

CT (Computed Tomography) of the Abdomen and Pelvis Policy

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

CT (computed tomographic) scans use X-ray technology and advanced computer analysis to create detailed pictures of the body. A CT scan of the abdomen and pelvis can help diagnose problems in the bladder, uterus, prostate, liver, or bowels. The use of imaging to identify the cause of abdominal pain is useful, as it can be a complex complaint, yet it may serve as a warning to a more serious condition. Often abdominal pain can be nonspecific and presents with additional symptoms. A thorough history and examination aids the provider in identifying the patient's diagnosis which imaging can confirm. Along with laboratory studies, patients presenting with abdominal pain often undergo CT scans as part of the evaluation.

Abdominal CT

The CT of the abdomen extends from the dome of the diaphragm to the pelvic brim or pubic symphysis, depending upon whether one groups the pelvis with the abdomen or treats it separately. A CT scan of the abdomen may be considered medically reasonable and necessary under the following circumstances:

- Evaluation of abdominal pain.
- Evaluation of known or suspected abdominal masses or fluid collections.
- Evaluation of primary or metastatic malignancies
- Evaluation of abdominal inflammatory processes
- Evaluation of abnormalities of abdominal vascular structures (Note: Medical necessity for CT angiography is not addressed in this LCD)
- Evaluation of abdominal trauma
- Clarification of findings from other imaging studies of the abdomen or laboratory abnormalities suggesting abdominal pathology
- Guidance for interventional diagnostic or therapeutic procedures within the abdomen
- Treatment planning for radiation therapy
- For patients being evaluated for potential transcatheter aortic valve implantation/replacement (TAVI or TAVR) provided that the patient has not undergone a CT of the abdomen within the preceding 60 days

The CT scan of the pelvic area includes all pelvic structures including the bladder, the prostate in males, ovaries, uterus, and uterine adnexa in females, and the lower retroperitoneum, and iliac lymph node chains. The CT scan of the pelvis is useful in evaluating cysts, tumors, masses, metastases to one or more of these organs, and iliac lymph nodes. Intravenous contrast material may be administered.

A CT scan of the pelvis will be considered medically necessary and reasonable under the following circumstances:

- Evaluation of cysts, tumors, or masses of the pelvic structure (i.e., that which lies at or below the pelvic brim or true pelvis)
- Evaluation of metastasis of primary cancers to this region
- Evaluation of inflammatory processes in this region
- Evaluation of abnormalities of pelvic vascular structures
- Evaluation of lymphadenopathies of this region
- Evaluation of lower abdominal, generalized abdominal or pelvic pain.
- Evaluation of other genitourinary (GU) disorders in which the physician cannot make a diagnosis on physical examination and/or by ultrasound (US)
- Evaluation of trauma to the pelvic structure/organs
- Evaluation of the effectiveness of a radiation treatment plan
- For patients being evaluated for potential TAVI or TAVR, the patient has not undergone a CT of the pelvis within the preceding 60 days.

Please note, Intravenous contrast material may be administered with any of the above studies.

In addition to the medical necessity requirements, the CT scan must be performed on a model of CT equipment that meets the following criteria:

- The model must be known to the Food and Drug Administration (FDA)
- Must be in the full market release phase of development.

Reimbursement Guidelines

The procedure codes mentioned in the linked CMS, [Article - Billing and Coding: CT of the Abdomen and Pelvis \(A56421\) cms.gov](#) must always be accompanied by a valid diagnosis code to establish medical necessity. You can locate the valid diagnosis codes within the same referenced guidance.

If claims are submitted without the necessary diagnosis codes to support medical necessity, these claims may be denied or subject to recovery. It is important to note that Molina Healthcare reimbursement rates are determined based on relevant state regulatory guidelines, fee schedules, and the terms outlined in provider contracts when claims are billed correctly.

Any charges submitted without the appropriate diagnosis and procedure codes will not be considered in the final claim payment calculation.

Definitions

Term	Definition
CMS	Center for Medicare and Medicaid Services
CT	Computed Tomography Scan

State Exceptions

State	Exception
MI	State is exempt from this policy

Documentation History

Type	Date	Action
Initial Creation	8/19/2022	New Policy
Revised Date	8/16/2023	Updated links and added code descriptions
Revised Date	12/12/2024	Updated Template and Links
Revised Date	8/1/2025	Updated Template

References

This policy was developed using:

- CMS
- State Medicaid Regulatory Guidance
- State Contracts

Reference	Link
CMS	Article - Billing and Coding: CT of the Abdomen and Pelvis(A56421) (cms.gov)
CMS	LCD - CT of the Abdomen and Pelvis (L34415)

***CODING DISCLAIMER.** Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.