

CT of Chest

Providers can expedite a request by submitting a prior authorization request through e-referral and completing the appropriate questionnaire. If all questions are answered, e-referral will determine the status of the case based on the provider's response. If the case pends and BCN cannot authorize it, BCN will contact the provider for additional clinical information.

Code***	Description	
71250	Computed tomography, thorax; without contrast material	
71260	Computed tomography, thorax; with contrast material	
71270	Computed tomography, thorax; without contrast material followed by with contrast material and further sections	
1.	Does the Patient Have:	
2.	An abnormal chest X-ray? (CT chest recommended)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Unexplained cough lasting longer than eight weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Unexplained weight loss (more than 10% body weight)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	A previous abnormal chest X-ray of the mediastinum (the middle section of the chest cavity behind the sternum and in front of the spine) or the hilar area (opening where blood vessels and nerves of the lungs come together)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Persistent pneumonia that is present longer than six weeks confirmed on chest X-ray OR abnormal sputum cultures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Suspected pulmonary embolism?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Coughing up blood*?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Persistent chest discomfort?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Unexplained severe shortness of breath?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Chronic or suspected interstitial lung disease (e.g. lung tissue swelling & scarring)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Significant chest trauma?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	History of occupational lung disease from work environment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Unexplained swelling of neck or arms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Pre-op or post-op evaluation for chest surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Post-op complications of chest surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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17.	Known or suspected aneurysm or vascular abnormality?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Sarcoidosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Suspected mediastinal mass in the area of the chest between the lungs OR pure red cell plasia anemia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Is this imaging procedure being performed to RULE OUT cancer (e.g. nodules or other unexplained or suspicious abnormalities) OR to rule out metastasis OR for ongoing cancer surveillance (monitoring) of a previously identified cancer?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.	Is the patient currently pregnant? (CT generally contraindicated)	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Coughing up blood or suspicion of pulmonary embolism (clot) requires intravenous contrast for definitive diagnosis.

**In general, there is little indication for both with/without intravenous contrast. The one exception is pulmonary mass or nodule which may require with/without contrast.

References:

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Parker MS, Matheson TL, Rao AV, et al. Making the Transition: The Role of Helical CT in the Evaluation of Potentially Acute Thoracic Aortic Injuries. AJ 2001; 176: 1267-1272.

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