# Provider Checklist-Outpatient –Imaging

## Checklist: Computed Tomography (CT) of the Thorax (CPT Code: 71250)

If the CT of the thorax is being requested for one or more of the following diagnoses, the request will be auto approved.

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| **C16.9** | MAL NEOPLASM OF STOMACH UNSPECIFIED |
| **C22.0** | LIVER CELL CARCINOMA |
| **C34.01** | MALIGNANT NEOPLASM RT MAIN BRONCHUS |
| **C34.10** | MAL NEOPLASM UP LOBE UNS BRON/LUNG |
| **C34.90** | MALIG NEO UNS PART UNS BRONCH/LUNG |
| **C49.22** | MAL NEO CONN SFT TISS LT LW LMB HIP |
| **C49.A2** | GASTROINTESTINAL ST TUMOR STOMACH |
| **C50.112** | MAL NEO CENTRAL PORTION LT FEM BRST |
| **C50.912** | MAL NEO UNS SITE LT FEMALE BREAST |
| **C56.3** | MALIGNANT NEOPLASM BILATERL OVARIES |
| **C62.91** | MAL NEO UNS SITE LT FEMALE BREAST |
| **C64.2** | MALIGNANT NEOPLASM BILATERL OVARIES |
| **C78.00** | MAL NEO RT TESTIS UNS DESC/UNDESC |
| **C78.01** | SECONDARY MALIG NEOPLASM RT LUNG |
| **C83.30** | DIFFUSE LARGE BCL UNSPECIFIED SITE |
| **C84.90** | MATURE T/NK-CELL LYM UNS UNS SITE |
| **C91.00** | AC LYMPHOBLASTIC LEUKEMIA NO REMISS |
| **C92.00** | ACUTE MYELOBLASTIC LEUK NOT REMISS |
| **D86.9** | SARCOIDOSIS UNSPECIFIED |
| **J06.9** | ACUTE UP RESPIRATORY INFECTION UNS |
| **J18.9** | PNEUMONIA UNSPECIFIED ORGANISM |
| **J47.0** | BRONCHIECTASIS W/ACUTE LOW RESP INF |
| **J84.9** | INTERSTITIAL PULMONARY DISEASE UNS |
| **J90** | PLEURAL EFFUSION NEC |
| **J96.11** | CHRONIC RESPIRATORY FAIL W/HYPOXIA |
| **J96.21** | ACUTE CHRONIC RESP FAIL W/HYPOXIA |
| **K74.60** | UNSPECIFIED CIRRHOSIS OF LIVER |
| **R59.0** | LOCALIZED ENLARGED LYMPH NODES |
| **R91.1** | SOLITARY PULMONARY NODULE |
| **R91.8** | OTH NONSPECIFIC ABN FIND LNG FIELD |
| **R93.89** | ABNORML FIND DX IMG OTH BODY STRUC |
| **Z85.528** | PERS HX OTH MALIG NEOPLASM KIDNEY |
| **Z85.850** | PERSONAL HX MALIG NEOPLASM THYROID |
| **Z87.891** | PERSONAL HISTORY OF NICOTINE DEPEND |
| **Z91.89** | OTH SPEC PERSONAL RISK FACTORS NEC |