase the risk of developing cancer at some later point in time.

**Appropriate Use Criteria Program:** The Protecting Access to Medicare Act (PAMA) of 2014, Section 218(b), established a new program to increase the rate of appropriate advanced diagnostic imaging services provided to Medicare beneficiaries. Examples of such advanced imaging services include:

- computed tomography (CT)
- positron emission tomography (PET)
- nuclear medicine, and
- magnetic resonance imaging (MRI)

PAMA scores are validation of medical necessity to reduce unnecessary costs, poor patient experience, and operational inefficiency is a top priority for hospital leaders. Appropriate use criteria (AUC) programs exist to help ensure that appropriate medical procedures, where the anticipated health benefits exceed potential health risks to the patient, are performed.

Effective 08/01/2021, an additional option for outpatient imaging prior authorization requests from Paramount participating in-plan providers; Paramount is recognizing the Protecting Access to Medicare Act (PAMA) scores greater than or equal to a score of 8, for administrative approvals across all product lines. The request form can be located at: https://www.paramounthealthcare.com/assets/documents/provider/Fax-Request-Form-imaging.pdf

CT Colonoscopy: 74261, 74262, 74263 See Medical Policy PG0182 Virtual Colonoscopy

**CODING/BILLING INFORMATION**

The inclusion or exclusion of a code in this section does not necessarily indicate coverage. Codes referenced in this clinical policy are for informational purposes only. Codes that are covered may have selection criteria that must be met.

Payment for supplies may be included in payment for other services rendered.

**CPT CODES**

The HCPCS/CPT code(s) may be subject to Bundling Editing and Correct Coding Initiative (CCI) edits.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>70450</td>
<td>CT Head without contrast</td>
</tr>
<tr>
<td>70460</td>
<td>CT Head with contrast</td>
</tr>
<tr>
<td>70470</td>
<td>CT Head with and without contrast</td>
</tr>
<tr>
<td>70480</td>
<td>CT Orbit, sella, or posterior fossa or outer, middle, or inner ear without contrast</td>
</tr>
<tr>
<td>70481</td>
<td>CT Orbit, sella, or posterior fossa or outer, middle, or inner ear with contrast</td>
</tr>
<tr>
<td>70482</td>
<td>CT Orbit, sella, or posterior fossa or outer, middle, or inner ear with and without contrast</td>
</tr>
<tr>
<td>70486</td>
<td>CT Maxillofacial area, (sinus) without contrast</td>
</tr>
<tr>
<td>70487</td>
<td>CT Maxillofacial area, (sinus) with contrast</td>
</tr>
<tr>
<td>70488</td>
<td>CT Maxillofacial area, (sinus) with and without contrast</td>
</tr>
<tr>
<td>70490</td>
<td>CT Soft-tissue Neck without contrast</td>
</tr>
<tr>
<td>70491</td>
<td>CT Soft-tissue Neck with contrast</td>
</tr>
<tr>
<td>70492</td>
<td>CT Soft-tissue Neck with and without contrast</td>
</tr>
<tr>
<td>70496</td>
<td>CT Angiography (CTA), Head - includes post-processing</td>
</tr>
<tr>
<td>70498</td>
<td>CT Angiography (CTA), Neck - includes post-processing</td>
</tr>
<tr>
<td>71250</td>
<td>CT Chest without contrast</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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<td>---------</td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>71260</td>
<td>CT Chest with contrast</td>
</tr>
<tr>
<td>71270</td>
<td>CT Chest with and without contrast</td>
</tr>
<tr>
<td>71275</td>
<td>CT Angiography (CTA), Chest (non-coronary) includes post-processing</td>
</tr>
<tr>
<td>72125</td>
<td>CT Cervical Spine without contrast</td>
</tr>
<tr>
<td>72126</td>
<td>CT Cervical Spine with contrast</td>
</tr>
<tr>
<td>72127</td>
<td>CT Cervical Spine with and without contrast</td>
</tr>
<tr>
<td>72128</td>
<td>CT Thoracic Spine without contrast</td>
</tr>
<tr>
<td>72129</td>
<td>CT Thoracic Spine with contrast</td>
</tr>
<tr>
<td>72130</td>
<td>CT Thoracic Spine with and without contrast</td>
</tr>
<tr>
<td>72131</td>
<td>CT Lumbar Spine without contrast</td>
</tr>
<tr>
<td>72132</td>
<td>CT Lumbar Spine with contrast</td>
</tr>
<tr>
<td>72133</td>
<td>CT Lumbar Spine with and without contrast</td>
</tr>
<tr>
<td>72191</td>
<td>CT Angiography (CTA) Pelvis - includes post-processing</td>
</tr>
<tr>
<td>72192</td>
<td>CT Pelvis without contrast</td>
</tr>
<tr>
<td>72193</td>
<td>CT Pelvis with contrast</td>
</tr>
<tr>
<td>72194</td>
<td>CT Pelvis with and without contrast</td>
</tr>
<tr>
<td>73200</td>
<td>CT Upper Extremity without contrast</td>
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<tr>
<td>73201</td>
<td>CT Upper Extremity with contrast</td>
</tr>
<tr>
<td>73202</td>
<td>CT Upper Extremity with and without contrast</td>
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<tr>
<td>73206</td>
<td>CT Angiography (CTA) Upper Extremity - includes post-processing</td>
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<tr>
<td>73700</td>
<td>CT Lower Extremity without contrast</td>
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<td>CT Lower Extremity with contrast</td>
</tr>
<tr>
<td>73702</td>
<td>CT Lower Extremity with and without contrast</td>
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<td>73706</td>
<td>CT Angiography (CTA) Lower Extremity includes post-processing</td>
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<tr>
<td>74150</td>
<td>CT Abdomen without contrast</td>
</tr>
<tr>
<td>74160</td>
<td>CT Abdomen with contrast</td>
</tr>
<tr>
<td>74170</td>
<td>CT Abdomen; without contrast material, followed by contrast material(s) and further sections</td>
</tr>
<tr>
<td>74174</td>
<td>CT Angiography (CTA) Abdomen and Pelvis with and without contrast - includes post-processing</td>
</tr>
<tr>
<td>74175</td>
<td>CT Angiography (CTA) Abdomen and with and without contrast - includes post-processing</td>
</tr>
<tr>
<td>74176</td>
<td>CT Abdomen and Pelvis; without contrast material</td>
</tr>
<tr>
<td>74177</td>
<td>CT Abdomen and Pelvis; with contrast material</td>
</tr>
<tr>
<td>74178</td>
<td>CT Abdomen and Pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions</td>
</tr>
<tr>
<td>75571</td>
<td>CT, heart, without contrast with quantitative evaluation of coronary calcium</td>
</tr>
<tr>
<td>75572</td>
<td>CT, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post-processing, assessment of cardiac function, and evaluation of venous structures, if performed)</td>
</tr>
<tr>
<td>75573</td>
<td>CT, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image post-processing, assessment of cardiac LV function, RV structure and function and evaluation of venous structures, if performed)</td>
</tr>
<tr>
<td>75574</td>
<td>CT, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image post-processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)</td>
</tr>
<tr>
<td>75635</td>
<td>CT Angiography (CTA) Abdominal Aorta and bilateral iliofemoral lower extremity runoff</td>
</tr>
<tr>
<td>76380</td>
<td>CT Limited or Localized follow-up study</td>
</tr>
<tr>
<td>S8092</td>
<td>Electron beam computed tomography (also known as Ultrafast CT, Cine CT)</td>
</tr>
</tbody>
</table>

Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to [https://www.paramounthealthcare.com/services/providers/medical-policies/](https://www.paramounthealthcare.com/services/providers/medical-policies/).
## REVISION HISTORY EXPLANATION

**ORIGINAL EFFECTIVE DATE: 01/01/2021**

<table>
<thead>
<tr>
<th>Date</th>
<th>Explanation &amp; Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/2021</td>
<td>• Created a medical policy for Computed Tomography (CT) Scans. Specific CT/CTA codes have always required a prior authorization as indicated on the Prior Authorization Spreadsheet. Additional CT/CTA codes to now additionally require a PA, as of 3/1/2021, listed above in red. Clarified verbiage “The CPT codes highlighted in red are the new codes requiring a prior authorization effective 3/01/2021” as indicated in the green box within the medical policy.</td>
</tr>
<tr>
<td>05/03/2021</td>
<td>• Updated the verbiage from the old term Renal Insufficiency to Chronic Kidney Disease stage 3-5</td>
</tr>
<tr>
<td>07/12/2021</td>
<td>• As a secondary option for prior authorization requests, Paramount is including PAMA scores, greater than or equal to a score of 8, to submit a High Dollar Imaging requests for administrative approvals across all product lines.</td>
</tr>
<tr>
<td>10/01/2021</td>
<td>• Effective 11/01/2021 prior authorization is required only for procedures 70460, 70470, 70487, 70496, 72125, 72128, 72192, 72193, 73701, 74150, 74176.</td>
</tr>
</tbody>
</table>

## REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Ohio Department of Medicaid


Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

Industry Standard Review

Hayes, Inc.

The American College of Radiology’s (ACR)