Effective for dates of service on or after April 1, 2013, refer to:
https://www.bcbsal.org/providers/policies/careCore.cfm

**Name of Policy:**
Computed Tomography of Cervical, Thoracic, and Lumbar Spine

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<th>Policy #</th>
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**Background/Definitions:**
As a general rule, benefits are payable under Blue Cross and Blue Shield of Alabama health plans only in cases of medical necessity and only if services or supplies are not investigational, provided the customer group contracts have such coverage.

The following Association Technology Evaluation Criteria must be met for a service/supply to be considered for coverage:

1. The technology must have final approval from the appropriate government regulatory bodies;
2. The scientific evidence must permit conclusions concerning the effect of the technology on health outcomes;
3. The technology must improve the net health outcome;
4. The technology must be as beneficial as any established alternatives;
5. The improvement must be attainable outside the investigational setting.

Medical Necessity means that health care services (e.g., procedures, treatments, supplies, devices, equipment, facilities or drugs) that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury or disease or its symptoms, and that are:

1. In accordance with generally accepted standards of medical practice; and
2. Clinically appropriate in terms of type, frequency, extent, site and duration and considered effective for the patient’s illness, injury or disease; and
3. Not primarily for the convenience of the patient, physician or other health care provider; and
4. Not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient’s illness, injury or disease.
**Description of Procedure or Service:**
Computerized axial tomography (CAT) or computed tomography (CT) uses a highly collimated x-ray beam that passes through the patient and is differentially absorbed by tissue. The photons are detected and imaged, and contrast is dependent on the differential absorption of the photons by the tissue being studied. On axial CT, each revolution of the gantry around the patient produces one data set or slice. In other CT technology, the x-ray tube rotates continually (i.e., helical CT), allowing a continuous volume of transaxial data to be acquired rapidly and yielding slices at a rate of more than one slice per second at a thickness of 1 mm or less. Gating refers to the use of programs to time data acquisition with organ movements, such as the heart or lungs.

**Policy:**
Effective for dates of service on or after April 1, 2013, refer to:
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Effective for dates of service on or after July 1, 2006 through March 31, 2013:
Computed tomography without contrast of the cervical, thoracic, or lumbar spine meets Blue Cross and Blue Shield of Alabama’s medical criteria for coverage only if an MRI is not feasible or if after a positive magnetic resonance imaging (MRI) there are clinical findings supporting medical necessity of the CT.

Computed tomography with intrathecal contrast material of the cervical, thoracic, or lumbar spine meets Blue Cross and Blue Shield of Alabama’s medical criteria for coverage when the following criteria are met:
- Pre-operative evaluation required to plan surgical approach; and
- MRI findings do not explain clinical situation; or
- MRI is not feasible.

Individual case consideration will be given to patients with conditions not described above. Clinical notes will be required for review.

*Blue Cross and Blue Shield of Alabama does not approve or deny procedures, services, testing, or equipment for our members. Our decisions concern coverage only. The decision of whether or not to have a certain test, treatment or procedure is one made between the physician and his/her patient. Blue Cross and Blue Shield of Alabama administers benefits based on the members' contract and corporate medical policies. Physicians should always exercise their best medical judgment in providing the care they feel is most appropriate for their patients. Needed care should not be delayed or refused because of a coverage determination.*

**Key Points:**
MRI and CT generally are not useful during acute low back pain or acute sciatica unless surgery, cancer or infections are considerations. In isolated cases of low back pain without radicular symptoms, MRI is the preferred diagnostic test. However, in an otherwise healthy adult with a previous history of back surgery and symptoms of low back pain with radicular symptoms, a CT
scan may be as sensitive as an MRI. CT indications and advantages from the Adult Low Back Pain guideline work group of the Institute for Clinical Systems Improvement (ICSI) are: CT Indications: major or progressive neurologic deficit, cauda equina syndrome, progressively severe pain and debility despite conservative therapy, clinical or radiological suspicion of neoplasm, bone tumors, severe or incapacitating back or leg pain. CT Advantages: better visualization of calcified structures, direct visualization of fractures, direct visualization of fracture healing and healing mass, more accurate in the assessment of certain borderline or active benign tumors, more available and less costly, better accommodation for patients over 300 lbs. or with claustrophobia, safer for patients with implanted electrical devices or metallic foreign bodies, and less patient motion. Adequate assessment of intradural structures still may require intrathecal contrast medium, though adequate visualization of the spinal cord to exclude compression usually can be achieved without intrathecal contrast medium.

The number of Computer Tomography (CT) scanners continues to increase as well as the usage of those scanners. It is estimated that more than 62 million CT scans per year are currently done in the United States, including at least four million children.

Conventional radiography doses of radiation are much smaller than CT; an abdominal CT delivers about 50 times more radiation to the stomach than conventional x-ray. Data has been gathered on the correlating radiation exposure and subsequent cancer rates from the Japanese survivors of atomic bombs, it is estimated by Brenner and Hall that 1.5% to 2.0% of cancers in the U.S. could be attributable to CT radiation. One study is now underway to gather direct data on CT-associated cancer with results not being available for some years. Per the December 6, 2007, Journal Watch, a recent survey suggested that many physician are unaware of radiation doses and potential risks associated with CT. (Radiology 2004; 231:393)

Key Words:
Computerized axial tomography, CAT, computed tomography, CT, computer tomography,

Approved by Governing Bodies:
FDA approved

Benefit Application:
Coverage is subject to member’s specific benefits. Group specific policy will supersede this policy when applicable.

ITS: Home Policy provisions apply
BellSouth/AT&T contracts: No special consideration
FEP contracts: No special consideration
Wal-Mart: Special benefit consideration may apply. Refer to member’s benefit plan.

Pre-certification requirements: Effective for dates of service on or after November 1, 2007, required when ordered by a provider in a Blue Cross and Blue Shield of Alabama’s Preferred or
Participating Network for a patient covered by Blue Cross and Blue Shield of Alabama who will receive outpatient imaging services(s) from a Preferred Medical Doctor (PMD) or Preferred Radiology Participating (PRP) provider for dates of service on or after November 1, 2006.

Exceptions to the Alabama PMD and PRP pre-certification requirement: NASCO, Wal-Mart, Blue Advantage, Flowers Foods, Inc., FEP.

In addition to the above Blue Cross and Blue Shield of Alabama PMD/PRP Network requirement, some self-insured national account groups may require pre-certification for all MRIs effective for dates of service on or after January 1, 2009. Please confirm during your benefit verification process if a pre-certification is required.

Reviews to verify accuracy of pre-certification information will be conducted.

Pre-determination requirements: Not required. May be done as a courtesy to physicians and members not included in the circumstances described in the above Pre-certification requirements.

Coding:
CPT Codes:

72125  Computed tomography, cervical spine; without contract material
72126  Computed tomography, cervical spine; with contract material
72127  Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections
72128  Computed tomography, thoracic spine; without contrast material
72129  Computed tomography, thoracic spine; with contrast material
72130  computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections
72131  Computed tomography, lumbar spine; without contrast material
72132  Computed tomography, lumbar spine; with contrast material
72133  Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections
76380  Computed tomography, limited or localized follow up study

References:

Policy History:
Medical Policy Group, March 2006 (1)
Medical Policy Group, May 2006 (2, 3)
Medical Policy Administration Committee, June 2006
Available for comment May 30-July 13, 2006
Medical Policy Group, January 2007 (1)
Medical Policy Group, December 2007 (1)
Medical Policy Group, December 2008 (2)
Medical Policy Group, February 2013 (2): Updated policy with link to CareCore National© medical policies effective April 1, 2013
Medical Policy Administration Committee, March 2013
Available for comment February 15 through March 31, 2013
Medical Policy Group, November 2013 (2): Updated link to CareCore National©

This medical policy is not an authorization, certification, explanation of benefits, or a contract. Eligibility and benefits are determined on a case-by-case basis according to the terms of the member’s plan in effect as of the date services are rendered. All medical policies are based on (i) research of current medical literature and (ii) review of common medical practices in the treatment and diagnosis of disease as of the date hereof. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment.

This policy is intended to be used for adjudication of claims (including pre-admission certification, pre-determinations, and pre-procedure review) in Blue Cross and Blue Shield’s administration of plan contracts.