

<b>Subject: Chest CT (71250, 71260, 71270)</b>		<b>Original Effective Date:</b> 9/6/17
<b>Policy Number: MCR: 612</b>	<b>Revision Date(s): 11/6/18</b>	
<b>Review Date: 9/19/17, 12/13/18, 12/10/19</b>		

**DISCLAIMER**

*This Molina Clinical Review (MCR) is intended to facilitate the Utilization Management process. It expresses Molina's determination as to whether certain services or supplies are medically necessary, experimental, investigational, or cosmetic for purposes of determining appropriateness of payment. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered (i.e., will be paid for by Molina) for a particular member. The member's benefit plan determines coverage. Each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their providers will need to consult the member's benefit plan to determine if there are any exclusion(s) or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and a member's plan of benefits, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of a State, the Federal government or CMS for Medicare and Medicaid members. CMS's Coverage Database can be found on the CMS website. The coverage directive(s) and criteria from an existing National Coverage Determination (NCD) or Local Coverage Determination (LCD) will supersede the contents of this Molina Clinical Review (MCR) document and provide the directive for all Medicare members.*

**DESCRIPTION OF PROCEDURE/SERVICE/PHARMACEUTICAL**

CT imaging of the chest provides detailed information related to the lung and lung parenchyma. In most clinical scenarios, a chest x-ray should still be performed as the initial study.

**RECOMMENDATIONS**

For Annual Lung Cancer Screening.

- \*The person must meet all of the following criteria and be a candidate for potential treatment.
  - Person is between ages 55-80.
  - The person has at least a 30 pack year history of cigarette smoking.
  - The patient is still actively smoking or has quit within the last 15 years.

Known Tumor or Mass

- Initial evaluation of a recently diagnosed cancer
- Follow up of a known tumor or mass after completion of treatment or with new signs/symptoms
- Surveillance of a known tumor or mass according to accepted clinical standards.
- Lung nodule follow up per Fleischner Criteria

Interstitial Lung Disease

- Known or suspected interstitial lung disease and initial x-ray has been performed.
- Restrictive lung defect on pulmonary function testing.

Infectious/Inflammatory Lung Disease

- Tests for known or suspected infection or inflammatory disease and initial x-ray have been performed.
- For evaluation of non-resolving pneumonia documented on at least two imaging studies despite a course of treatment.
- Evaluation of hilar or mediastinal adenopathy after initial Chest x-ray

#### Vascular Disease

- For evaluation of known or suspected vascular disease. CTA or MRA may be a more appropriate study.
- Suspected pulmonary embolism (CTA is preferred) \*For low risk patients, a D-dimer should be performed and if negative, imaging should not be performed.

#### Other

- Persistent hemoptysis and initial x-ray has been completed.
- Vocal cord paralysis
- For evaluation of suspected thymoma in the setting of Myasthenia Gravis.
- Chronic cough for at least 4 weeks and initial x-ray has been completed.
- Evaluation of an abnormality seen on x-ray requiring further imaging.

#### Pre/Post Procedural

- Pre-operative evaluation when surgery is planned on the chest
- Post-operative for routine recommended follow up or for potential post-operative complications.
- A repeat study may be needed to help evaluate a patient's progress after treatment procedure intervention or surgery. The reason for the repeat study and that it will affect care must be clear.

### ADDITIONAL CRITICAL INFORMATION

\*Low risk of pulmonary embolism is defined as answering NO to all of the following criteria:

1. Clinical signs and symptoms of a DVT
2. Pulmonary Embolism is the most likely diagnosis
3. Heart rate is greater than 100 bpm.
4. Had undergone surgery in the last 4 weeks or have been recently immobilized.
5. Had a prior DVT or pulmonary embolism
6. Hemoptysis
7. Have an underlying malignancy

The following medical necessity criteria are used to determine the best diagnostic study based on a patient's specific clinical circumstances. The criteria were developed using evidence based recommendations and current accepted clinical practices. Medical necessity will be determined using a combination of established criteria as well as the patient's individual clinical or social circumstances present at the time of the request.

- Tests that will not change treatment plans should not be recommended.
- Same or similar tests recently completed need a specific reason for repeat imaging.

### REFERENCES USED FOR DETERMINATIONS

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11. American College of Radiology (ACR) Appropriateness Criteria, 2013 <https://acsearch.acr.org/docs/3082590/Narrative/>
12. *Radiology*. 2017 Jul; 284(1):228-243. doi: 10.1148/radiol.2017161659. Epub 2017 Feb 23. Guidelines for Management of Incidental Pulmonary Nodules Detected on CT Images: From the Fleischner Society 2017. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/28240562>

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	Description
71250	CT (Computed Tomography) Chest/Thorax without contrast)
71260	CT (Computed Tomography) Chest/Thorax with contrast)

71270

CT (Computed Tomography) Chest/Thorax without and with contrast)