

Computed Tomography (NCD 220.1)

Guideline Number: MPG057.09

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[Terms and Conditions](#)

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Related Medicare Advantage Coverage Summaries

- [Gastroesophageal and Gastrointestinal \(GI\) Services and Procedures](#)
- [Radiologic Diagnostic Procedures](#)
- [Colorectal Cancer Screening Tests \(NCD 210.3\)](#)

Policy Summary

[See Purpose](#)

Overview

Diagnostic examinations of the head (head scans) and of other parts of the body (body scans) performed by computerized tomography (CT) scanners are covered if medical and scientific literature and opinion support the effective use of a scan for the condition, and the scan is: (1) reasonable and necessary for the individual patient; and (2) performed on a model of CT equipment that meets the criteria below.

CT scans have become the primary diagnostic tool for many conditions and symptoms. CT scanning used as the primary diagnostic tool can be cost effective because it can eliminate the need for a series of other tests, is non-invasive and thus virtually eliminates complications, and does not require hospitalization.

Guidelines

Determining Whether a CT Scan Is Reasonable and Necessary

Sufficient information must be provided with claims to differentiate CT scans from other radiology services and to make coverage determinations. Carefully review claims to insure that a scan is reasonable and necessary for the individual patient; i.e., the use must be found to be medically appropriate considering the patient's symptoms and preliminary diagnosis.

There is no general rule that requires other diagnostic tests to be tried before CT scanning is used. However, in an individual case the contractor's medical staff may determine that use of a CT scan as the initial diagnostic test was not reasonable and necessary because it was not supported by the patient's symptoms or complaints stated on the claim form; e.g., "periodic headaches."

Claims for CT scans are reviewed for evidence of abuse which might include the absence of reasonable indications for the scans, an excessive number of scans or unnecessarily expensive types of scans considering the facts in the particular cases.

Approved Models of CT Equipment:

1. Criteria for Approval: In the absence of evidence to the contrary, the contractor may assume that a CT scan for which payment is requested has been performed on equipment that meets the following criteria:
 - a. The model must be known to the Food and Drug Administration (FDA), and
 - b. Must be in the full market release phase of development.

2. Evidence of Approval:
 - a. The letter sent by the Bureau of Radiological Health, Food and Drug Administration (FDA), to the manufacturer acknowledging the FDA's receipt of information on the specific CT scanner system model submitted as required under Public Law 90-602, "The Radiation Control for Health and Safety Act of 1968."
 - b. A letter signed by the chief executive officer or other officer acting in a similar capacity for the manufacturer which:
 - i. Furnishes the CT scanner system model number, all names that hospitals and physicians' offices may use to refer to the CT scanner system on claims, and the accession number assigned by FDA to the specific model;
 - ii. Specifies whether the scanner performs head scans only, body scans only (i.e., scans of parts of the body other than the head), or head and body scans;
 - iii. States that the company or corporation is satisfied with the results of the developmental stages that preceded the full market release phase of the equipment, that the equipment is in the full market release phase, and the date on which it was decided to put the product into the full market release phase

Mobile CT Equipment

CT scans performed on mobile units are subject to the same Medicare coverage requirements applicable to scans performed on stationary units, as well as certain health and safety requirements recommended by the Health Resources and Services Administration. As with scans performed on stationary units, the scans must be determined medically necessary for the individual patient. The scans must be performed on types of CT scanning equipment that have been approved for use as stationary units and must be in compliance with applicable State laws and regulations for control of radiation.

1. Hospital Setting: The hospital must assume responsibility for the quality of the scan furnished to inpatients and outpatients and must ensure that a radiologist or other qualified physician is in charge of the procedure. The radiologist or other physician (i.e., one who is with the mobile unit) who is responsible for the procedure must be approved by the hospital for similar privileges.
2. Ambulatory Setting: If mobile CT scan services are furnished at an ambulatory health care facility other than a hospital-based facility, e.g., a freestanding physician-directed clinic, the diagnostic procedure must be performed by or under the direct personal supervision of a radiologist or other qualified physician. In addition, the facility must maintain a record of the attending physician's order for a scan performed on a mobile unit.
3. Billing for Mobile CT Scans: Hospitals, hospital-associated radiologists, ambulatory health care facilities, and physician owner/operators of mobile units may bill for mobile scans as they would for scans performed on stationary equipment.
4. Claims Review: Evidence of compliance with applicable State laws and regulations for control of radiation should be requested from owners of mobile CT scan units upon receipt of the first claims. All mobile scan claims should be reviewed very carefully in accordance with instructions applicable to scans performed on fixed units, with particular emphasis on the medical necessity for scans performed in an ambulatory setting.

Multi-Planar Diagnostic Imaging (MPDI)

In usual computerized tomography (CT) scanning procedures, a series of transverse or axial images are reproduced. These transverse images are routinely translated into coronal and/or sagittal views. MPDI is a process which further translates the data produced by CT scanning by providing reconstructed oblique images which can contribute to diagnostic information. MPDI, also known as planar image reconstruction or reformatted imaging, is covered under Medicare when provided as a service to an entity performing a covered CT scan.

Computed Tomographic Angiography (CTA)

CTA is a general phrase used to describe a non-invasive method, using intravenous contrast, to visualize the coronary arteries (or other vessels) using high-resolution, high-speed CT.

After examining the medical evidence, the Centers for Medicare and Medicaid Services (CMS) has determined that no national coverage determination (NCD) is appropriate at this time. Section 1862(a)(1)(A) of the Social Security Act decisions should be made by local contractors through a local coverage determination process or case-by-case adjudication. See *Heckler v. Ringer*, 466 U.S. 602, 617 (1984) (Recognizing that the Secretary has discretion to either establish a generally applicable rule or to allow individual adjudication.). See also, 68 Fed. Reg. 63692, 63693.

Nationally Non-covered Indications

Compliance with the provisions in this policy is subject to monitoring by post payment data analysis and subsequent medical review. Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states "...no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis and treatment of illness or injury...". Furthermore, it has been longstanding CMS policy that "tests that are performed in the absence of signs, symptoms, complaints, or personal history of disease or injury are not covered unless explicitly authorized by statute".

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
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 noncontrast images, if performed, and image postprocessing
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing
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

CPT Code	Description
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 noncontrast images, if performed, and image postprocessing
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 noncontrast images, if performed, and image postprocessing
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 noncontrast images, if performed, and image postprocessing
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing
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 postprocessing; without contrast material
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed
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)

CPT Code	Description
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 noncontrast images, if performed, and image postprocessing
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

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Modifier	Description
TC	Technical component
26	Professional Component

Non-Covered Diagnosis Code

[Non-Covered Diagnosis Codes List](#)

This list contains diagnosis codes that are never covered when given as the primary reason for the test. If a code from this section is given as the reason for the test and you know or have reason to believe the service may not be covered, call UnitedHealthcare to issue an Integrated Denial Notice (IDN) to the member and you. The IDN informs the member of their liability for the non-covered service or item and appeal rights. You must make sure the member has received the IDN prior to rendering or referring for non-covered services or items in order to collect payment.

References

CMS National Coverage Determinations (NCDs)

[NCD 220.1 Computed Tomography](#)

Related NCD [Colorectal Cancer Screening Tests \(NCD 210.3\)](#)

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L33282 Computed Tomographic Angiography of the Chest, Heart and Coronary Arteries	A57061 Billing and Coding: Computed Tomographic Angiography of the Chest, Heart and Coronary Arteries	First Coast	FL, PR, VI	FI, PR, VI
L33423 Cardiac Computed Tomography & Angiography (CCTA)	A56691 Billing and Coding: Cardiac Computed Tomography & Angiography (CCTA)	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
L33452 Virtual Colonoscopy (CT Colonography)	A56772 Billing and Coding: Virtual Colonoscopy (CT Colonography)	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L33459 Computerized Axial Tomography (CT), Thorax	A56580 Billing and Coding: Computerized Axial Tomography (CT), Thorax	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
L33559 Cardiac Computed Tomography (CCT) and Coronary Computed Tomography Angiography (CCTA)	A56737 Billing and Coding: Cardiac Computed Tomography (CCT) and Coronary Computed Tomography Angiography (CCTA)	NGS	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L33562 Computed Tomographic (CT) Colonography for Diagnostic Uses	A57026 Billing and Coding: Computed Tomographic (CT) Colonography for Diagnostic Uses	NGS	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L33947 Cardiac Computed Tomography (CCT) and Coronary Computed Tomography Angiography (CCTA)	A56451 Billing and Coding: Cardiac Computed Tomography (CCT) and Coronary Computed Tomography Angiography (CCTA)	CGS	KY, OH	KY, OH
L33959 Cardiac Catheterization and Coronary Angiography	A56500 Billing and Coding: Cardiac Catheterization and Coronary Angiography	CGS	KY, OH	KY, OH
L34055 Virtual Colonoscopy (CT Colonography)	A56800 Billing and Coding: Virtual Colonoscopy (CT Colonography)	CGS	KY, OH	KY, OH
L34415 CT of the Abdomen and Pelvis	A56421 Billing and Coding: CT of the Abdomen and Pelvis	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
L34417 CT of the Head	A56612 Billing and Coding: CT of the Head	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
L35121 Coronary Computed Tomography Angiography (CCTA)	A57552 Billing and Coding: Coronary Computed Tomography Angiography (CCTA)	WPS	AK, AL, AR, AZ, CT, FL, GA, IA, ID, IL, IN, KS, KY, LA, MA, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, OH, OR, RI, SC, SD, TN, UT, VA, VI, VT, WA, WI, WV, WY	IA, IN, KS, MI, MO, NE
L35175 MRI and CT Scans of the Head and Neck	A57215 Billing and Coding: MRI and CT Scans of the Head and Neck	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L35391 Multiple Imaging in Oncology	A56848 Billing and Coding: Multiple Imaging in Oncology	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L37373 MRI and CT Scans of the Head and Neck	A57204 Billing and Coding: MRI and CT Scans of the Head and Neck	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV

CMS Benefit Policy Manual

[Chapter 8: § 10.2 Medicare SNF Coverage Guidelines Under PPS](#)

[Chapter 15: § 80 Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests](#)

CMS Claims Processing Manual

[Chapter 13: § 10 ICD Coding for Diagnostic Tests, § 20 Payment Conditions for Radiology Services, § 30 Computerized Axial Tomography \(CT\) Procedures, § 60 \(PET\) Scans – General Information, § 80 Supervision and Interpretation \(S & I\) Codes and Interventional Radiology](#)

UnitedHealthcare Commercial Policies

[Computed Tomographic Colonography](#)
[Virtual Upper Gastrointestinal Endoscopy](#)

Other(s)

[National Coverage Analysis \(NCA\) Tracking Sheet for Screening for Lung Cancer with Low Dose Computed Tomography \(LDCT\) \(CAG-00439N\), CMS Website](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
05/12/2022	<p>Related Policies</p> <ul style="list-style-type: none">Added reference link to the UnitedHealthcare Medicare Advantage Coverage Summary titled <i>Colorectal Cancer Screening Tests (NCD 210.3)</i> <p>Applicable Codes</p> <ul style="list-style-type: none">Removed CPT code 74263 <p>Supporting Information</p> <ul style="list-style-type: none">Updated <i>References</i> section to reflect the most current informationArchived previous policy version MPG057.08

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).