

Policy Name:	Medical Policy: Computed Tomography (CT)	Policy #:	MP-315
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Policy Information

Owner Department:	Medical UM & Systems Department
Owner:	Assigned Medical Director
Electronic Signature/Date:	Krystal Revai (04/13/2023), Lori Slaughter (04/05/2023)

If there is a discrepancy between a medical policy and a patient's policy or plan document/summary plan description, the policy or plan document/summary plan descriptions provisions and limitations will govern the determination of benefits.

Purpose of the Policy

To make utilization decisions, Health Alliance uses written criteria based on sound clinical evidence for appropriately applying the criteria.

Statement of the Policy

To apply objective and evidence-based criteria when determining the medical appropriateness of health care services.

NOTE: Please refer to plan documents for prior authorization necessity/status.

Interpretations

Health Alliance uses eviCore criteria to determine the medical necessity of Computed Tomography (CT) scans. eviCore criteria are available on [the eviCore.com](https://www.eviCore.com) website and can be accessed by providers when submitting an authorization digitally.

Medicare Advantage Criteria details:

- [NCD - Computed Tomography \(220.1\) \(cms.gov\)](https://www.cms.gov/medicare/coverage/national/index.html)
- Enter NCD number in Medicare database link below for details.
- [MCD Search \(cms.gov\)](https://www.cms.gov/medicare/coverage/national/index.html)

Codes

*Codes listed are for informational purposes only and do not necessarily indicate prior authorization is or is not required or coverage is guaranteed.

70450	Computed tomography, head or brain; without contrast material
70460	Computed tomography, head or brain; with contrast material(s)
70470	Computed tomography, head or brain; 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	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)

70482	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections
70486	Computed tomography, maxillofacial area; without contrast material
70487	Computed tomography, maxillofacial area; with contrast material(s)
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections
70490	Computed tomography, soft tissue neck; without contrast material
70491	Computed tomography, soft tissue neck; with contrast material(s)
70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections
70496	Computed tomographic angiography, head, with contrast material(s), including non-contrast images, if performed, and image post-processing
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image post-processing
71250	Computed tomography, thorax; diagnostic, without contrast material
71260	Computed tomography, thorax; diagnostic, with contrast material(s)
71270	Computed tomography, thorax; diagnostic, without contrast material, followed by contrast material(s) and further sections
71275	Computed tomographic angiography, chest (non-coronary), with contrast material(s), including non-contrast images, if performed, and image post-processing
72125	Computed tomography, cervical spine; without contrast material
72126	Computed tomography, cervical spine; with contrast material
72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections
72128	Computed tomography, thoracic spine; without contrast material
72129	Computed tomography, thoracic spine; with contrast material
72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections
72131	Computed tomography, lumbar spine; without contrast material
72132	Computed tomography, lumbar spine; with contrast material
72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections
72191	Computed tomographic angiography, pelvis, with contrast material(s), including non-contrast images, if performed, and image post-processing
72192	Computed tomography, pelvis; without contrast material
72193	Computed tomography, pelvis; with contrast material(s)
72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections

73200	Computed tomography, upper extremity; without contrast material
73201	Computed tomography, upper extremity; with contrast material(s)
73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections
73206	Computed Tomography angiography upper extremity with and without contrast material
73700	Computed tomography, lower extremity; without contrast material
73701	Computed tomography, lower extremity; with contrast material(s)
73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections
73706	Computed tomographic angiography, upper extremity, with contrast material(s), including non-contrast images, if performed, and image post-processing
74150	Computed tomography, abdomen; without contrast material
74160	Computed tomography, abdomen; with contrast material(s)
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including non-contrast images, if performed, and image post-processing
74175	Computed tomographic angiography, abdomen, with contrast material(s), including non-contrast images, if performed, and image post-processing
74176	Computed tomography, abdomen and pelvis; without contrast material
74177	Computed tomography, abdomen and pelvis; with contrast material(s)
74178	Computed tomography, 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
74261	Computed tomographic (CT) colonography, diagnostic, including image post-processing; without contrast material
74262	Computed tomographic (CT) colonography, diagnostic, including image post-processing; with contrast material(s) including non-contrast images, if performed
74263	Computed tomographic (CT) colonography, screening, including image post-processing (Non-covered service)
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium
75572	Computed tomography, 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)
75573	Computed tomography, 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 LV cardiac function, RV structure and function and evaluation of venous structures, if performed)

75574	Computed tomographic angiography, 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)
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including non-contrast images, if performed, and image post-processing
76380	Computed tomography, limited or localized follow-up study
77011	Computed tomography guidance for stereotactic localization
77012	Computed tomography guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), radiological supervision and interpretation
77013	Computed tomography guidance for, and monitoring of, parenchymal tissue ablation
77014	Computed tomography guidance for placement of radiation therapy fields

Providers are required to indicate the diagnosis and procedure codes when requesting review of coverage.

References

1. For Medicare criteria: [Medicare NCD 220.1](#)

History

Created Date:	08/09/17	
Effective Date:	08/09/17	
Next Review Date:	04/13/2024	
Revision Date:	05/09/18	05/21/19 – MDC-Annual review, no changes.
	04/21/20 – MDC-Annual review, no changes.	
	02/16/21 – MDC-Annual review, no changes.	
	03/15/22 – MDC-Annual review, codes added, no changes.	
	03/21/23 – MDC-Annual review, Medicare information updated, otherwise no changes.	