Thorax (Chest/Heart/Lung) CT

When calling Anthem (1-800-533-1120) or using the Point of Care authorization system for a Health Service Review, the following clinical information may be needed to process your request. Being prepared with complete information will help expedite our response.

**Generally with all requests, we will need:**

- Diagnosis or symptoms that the patient is displaying and the duration of symptoms
- Any “rule out” conditions
- Any previous radiological studies and results
- Any previous therapeutic treatment and the results of that treatment

*In some instances we will only need the diagnosis and symptoms. For these conditions, the following information may be asked.*

<table>
<thead>
<tr>
<th>Chest</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>71250</td>
<td>CT thorax; w/o contrast</td>
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<tr>
<td>71260</td>
<td>CT thorax; with contrast</td>
</tr>
<tr>
<td>71270</td>
<td>CT thorax; w/o contrast followed by contrast</td>
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</tbody>
</table>

- Ultrafast CT

**Heart CT**
- For suspected constrictive pericarditis, when transthoracic echocardiography (TTE) is non-diagnostic
- For paracardiac masses including bronchogenic cysts, vascular lesions or metastases
- For surveillance, dependent on specific malignancy or cell type
- In preparation for surgery

**Lung CT**
- Is the patient being evaluated for pulmonary emphysema after CXR
- Evaluation of pneumothorax, prior to surgery
- Acute respiratory infection e.g. lung abscess after CXR
- Suspected sulcus (Pancoast) tumor after CXR
- Abnormal chest x-ray/pneumonia for
  - Persistent recurrent pneumonia;
    - Not improving after 4 weeks
    - 11 – 16 week follow up plain x-ray shows persistent abnormality
  - Complex or complicated pneumonia with possible abscess formation
  - Hilar adenopathy or mediastinal mass
  - Fever or unknown origin
  - Persistent atelectasis
  - Interstitial lung disease
- Bronchiectasis with
  - Chronic sputum production associated with persistent cough and possibly fetid breath
  - Hemoptysis
  - Dyspnea or air flow limitation
  - Chronic respiratory infection
- Idiopathic dyspnea/shortness of breath with
  - No cardiac explanation
o Negative chest x-ray and laboratory studies
o Moderate or severe symptoms

- Interstitial lung/bronchial disease for
  o Chest x-ray shows findings of interstitial lung disease
  o Clinical picture consistent with interstitial findings such as exertional breathlessness, non productive cough, inspiratory rales or crackles, PFT reveals restrictive lung disease.
  o Monitoring of known interstitial lung disease already diagnosed

- Post bone marrow transplant with chronic cough, dyspnea or CXR changes

- Collagen vascular disease (e.g. rheumatoid arthritis, scleroderma, mixed connective tissue disease) and any of the following
  o Chronic cough
  o Dyspnea
  o Changes on the chest x-ray

- Hemoptysis, nonmassive;
  o After trauma
  o Abnormal findings of lung disease on chest x-ray
  o History of malignancy
  o Bronchitis or other pulmonary infection with
    R Infection has been appropriately treated
    R Brief observation period
    R Negative chest x-ray
    R Known autoimmune disease
    R Suspected bronchiectasis

- Hemoptysis with suspected pulmonary embolism
- Known lung cancer;
  o Staging
  o 3 months after completion of chemotherapy
  o History of lung cancer with new symptoms

- Staging of pulmonary metastases of a primary tumor located elsewhere

- Suspected pulmonary embolism with
  o Symptoms are consistent with pulmonary embolism such as sudden onset of dyspnea, deterioration of COPD, unexplained hemoptysis, pleuritic chest pain worsened by breathing
  o Nondiagnostic V/Q scan
  o Negative ultrasound of the leg

Chest CT

- Chest trauma
- Mediastinal mass or hilar enlargement when identified on CXR
- Structural abnormalities of or within the chest, chest wall or pleura as evidenced by CXR
- Pulmonary nodules, with a suspicion of cancer
- Suspected thoracic/aortic dissection; suspected thoracic, thoracoabdominal aneurysm
- Suspected thymoma with a history of myasthenia gravis
- For surveillance, dependent on specific malignancy or cell type
- Aortic disease for
  o Preoperative planning for thoracic artery repair
  o Suspected arteritis
  o Congenital anomalies

- Soft tissue mass;
  o Calcium is seen on plain film
  o Motion prevents ability to perform adequate MRI