

Contractor Name

Wisconsin Physicians Service (WPS)

Contractor Number

00951, 00952, 00953, 00954

05101, 05201, 05301, 05401, 05102, 05202, 05392, 05302, 05402

Contractor Type

Carrier

MAC A

MAC B

LCD Database ID Number

Wisconsin

Illinois

Michigan

Minnesota

Iowa

Kansas

Missouri W

Missouri E

Nebraska

LCD Version Number**LCD Title**

Computerized Tomography (CAT Scans)

Contractor's Determination Number

RAD-033

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CMS National Coverage Policy

CMS Pub, 100-3 Ch.1, Part 4 §220.1

Primary Geographic Jurisdiction

Wisconsin

Illinois

Michigan

Minnesota

Iowa

Kansas

Missouri W

Missouri E

Nebraska

Oversight Region

Region I
Region V

CMS Consortium

Midwest
Northwestern

Original Determination Effective Date**Revision Effective Date****Indications and Limitations of Coverage and/or Medical Necessity**

Computerized Tomography (CT) is a form of x-ray, which creates cross-sectional images. X-ray beams pass through the body at different angles and are then recorded by detectors and channeled into a computer, which produces cross sectional views at different planes.

Diagnostic examination performed by computerized tomography (CT) scanners are covered by Medicare Part B if it is reasonable and necessary for the individual patient and if the scanning device is FDA approved.

This service can be provided in a hospital, office or in a mobile unit, which is appropriately licensed in the State. A physician is expected to be in attendance for clinical decisions during imaging procedures which require a level of supervision greater than the general category as defined in the physician's fee schedule database.

- I. Computed tomography (CT) is a proven radiologic modality that provides clinical information in the detection, differentiation and demarcation of disease. CT is the primary diagnostic modality for a variety of presenting problems and is widely accepted as a supplement to other imaging techniques.
(See "ICD-9 Codes that Support Medical Necessity")

Coverage Topic

Diagnostic Tests, X-Rays and Lab Services
Outpatient Hospital Services

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims

12x	Hospital-inpatient or home health visits (Part B only)
13x	Hospital-outpatient (HHA-A also) (under OPSS 13x must be used for ASC claims submitted for OPSS payment, effective 07/2000)
85x	Special facility or ASC surgery-rural primary care hospital (effective 10/1994)

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage

determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

Please note that not all revenue codes apply to each CPT/HCPCS code. Providers are encouraged to refer to the FISS HCPCS file for allowable revenue codes.

Revenue codes 096X, 097X and 098X are to be used only by Critical Access Hospitals (CAHs) choosing the optional payment method (also called Option 2 or Method 2) and only for services performed by physicians or practitioners who have reassigned their billing rights. When a CAH has selected the optional payment method, physicians or other practitioners providing professional services at the CAH may elect to bill their carrier or assign their billing rights to the CAH. When professional services are reassigned to the CAH, the CAH must bill the FI using revenue codes 096X, 097X or 098X.

0255	Pharmacy drugs incident to radiology, subject to payment limit
0350	Computed tomographic (CT) scan, general classification
0351	CT scan; head scan
0352	CT scan; body scan
0359	CT scan; other CT scans
0960	Professional fees, general classification
0969	Professional fees; other
0972	Professional fees; radiology diagnostic
0982	Professional fees; outpatient services
0983	Professional fees; clinic

CPT/HCPCS Codes

70450-70498, 71250-71270, 72125-72133, 72191-72194, 73200-73206, 73700-73706, 74150-74175, 75635

Does the CPT 30% Rule Apply

No

ICD-9 Codes that Support Medical Necessity

Note: ICD-9 codes must be coded to the highest level of specificity.

Note: ICD-9 codes preceded by a "+" are non-specific and require an additional ICD-9 code for payment.

HEAD, NECK, FACE, ORBIT, JAW (70450-70498)

Infectious and Parasitic Disease of Brain and CNS

013.00-013.46, 013.60-013.96, 036.0, 036.1, 036.3, 042, 045.00-045.93, 046.0-046.9, 047.0-048, 049.0-049.9, 052.0, 053.0, 053.10-053.13, 054.3, 054.40-054.72, 055.0, 056.01, 062.0-062.9, 063.0-064, 066.2, 072.1, 072.2, 090.0-090.9, 091.0-091.9, 092.0-092.9, 093.0-093.9, 094.0-094.9, 095.0-096, 097.0-097.9, 100.81, 112.83, 114.2, 115.01, 115.11, 123.1, 130.0-130.2, 135, 136.1, 139.0

Malignant Neoplasm of Lip, Oral Cavity, Pharynx

140.0-140.9, 141.0-141.9, 142.0-142.9, 143.0-143.9, 144.0-144.9, 145.0-145.9, 146.0-146.9, 147.0-147.9, 148.0-148.9, 149.0-149.9

Malignant Neoplasm of Digestive Organs, Peritoneum

150.0, 150.1, 150.3, 150.8, 159.0

Malignant Neoplasm of Respiratory, Intrathoracic Organs

160.0-160.9, 161.0-161.9, 162.0-162.9, 164.0, 164.2-164.9, 165.0-165.9

Malignant Neoplasm of Bone, Connective Tissue, Skin, Breast

170.0-170.3, 170.9, 171.0, 171.8, 171.9, 172.0-172.4, 172.6, 172.8, 173.0-173.4, 173.6, 176.0-176.3, 176.5, 176.8

Malignant Neoplasm of Other, Unspecified Sites

190.0-190.9, 191.0-191.9, 192.0-193, 194.1, 194.3-194.6, 195.0, 196.0, 196.1, 196.3, 196.8, 197.3, 198.2-198.5, 199.0, 199.1

Malignant Neoplasm of Lymphatic, Hematopoietic Tissue

200.00 - 208.91

Benign Neoplasm

210.0-210.9, 211.0, 211.9, 212.0-212.2, 212.5, 212.6, 212.8, 212.9, 213.0, 213.1, 213.3, 213.9, 214.0, 214.1, 215.0, 215.8, 216.0-216.4, 224.0-224.9, 225.0-226, 227.1, 227.3-227.6, 227.8, 228.00-228.03, 228.1, 229.0, 229.8

Carcinoma In-Situ

230.0, 230.1, 231.0, 231.1, 231.8, 232.0-232.4, 232.8, 234.0, 234.8

Neoplasm of Uncertain Behavior, Unspecified Nature

235.0, 235.1, 235.6-235.8, 237.0-237.9, 238.0-238.2, 238.8, 239.1-239.3, 239.6-239.8

Disorders of Thyroid Gland

240.0-240.9, 241.0-241.9, 242.00-242.41, 242.90, 242.91, 245.0-245.9, 246.0

Diseases of Other Endocrine Glands

250.60-250.63, 252.00-252.9, 253.0-253.9, 254.0-254.9, 256.0, 259.3

Lymphadenitis

289.3, 683

Organic Psychosis/Non-psychotic Conditions

290.0-290.9, 291.0-291.9, 292.0-292.9, 293.0-293.9, 294.0-294.9, 298.8, 298.9, 310.0-310.9, 319

Inflammatory Diseases of CNS

320.0-320.9, 321.0-321.8, 322.0-322.9, 323.01-323.9, 324.0-326

Hereditary, Degenerative Diseases of CNS

330.0-330.9, 331.0-331.9, 332.0, 332.1, 333.0-333.99, 334.0-334.9, 335.20-335.29, 337.0

Other Disorders of CNS

340, 341.0-341.9, 342.00-342.92, 343.0-343.9, 345.00-345.91, 346.00-346.91, 347.00-348.9, 349.0-349.2, 349.81-349.9

Disorders of Peripheral Nervous System

350.1-350.9, 351.0-351.9, 352.0-352.9, 353.0, 353.5, 357.0, 358.00, 358.01, 359.0-359.3

Disorders of Eye, Adnexa

360.00-360.89, 361.00-361.9, 362.14, 362.17-362.34, 368.00-368.9, 369.00, 374.85, 375.12, 375.16, 375.31-375.9, 376.00-376.9, 377.00-377.9, 378.00-378.9, 379.00-379.99

Diseases of Ear, Mastoid Process

380.00-380.10, 381.00-381.9, 382.00-382.9, 383.00-383.9, 385.00-385.9, 386.00-386.9, 388.2-388.9, *389.00-389.22

Cerebrovascular Disease

430-432.9, 433.00-433.91, 434.00-434.91, 435.0-436, 437.0-437.9, 438.0, 438.11, 438.12, 438.20-0-438.53, 438.81, 438.9

Diseases of Respiratory System

461.0-462, 473.0-473.9, 475, 476.0, 476.1, 478.11, 478.19, 478.22, 478.24, 478.26, 478.30-478.4, 519.00-519.09, 519.8

Diseases of Oral Cavity, Salivary Glands, Jaw

524.00-524.59, 524.60-524.62, 526.0-526.5, 526.81-526.9, 527.0-527.9, 528.3

Disorders of Joints, Neuralgia, Hyperostosis of Skull

718.98, 719.08, 729.2, 733.3

Congenital Anomalies

740.0-740.2, 741.00-741.93, 742.0-742.9, 743.00-743.9, 744.00-744.9, 747.81, 748.0-748.3, 748.9, 754.0, 754.1, 759.2

Birth Trauma/Complications

767.0-767.9, 772.10-772.2, 779.0-779.2, 779.4, 779.5, 779.7

General Symptoms, Unspecified Abnormal Findings

780.01-780.4, 780.53, 780.6, 780.97, 780.99, 781.0-781.4, 781.6-781.8, 781.92-781.99, 784.0-784.99, 785.6, 786.1, 787.20-787.24, 787.29, 793.0, 794.00-794.9, 797

Skull Fractures, Dislocations

800.00-800.99, 801.00-801.99, 802.4-802.8, 803.00-803.99, 804.00-804.99, 830.0, 830.1

Intracranial Injuries Excluding Skull Fractures

850.0-850.9, 851.00-851.99, 852.00-852.59, 853.00-853.19, 854.00-854.19, 907.0, 907.1

Contusions, Crushing Injury

920, 921.1-921.9, 925.1, 925.2

Foreign Bodies

933.0, 933.1

Injuries to Cranial Nerves

950.0-950.9, 951-951.9

Traumatic Complications and Unspecified Injuries/Toxic Effects

958.0-958.2, 959.01, 959.09, 986, 990

SIRS

995.90-995.94

Complications of Surgical/Medical Care

997.00-997.09, 997.71, 997.79, 998.11-998.59, *999.31, *999.39

Personal History of Malignant Neoplasm

V10.01, V10.02, V10.12, V10.21, V10.22, V10.81-V10.87

Follow-up Examinations, Observation for Suspected Neoplasm

+V67.00, +V67.09, +V67.1, +V67.2, + V71.1

CHEST AND THORAX (71250-71270)

Malignant Neoplasm of Digestive Organs, Peritoneum

150.0-150.9, 151.0-151.9, 158.0

Malignant Neoplasm of Respiratory, Intrathoracic Organs

162.0-162.9, 163.0-163.9, 164.0-164.9, 165.0-165.9

Malignant Neoplasm of Bone, Connective Tissue, Skin, Breast

170.2, 170.3, 171.4, 171.8, 172.0, 172.5, 172.8, 172.9, 173.5, 174.0-174.9, 175.0, 175.9, 176.0, 176.1, 176.3-176.8

*Malignant Neoplasm of Genitourinary Organs

179, 180.0-180.9, 181, 182.0-182.8, 183.0-183.9, 184.0-184.9, 185, 186.0, 186.9, 187.1-187.9, 188.0-188.9, 189.0-189.9

Malignant Neoplasm of Other, Secondary Malignant Neoplasm, Unspecified Sites

193, 194.1, 194.8, 195.1, 196.0-196.9, 197.0-197.8, 198.0-198.89, 199.0, 199.1

Malignant Neoplasm of Lymphatic, Hematopoietic Tissue

200.00 - 208.91

Benign Neoplasm

211.0, 211.1, 212.2-212.9, 213.3, 213.4, 213.9, 214.1, 214.2, 215.0, 215.4, 215.7, 216.5, 216.8, 217, 226, 227.1, 227.6, 227.8, 228.00, 228.01, 228.09, 228.1, 229.0, 229.8

Carcinoma In-Situ

230.1, 230.2, 231.1-231.9, 232.5, 232.8, 233.0

Neoplasm of Uncertain Behavior, Unspecified Nature

235.7-235.9, 237.3, 237.70, 237.71, 238.0-238.3, 238.5-238.8, 239.0-239.3

Disorders of Thyroid Gland and Thymus Gland

240.0, 240.9, 241.0-241.9, 242.00-243, 244.0-244.9, 245.0-245.9, 246.0-246.9 254.0-254.9

Disorders of Peripheral Nervous System

353.0, 353.3, 353.8

Rheumatic Fever, Rheumatic Heart Disease

391.0-391.9, 398.0

Chronic Ischemic Heart Disease, Disease of Pulmonary Circulation, Other

414.06, 414.07, 414.10-414.19, 415.11, *415.12, 415.19, 417.0-417.9, 420.0, 420.90-420.99, 422.0, 422.90-422.99, 423.0-423.9, 425.0-425.9

Diseases of Arteries, Arterioles, Capillaries, Veins, Lymphatic, Other

440.0, 441.00-441.9, 442.82, 444.1, 446.7, 447.0, 447.2, 453.2, 456.0, 456.1, 456.20, 456.21, 459.0, 459.2

Diseases of Respiratory System

492.0, 492.8, 494.0, 494.1, 508.0-508.9, 510.0, 510.9, 511.0-511.9, 512.0-512.8, 513.0-515, 518.0-518.89, 519.00-519.9

Diseases of Esophagus

530.0-530.82, 530.84, 530.85-530.87

Hernia

551.20-551.8, 552.3, 553.3

Disease of Breasts

610-610.9, 611.0-611.8

Lymphadenitis

683

Congenital Anomalies

745.0-745.9, 746.00-746.9, 747.0-747.9, 748.0-748.9, 750.3, 750.4, 750.6, 750.8, 756.2, 756.3, 756.6

General Symptoms, Unspecified Abnormal Findings

780.2, 780.6, 785.50-785.6, 786.00, 786.05, 786.09, 786.1-786.3, 786.50-786.6, 793.1, 793.2, 793.80-793.89, 794.2-794.39, 794.5

Internal Injuries of Thorax, Chest Wall

860.0-860.5, 861.00-861.32, 862.0-862.9, 875.0, 875.1

Injury to Blood Vessels, Late Effects of Injuries

901.0-901.89, 906.0, 908.0, 908.4

Contusions, Crushing Injury

922.0, 922.1, 926.8

Foreign Body

934.0-934.9, 935.0-935.2

Certain Traumatic Complications, Unspecified Injuries

958.0-958.4, 959.11, 959.19

SIRS

995.90-995.94,

Complications of Surgery/Medical Care

996.00-996.1, 996.54, 996.60-996.62, 996.69, 996.70-996.72, 996.83, 996.84, 997.1, 997.3, 998.0-998.6

Personal History of Neoplasm

V10.00-V10.09, V10.11, V10.12, V10.20-V10.3, V10.40-V10.49, V10.50-V10.59, V10.60-V10.69, V10.71-V10.79, V10.81-V10.89, V10.9

Follow-up Examinations, Observation for Neoplasm

+V67.00, +V67.09, +V67.1, +V67.2, +V71.1

ABDOMEN AND PELVIS (72191- 72194, 74150-74175, 75635)

Infectious and Parasitic Disease

006-006.9, 014.00-014.86, 016.00-016.96, 017.60-017.76, 038.0-038.9, 039.0-39.9, 042, 070.0-070.9, 090.0, 095.0-095.9

Malignant Neoplasm of Digestive Organs, Peritoneum, Lung

150.0-150.9, 151.0-151.9, 152.0-152.9, 153.0-153.9, 154.0-154.8, 155.0-155.2, 156.0-156.9, 157.0-157.9, 158.0-158.9, 159.0-159.9, 162.0-162.9

Malignant Neoplasm of Bone, Connective Tissue, Skin, Breast

170.6, 171.5-171.9, 174.0-174.9, 175.0, 175.9, 176.1, 176.3, 176.5, 176.8

Malignant Neoplasm of Genitourinary Organs

179, 180.0-181, 182.0-182.8, 183.0-183.9, 184.0-185, 186.0, 186.9, 187.1-187.9, 188.0-188.9, 189.0-189.9

Malignant Neoplasm of Other, Secondary Malignant Neoplasm, Unspecified Sites

194.0, 194.8, 194.9, 195.2, 195.3, 195.8, 196.0-196.9, 197.0-197.8, 198.0-198.89, 199.0, 199.1

Malignant Neoplasm of Lymphatic, Hematopoietic Tissue

200.00 - 208.91

Benign Neoplasm

211.0-211.9, 213.6, 214.3-214.9, 215.3, 215.5-215.8, 216.5-216.8, 218.0-218.9, 219.0-220, 221.0-221.9, 222.0-222.9, 223.0-223.9, 227.0, 227.6, 227.8, 228.04-228.1, 229.0, 229.8

Carcinoma In-Situ

230.1-230.9, 232.5, 232.7, 232.8, 233.1-233.9

Neoplasm of Uncertain Behavior, Unspecified Nature

235.2-235.5, 236.0-236.99, 237.2-237.4, 237.70-237.72, 238.0, 238.1, 239.0, 239.2, 239.3, 239.4, 239.5, 239.8

Diseases of Other Endocrine Glands

251.4-251.9, 255.0-255.8, 259.2

Other Unspecified Disorders of Metabolism

277.00, 277.01, 277.03, 277.30, 277.31, 277.39

Other Diseases of Blood, Blood Forming Organs

282.0-282.9, 283.0-283.9, 287.30-287.33, 287.39, 287.4, 289.1-289.59,

Hypertensive Disease

401.0-401.9

Diseases of Arteries, Veins, Lymphatic

440.0, 440.1, 441.00-441.9, 442.1-442.9, 444.0, 444.22, 444.81, 444.89, 446.0-446.7, 447.0, *449, 452, 453.0-453.9, 457.1, 457.8, 459.0

Diseases of Digestive System

530.0, 530.2-530.89, 531.00-531.91, 532.00-532.91, 533.00-533.91, 534.00-534.91, 535.00-535.61, 536.0-536.9, 537.0-537.9, 540.0-543.9, 550.00-550.93, 551.00-551.9, 552.00-552.9, 553.01-553.9, 555.0-555.9, 556.0-556.9, 557.0-557.9, 558.1-558.9, 560.0-560.9, 562.00-562.13, 564.00-564.9, 565.0-566, 567.0-567.9, 568.0-568.9, 569.0-570, 571.0-571.9, 572.0-572.8, 573.0-573.9, 574.00-574.91, 575.0-575.9, 576.0-576.9, 577.0-577.9, 578.0-578.9, 579.0-579.9

Diseases of Genitourinary System

583.9, 584.5-585.9, 590.00-591, 592.0-592.9, 593.0-593.9, 596.0-596.9, 599.7, 600.00-600.91, 614.0-614.9, 615.0-615.9, 616.0-616.11, 616.3, 616.4, 617.0-617.9, 618.6, 618.7, 619.0-619.9, 620.0-620.9, 621.0, 621.2-621.7, 625.5, 626.0-626.9, 627.0, 627.1, 627.4, 627.8, 628.2, 628.3, 629.0-629.1, 629.89

Cellulitis/Abscess of Trunk

682.2

Arthropathies/Related Disorders, Osteopathies

710.0-710.9, 711.05, 711.25, 711.35, 711.45, 711.55, 711.65, 711.75, 711.85, 713.1, 713.2, 713.5, 714.0, 716.15, 718.05, 718.25, 718.35, 718.45, 718.55, 718.65, 718.75, 719.05, 719.15, 719.25, 719.45, 719.65, 719.85, 724.9, 730.05, 730.15, 730.75, 732.1

Congenital Anomalies

747.61, 747.62, 750.6, 750.7, 751.0-751.9, 752.0-752.9, 753.0-753.9, 759.0-759.9

General Symptoms, Non-specified Abnormal Findings

780.6, 782.3, 782.4, 783.21, 783.22, 783.40-783.43, 785.59, 785.6, 786.59, 787.01-787.03, 787.4, 787.91, 787.99, 788.0-788.30, 788.5, 788.62, 788.8, 789.00-789.9, 790.7, 793.3-793.6, 794.8, 794.9

Fractures of Pelvis

808.0-808.9, 809.0-809.1

Internal Injuries to Abdomen, Pelvis

862.0, 862.1, 863.0-863.99, 864.00-864.19, 865.00-865.19, 866.00-866.13, 867.0-867.9, 868.00-868.19, 869.0, 869.1, 879.2-879.7

Injury to Blood Vessels, Late Effects of Injuries

902.0-902.9, 908.1, 908.4, 908.5

Contusions, Crushing Injury

922.2, 922.4, 926.0, 926.11, 926.12

Foreign Bodies

935.1-938, 939.0-939.9

Certain Traumatic Complications, Unspecified Injuries

958.0-958.5, 958.93, 959.12, 959.13, 959.14, 959.19

SIRS

995.90-995.94

Complication of Surgical/Medical Care

996.1, 996.30-996.39, 996.60, 996.62, 996.64, 996.65, 996.70-996.72, 996.74, 996.76, 996.81, 996.82, 996.86-996.89, 997.4, 997.5, 997.71-997.79, 998.0-998.7

Personal History of Neoplasm

V10.00-V10.09, V10.40-V10.49, V10.50-V10.59

Follow-up Examinations, Observation for Neoplasm

+V67.00, +V67.09, +V67.1, +V67.2, +V71.1

CERVICAL SPINE (72125-72127)

Neoplasm, Malignant, Benign, Uncertain Behavior

170.2, 172.4, 185, 191.0-191.9, 192.0-193, 194.1, 194.3-194.6, 195.0, 196.0, 198.3-198.5, 198.89, 199.0, 199.1, 203.00, 203.01, 213.2, 225.3, 225.4, 228.1, 237.5, 239.2

Diseases of the CNS, Peripheral Nervous System

322.0-322.9, 324.1, 336.0, 336.1, 340, 344.00-344.2, 344.40-344.5, 353.2

Dorsopathies, Osteropathies

720.89, 720.9, 721.0, 721.1, 721.90, 721.91, 722.0, 722.4, 722.6, 722.71, 722.81, 722.91, 723.0-723.2, 723.4, 724.5, 724.9, 730.08, 730.18, 730.19, 730.28, 730.38, 733.00-733.03, 733.13, 733.40, 737.40-737.43

Congenital Anomalies

756.10, 756.12-756.16, 756.19

Abnormal Findings Radiology

793.7, 793.99

Fractures, Dislocations

805.00-805.18, 806.00-806.19, 839.00-839.08, 839.10-839.18

Injuries to Nerves, Spinal Cord, Trunk

952.00-952.09, 952.8, 953.0,

Traumatic Complications and Unspecified Injuries/Toxic Effects

959.09, 959.19

Personal History of Neoplasm

V10.01, V10.02, V10.21, V10.22, V10.81, V10.86

Follow-up Examinations

+V67.00, +V67.09, +V67.1, +V67.2

THORACIC SPINE (72128-72130)

Neoplasm, Malignant, Benign, Uncertain Behavior

170.2, 185, 192.2-193, 195.1, 196.1, 197.0-197.3, 198.3-198.5, 198.89, 199.0, 199.1, 203.00, 203.01, 213.2, 225.3, 225.4, 228.1, 237.5, 239.2

Diseases of the CNS, Peripheral Nervous System

322.0-322.9, 324.1, 334.8, 334.9, 336.0, 336.1, 340, 341.8, 341.9, 342.00-342.92, 344.00, 344.1, 344.30-344.5, 353.3, 353.8, 357.1-357.3, 357.5

Dorsopathies, Osteopathies

720.0, 720.1, 720.81, 721.2, 721.41, 721.91, 722.11, 722.2, 722.31, 722.51, 722.6, 722.70, 722.72, 722.82, 722.92, 724.01, 724.1, 724.4, 724.9, 730.08, 730.18, 730.28, 730.38, 733.00-733.09, 733.10, 733.13, 733.19, 733.20-733.29, 733.40, 737.10, 737.30, 738.4, 738.5

Congenital Anomalies

741.02, 741.92, 742.51-742.59, 754.2, 756.10, 756.12-756.15, 756.19

Abnormal Findings Radiology

793.7, 793.99

Fractures, Dislocations

805.2, 805.3, 806.20-806.39, 839.21, 839.31

Injuries to Nerves, Spinal Cord, Trunk

952.10-952.19, 952.8, 953.1, 959.19

952.10-952.19, 952.8, 953.1, 959.19

Personal History of Neoplasm

V10.81, V10.86

Follow-up Examinations

+V67.00, +V67.09, +V67.1, +V67.2

LUMBAR SPINE (72131-72133)

Neoplasm, Malignant, Benign, Uncertain Behavior

170.2, 170.6, 185, 192.1-192.3, 192.8, 192.9, 196.2, 196.5, 196.6, 198.3-198.5, 198.89, 199.0, 199.1, 203.00, 203.01, 213.2, 225.3, 225.4, 237.5, 239.2

Diseases of CNS, Peripheral Nervous System

322.0-322.9, 324.1, 336.1, 340, 341.8, 341.9, 342.00-342.92, 344.1, 344.30-344.32, 344.60, 344.61, 353.1, 353.4, 353.8, 357.1-357.3, 357.5

Arthropathies/Related Disorders, Dorsopathies, Osteopathies

715.00, 715.09, 715.10, 715.18, 715.30, 715.38, 715.80, 715.89, 720.0-720.81, 721.3, 721.42, 721.6-721.8, 721.91, 722.10, 722.2, 722.32, 722.52, 722.6, 722.73, 722.83, 722.93, 724.00, 724.02, 724.2-724.6, 724.71, 724.79, 724.9, 730.00, 730.05, 730.08, 730.09, 730.15, 730.18, 730.19, 730.25, 730.28, 730.35, 730.38, 733.00-733.03, 733.10, 733.13, 733.20-733.29, 733.40, 737.20-737.33, 737.43, 738.4-738.6

Congenital Anomalies

741.03, 741.93, 742.53, 754.2, 756.10-756.15, 756.17, 756.19

Abnormal Findings

793.7, 793.9

Fractures, Dislocations

805.4-805.9, 806.4-806.9, 839.20, 839.30, 839.41, 839.42, 839.51, 839.52

Injuries to Nerves, Spinal Cord, Trunk

952.2-952.8, 953.2, 953.3, 953.5, 953.8, 959.19

Personal History of Neoplasm

V10.81, V10.86

Follow-up Examinations

+V67.00, +V67.09, +V67.1, +V67.2

UPPER EXTREMITY (73200-73206)

Neoplasm, Malignant, Benign, Uncertain Behavior

170.4, 170.5, 170.9, 171.2, 172.6, 173.6, 195.4, 198.5, 198.89, 213.4, 213.5, 215.2, 216.6, 228.1, 232.6, 238.0, 239.2

Degenerative Disease of CNS, Disorders of Peripheral Nervous System

333.84, 354.0-354.5, *359.21-359.24, *359.29, 359.3

Diseases of Arteries, Lymphatic

442.0, 444.21, 457.0, 457.1

Cellulitis/Abscess

682.3, 682.4

Arthropathies/Related Disorders, Rheumatism, Osteopathies

711.01-711.04, 715.00, 715.04, 715.09, 715.10-715.14, 715.20-715.24, 715.30-715.34, 715.80, 715.89, 715.90-715.94, 716.11-716.14, 718.00-718.04, 718.10-718.14, 718.20-718.24, 718.30-718.34, 718.40-718.44, 718.50-718.54, 718.70-718.74, 718.80-718.84, 718.90-718.94, 719.01-719.04, 719.11-719.14, 719.21-719.24, 719.41-719.44, 726.0, 726.10-726.12, 726.19, 726.2, 726.30-726.33, 727.02-727.05, 727.40-727.42, 727.61-727.64, 729.5, 729.81, 730.01-730.04, 730.11-730.14, 730.20-730.24, 733.00-733.09, 733.11, 733.12, 733.20-733.22, 733.40, 733.41, 733.81, 733.82, 733.90

Congenital Anomalies

747.63

Non-specific Abnormal Findings

793.7

Fracture of Upper Limb

810.00-819.1

Sprains and Strains of Joints

840.0-840.9, 841.0-841.9, 842.00-842.19

Crushing Injury, Other Injury
927.00-927.8, 959.2-959.4

Complications of Surgical, Medical Care
996.1, 996.40-996.49, 996.62, 996.68

Personal History of Neoplasm
V10.81

Follow-up Examinations
+V67.00, +V67.09, +V67.1, +V67.2

LOWER EXTREMITY (73700-73706)

Neoplasm, Malignant, Benign, Uncertain Behavior
170.7-170.9, 171.3, 172.7, 173.7, 195.5, 198.5, 198.89, 213.7, 213.8, 215.3, 216.7, 228.1, 232.7, 238.0, 239.2

Disorders of Other Endocrine Glands
250.70-250.73

Disorders of Peripheral Nervous System
353.6, 354.5, 355.0-355.79, *359.21-359.24, *359.29, 359.3

Diseases of Arteries, Lymphatic
442.2, 442.3, 442.89, 442.9, 444.22, 447.0, 457.1

Cellulitis/Abscess
682.6, 682.7

Arthropathies/Related Disorders, Rheumatism, Osteopathies
711.05-711.07, 715.00, 715.09, 715.10, 715.15-715.17, 715.20, 715.25-715.27, 715.30, 715.35-715.37, 715.80, 715.90, 715.95-715.97, 716.15-716.17, 717.0-717.3, 717.40-717.49, 717.5-717.7, 717.81-717.9, 718.00, 718.05, 718.07, 718.09, 718.10, 718.15, 718.17, 718.19, 718.20, 718.25-718.27, 718.29, 718.30, 718.35-718.37, 718.39, 718.40, 718.45-718.47, 718.49, 718.50, 718.55-718.57, 718.59, 718.60, 718.65, 718.70, 718.75-718.77, 718.79, 718.80, 718.85-718.87, 718.89, 718.90, 718.95, 718.97-718.99, 719.05-719.07, 719.15-719.17, 719.25-719.27, 719.40, 719.45-719.47, 726.5-726.65, 726.71, 727.02, 727.06, 727.40-727.42, 727.50, 727.51, 727.65-727.68, 727.83, 728.3, 729.5, 729.81, 730.05-730.07, 730.09, 730.15-730.17, 730.19, 730.25-730.27, 733.00-733.09, 733.14-733.16, 733.20-733.22, 733.40, 733.42-733.44, 733.81, 733.82, 733.90

Congenital Anomalies
747.60, 747.64

Non-specific Abnormal Findings
793.7

Fracture of Lower Limb
820.00-829.1

Dislocations, Sprains and Strains of Joints
836.0-836.2, 843.0-843.9, 844.0-844.9, 845.00-845.19

Crushing Injury, Other Injury
928.00-928.8, 959.6, 959.7

Complications of Surgical, Medical Care
996.1, 996.40-996.49, 996.62

Personal History of Neoplasm
V10.81

Follow-up Examinations
+V67.00, +V67.09, +V67.1, +V67.2

BREAST (see Chest and Thorax)

Diagnosis that Supports Medical Necessity
Any diagnosis listed above

ICD-9 Codes that DO NOT Support Medical Necessity
Any diagnosis NOT listed above

Diagnoses that DO NOT Support Medical Necessity
Any diagnosis not listed above

Documentation Requirements

1. Physician's Services and diagnostic tests must be submitted with an ICD-9 code to support medical necessity and must be coded to the greatest level of accuracy and highest level of digit completeness. This means the precise ICD-9 code that fully explains the narrative description of the diagnosis contained in the medical record or test interpretation and report including the 4th or 5th digit sub classification for the diagnosis category. The ICD-9 code based on the results of the test should be the primary diagnosis. If the diagnostic test results are normal or inconclusive the ICD-9 code representing the sign, symptom, illness or injury prompting the ordering of the test should be reported as the primary diagnosis. In the absence of signs, symptoms, illness or injury a screening ICD-9 code should be reported, and payment will be denied.
2. Medical records should be legible, contain the relevant history, physical findings conforming to the criteria stated in the "Indications and Limitations of Coverage/Medical Necessity" section of this policy, and must be made available to the Carrier on request.

Utilization Guidelines

1. It is recognized that in some instances both CT and MRI/MRA studies may be indicated if medical necessity is demonstrated and clearly documented.
2. Coverage is limited to CAT units that have received FDA approval and for conditions and body sites specified.
3. The frequency of the performance of this exam must be reasonable, medically necessary and the reason for repeat or additional procedures should be documented in the patient's medical record.

Sources of Information and Basis for Decision

Annals of Internal Medicine, May, 1994; 120:10: pp 856-875

Publication 100-3, Ch. 1, Part 4, §220.1
Standard Radiology Text.
This LCD is an adaptation of an LCD developed by WPS.

Advisory Committee Meeting Notes

Meeting Date:

Wisconsin
Illinois
Michigan
Minnesota
Iowa
Kansas
Missouri
Nebraska

Start Date of Comment Period

Wisconsin
Illinois
Michigan
Minnesota
Iowa
Kansas
Missouri
Nebraska

End Date of Comment Period

Wisconsin
Illinois
Michigan
Minnesota
Iowa
Kansas
Missouri
Nebraska

Start Date of Notice Period

(Published)

Revision History Number/Explanation

Last Reviewed On

Notes

- An asterisk indicates a revision to that section of the policy.

See companion document titled [Coding and Billing Guidelines for Computerized Tomography \(CAT Scans\) \(RAD-033\)](#).

This policy does not reflect the sole opinion of the carrier or Contractor Medical Director. Although the final decision rests with the Medicare contractor, this policy was developed in cooperation with the Carrier Advisory Committee, which includes representatives from multiple medical specialties.

Does this LCD contain a "Least Costly Alternative" Provision?

No

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