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Comments and Responses Regarding Draft Local Coverage Determination: Computed Tomography

As an important part of Medicare Local Coverage Determination (LCD) development, National Government Services solicits comments from the provider community and from members of the public who may be affected by or interested in our LCDs. The purpose of the advice and comment process is to gain the expertise and experience of those commenting.

We would like to thank those who suggested changes to the draft Computed Tomography LCD. The official notice period for the final LCD begins on November 17, 2008, and the final determination will become effective on January 1, 2009.

Comment: Several commenters suggested that additional diagnoses be added

Response: For **CT Abdomen and Pelvis** (CPT codes: 72192, 72193, 72194, 74150, 74160, 74170, 76376 & 76377) the following requested ICD-9-CM codes have been added to the LCD:

200.56	Primary central nervous system lymphoma, intrapelvic lymph nodes
200.63	Anaplastic large cell lymphoma, intra-abdominal lymph nodes
202.78	Peripheral T cell lymphoma, lymph nodes of multiple sites
733.96	Stress fracture of femoral neck
733.98	Stress fracture of pelvis
996.87	Complications of transplanted organ intestine

The following requested ICD-9-CM codes have not been added to the LCD as medical necessity is not readily apparent and no supporting literature was supplied.

040.82	Toxic shock syndrome
445.81	Atheroembolism of kidney

The following requested ICD-9-CM codes have not been added to the LCD as they are too non-specific to support medical necessity.

780.60	Fever, unspecified
780.65	Hypothermia not associated with low environmental temperature
787.02	Nausea alone

For **CT Cervical Spine** (CPT codes: 72125, 72126, 72127, 76376 & 76377) the following requested ICD-9-CM code has not been added to the LCD as medical necessity is not readily apparent and no supporting literature was supplied.

174.0 Malignant neoplasm of scapula and long bones of upper limb

For **CT Head, Neck, Face, Orbit, Jaw:** (CPT codes: 70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 76376 & 76377) the following requested ICD-9-CM codes have been added to the LCD.

374.31 Paralytic ptosis
379.92 Swelling or mass of eye
733.45 Aseptic necrosis of bone, jaw

The following requested ICD-9-CM codes have not been added to the LCD as medical necessity is not readily apparent and no supporting literature was supplied.

200.54 Primary central nervous system lymphoma, lymph nodes of axilla and upper limb
377.43 Optic nerve hypoplasia
380.00-380.01 Perichondritis of pinna unspecified - Acute perichondritis of pinna
743.61-743.66 Congenital ptosis of eyelid - Specified congenital anomalies of orbit
743.69 Other congenital anomalies of eyelids lacrimal system and orbit

The following requested ICD-9-CM codes have not been added to the LCD as they are too non-specific to support medical necessity.

368.8 Blurred vision
379.8 Other specified disorders of eye and adnexa
379.90-379.91 Disorder of eye unspecified - Pain in or around eye
379.93 Redness or discharge of eye
379.99 Other ill-defined disorders of eye
455.89 Atheroembolism of other site
780.60 Fever, unspecified
780.65 Hypothermia not associated with low environmental temperature

For **CT Chest and Thorax** (CPT codes: 71250, 71260, 71270, 76376 & 76377) the following requested ICD-9-CM codes have been added to the LCD.

200.72 Large cell lymphoma, intrathoracic lymph nodes
202.70 Peripheral T cell lymphoma, unspecified site, extranodal and solid organ sites
202.72 Peripheral T cell lymphoma, intrathoracic lymph nodes
277.02 Cystic fibrosis with pulmonary manifestations

The following requested ICD-9-CM codes have not been added to the LCD as medical necessity is not readily apparent and no supporting literature was supplied.

040.82 Toxic shock syndrome
238.72-238.76 Low grade myelodysplastic syndrome lesions - Myelofibrosis with myeloid metaplasia
780.63 Postvaccination fever

- 870.4 Penetrating wound of orbit with foreign body
- 871.0 – 871.6 Ocular laceration without prolapse of intraocular tissue - Penetration of eyeball with (nonmagnetic) foreign body
- V58.61 Long-term (current) use of anticoagulants

The following requested ICD-9-CM codes have not been added to the LCD as they are too non-specific to support medical necessity.

- 238.9 Neoplasm of uncertain behavior site unspecified
- 445.01-445.02 Atheroembolism of upper extremity - Atheroembolism of lower extremity
- 445.81 Atheroembolism of kidney
- 780.60 Fever, unspecified
- 780.65 Hypothermia not associated with low environmental temperature

For **CT Lower Extremity** (CPT codes: 73700, 73701, 73702, 76376 & 76377) the following requested ICD-9-CM codes have been added to the LCD.

- 713.5 Charcot foot
- 733.93 Stress fracture of tibia or fibula
- 733.94 Stress fracture of the metatarsals
- 733.95 Stress fracture of other bone
- 733.97 Stress fracture of shaft of femur

The following requested ICD-9-CM codes have not been added to the LCD as medical necessity is not readily apparent and no supporting literature was supplied.

- 359.21–359.24 Myotonic muscular dystrophy - Drug induced myotonia
- 359.29 Other specified myotonic disorder
- 729.5 Pain in limb
- 729.81 Swelling of limb
- 782.3 Edema

The following requested ICD-9-CM codes have not been added to the LCD as they are too non-specific to support medical necessity.

- 213.9 Bone tumor
- 755.67 Anomalies of foot, NEC

The following requested ICD-9-CM code has not been added to the LCD as a conventional X-ray should be sufficient.

- 718.70 Developmental dislocation of joint site unspecified
- 825.0-825.1 Fracture of calcaneus, closed - Fracture of calcaneus, open
- 825.20-825.25 Fracture unspecified bone(s) of foot [except toes], closed – Fracture metatarsal bone(s), closed
- 825.30-825.35 Fracture unspecified bone(s) of foot [except toes], open – Fracture metatarsal bone(s), open
- 837.0-837.1 Dislocation of ankle, closed – Dislocation of ankle, open

838.0-838.1 Dislocation of foot, closed – Dislocation of foot, open

For **CT Thoracic Spine** (CPT codes: 72128, 72129, 72130, 76376 & 76377) the following requested ICD-9-CM code has not been added to the LCD as medical necessity is not readily apparent and no supporting literature was supplied.

952.00 C1-C4 level with unspecified spinal cord injury without evidence of spinal bone injury

For **CT Upper Extremity** (CPT codes: 73200, 73201, 73202, 76376 & 76377) the following requested ICD-9-CM codes have not been added to the LCD as medical necessity is not readily apparent and no supporting literature was supplied.

359.24 Drug induced myotonia

729.5 Pain in limb

729.81 Swelling of limb

782.3 Edema

The following requested ICD-9-CM code has not been added to the LCD as a conventional X-ray should be sufficient.

718.70 Developmental dislocation of joint site unspecified

Comment: One commenter suggested that future LCD drafts and revisions indicate what was changed (deleted ICD-9-CM codes for example) be in italics

Response: Prior LCDs used to create the draft were from multiple jurisdictions and all revisions could not be added to a single document.

Comment: One commenter questioned the statement in the “Other Comments” section that requires CT scan services furnished in a hospital based facility that is not part of the hospital’s main campus be performed under “direct” supervision of a radiologist or other qualified physician. The existing NGS policy requires “general” supervision.

Response: The statement has been revised to: “CT scan services using contrast agents furnished in a hospital based facility that is not part of the hospital’s main campus must be performed under “direct” supervision of a radiologist or other qualified physician.”

Comment: One commenter requested clarification about whether a radiologist’s report documenting the need for three-D rendering is sufficient to support “medical necessity” documentation requirements since the referring physician might not document highly technical information about the specific scan required.

Response: Yes, the radiologists report supporting the use of three-D rendering would be sufficient documentation. The policy is not going to delineate the specific documentation required as it could come from several sources.

Comment: One commenter indicated that for chronic headaches there should be at least one CT scan performed at the beginning of treatment and that it is not necessary to do repeat CT scans.

Response: No ICD-9-CM code was suggested and no scientific literature was submitted to support medical necessity.

Comment: One commenter questioned why dementia was not included because there is some question about neuroimaging when you render an initial diagnosis. Chronic dementia is not the problem. Many believe that a neuroimaging test should be part an initial diagnosis of what appears to be a new dementia.

Response: No ICD-9-CM code was suggested and no scientific literature was submitted to support dementia. Providers may submit documentation at any time for an LCD reconsideration.

Comment: One commenter noted the coding instructions that stated V58.61 must be billed with 959.01 (head injury, unspecified) in order to be paid, was problematic. Patients with head trauma and not on anticoagulation also need a head CT scan.

Response: ICD-9-CM code 959.01 is too non-specific to support medical necessity of CT scan of the head without anticoagulation or additional signs and symptoms. The risk to patients, in the absence of signs and symptoms, for whom a diagnosis of unspecified head injury is appropriate, is not sufficient to support medical necessity for CT scan unless the patient is also on anticoagulation therapy.