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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>71250</td>
<td>Computed tomography, thorax; without contrast material</td>
</tr>
<tr>
<td>71260</td>
<td>Computed tomography, thorax; with contrast material</td>
</tr>
<tr>
<td>71270</td>
<td>Computed tomography, thorax; without contrast material followed by with contrast material and further sections</td>
</tr>
</tbody>
</table>

1. Does the Patient Have:

2. An abnormal chest X-ray? (CT chest recommended)  
   - [ ] Yes  
   - [ ] No

3. Unexplained cough lasting longer than eight weeks?  
   - [ ] Yes  
   - [ ] No

4. Unexplained weight loss (more than 10% body weight)?  
   - [ ] Yes  
   - [ ] 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)?  
   - [ ] Yes  
   - [ ] No

6. Persistent pneumonia that is present longer than six weeks confirmed on chest X-ray OR abnormal sputum cultures?  
   - [ ] Yes  
   - [ ] No

7. Suspected pulmonary embolism?  
   - [ ] Yes  
   - [ ] No

8. Coughing up blood*?  
   - [ ] Yes  
   - [ ] No

9. Persistent chest discomfort?  
   - [ ] Yes  
   - [ ] No

10. Unexplained severe shortness of breath?  
    - [ ] Yes  
    - [ ] No

11. Chronic or suspected interstitial lung disease (e.g. lung tissue swelling & scarring)?  
    - [ ] Yes  
    - [ ] No

12. Significant chest trauma?  
    - [ ] Yes  
    - [ ] No

13. History of occupational lung disease from work environment?  
    - [ ] Yes  
    - [ ] No

14. Unexplained swelling of neck or arms?  
    - [ ] Yes  
    - [ ] No

15. Pre-op or post-op evaluation for chest surgery?  
    - [ ] Yes  
    - [ ] No

16. Post-op complications of chest surgery?  
    - [ ] Yes  
    - [ ] No
<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.</td>
<td>Known or suspected aneurysm or vascular abnormality?</td>
<td>☐️ Yes</td>
<td>☐️ No</td>
</tr>
<tr>
<td>18.</td>
<td>Sarcoïdosis?</td>
<td>☐️ Yes</td>
<td>☐️ No</td>
</tr>
<tr>
<td>19.</td>
<td>Suspected mediastinal mass in the area of the chest between the lungs OR pure red cell plasia anemia?</td>
<td>☐️ Yes</td>
<td>☐️ No</td>
</tr>
<tr>
<td>20.</td>
<td>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?**</td>
<td>☐️ Yes</td>
<td>☐️ No</td>
</tr>
<tr>
<td>21.</td>
<td>Is the patient currently pregnant? (CT generally contraindicated)</td>
<td>☐️ Yes</td>
<td>☐️ No</td>
</tr>
</tbody>
</table>

*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:


Kazerooni EA. High-Resolution CT of the Lungs. AJR 2001; 177: 501-519.


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