

# COMPUTED TOMOGRAPHY (CT) ABDOMEN AND CHEST

CPT CODES 71250, 71260, 74176, & 74177

## FACT SHEET

### Description

#### Computed Tomography (CT) Abdomen and Chest

- 71250 - CT chest without contrast
- 71260 - CT chest with contrast
- 74176 - Abdominal CT without contrast
- 74177 - Abdominal CT with contrast

### Medicare Billing

- Appropriate modifier for report authored by qualified provider
- Diagnosis code that correlates with medical necessity of test

### Medical Necessity

- Medical records supporting scan is reasonable and necessary for the individual patient
- Recent testing for the same diagnosis must have documentation to explain the need for repeat testing

### Documentation Necessary to Process the Claim

We expect all documentation submitted with each ADR letter to be legible and include a copy of the following from each patient's medical record:

1. Beneficiary's name
2. Date of service (DOS)
3. Signed order or intent to order for CT from ordering provider
4. Documentation from ordering provider supporting indication/medical necessity of the scan
5. Signed radiology report providing evidence of service rendered by billing provider
6. Appropriate signatures and credentials of person rendering the services

### Signature Requirements

- Signature and credentials of person performing the service must meet CMS requirements
- Amendments/corrections/delayed entries are properly identified
- Unsigned physician orders or unsigned requisitions alone do not support physician intent to order
- Physicians should sign all orders for diagnostic services to avoid potential denials
- If the signature is missing on a progress note, which supports intent, the ordering physician must complete an attestation statement and submit it with the response. For more information see the resources at the end of this article. If the signature is illegible, an attestation statement or signature log is acceptable.
- Attestation statements are not acceptable for unsigned physician orders/requisitions

For more information regarding signature requirements, please view the following resources:

- CGS Administrators, LLC, J15 Part B Medical Review
  - <https://www.cgsmedicare.com/partb/mr/signatures.html>
  - <https://www.cgsmedicare.com/partb/cert/signatures.pdf>
- CMS MLN Fact Sheet, *Complying with Medicare Signature Requirements*. [https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/signature\\_requirements\\_fact\\_sheet\\_icn905364.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/signature_requirements_fact_sheet_icn905364.pdf)
- CMS IOM Pub. 100-08, *Medicare Program Integrity Manual*, Chapter 3, Section 3.3.2.4, Signature Requirements. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c03.pdf>

### References

- National Coverage Determination (NCD) for Computed Tomography (220.1) <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?MEDCACId=45&NCAId=21&NcaName=Deep+Brain+Stimulation+for+Parkinson%2527s+Disease&NCDId=176&NCSelection=NCA%7CCAL%7CNCD%7CMEDCAC%7CTA%7CMCD&Keyword=computed+tomography&KeywordLookUp=Doc&KeywordSearchType=Exact&kq=true>
- CMS IOM Pub. 100-04, Chapter 13 Radiology Services and Other Diagnostic Procedures <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c13.pdf>

This Fact Sheet is for informational purposes only and is not intended to guarantee payment for services, all services submitted to Medicare must meet Medical Necessity guidelines. The definition of "medically necessary" for Medicare purposes can be found in Section 1862(a)(1)(A) of the Social Security Act – Medical Necessity ([http://www.ssa.gov/OP\\_Home/ssact/title18/1862.htm](http://www.ssa.gov/OP_Home/ssact/title18/1862.htm)).

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