Regence

Medicare Advantage Policy Manual

Whole Body Computed Tomography (CT) Screening

Published: 08/01/2017

Next Review: 07/2018

Last Review: 07/2017

Medicare Link(s) Revised: 08/01/2017

IMPORTANT REMINDER

The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured’s benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member.

The Medicare Advantage Medical Policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and the Centers of Medicare and Medicaid Services (CMS) policies, when available. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of CMS guidance for a requested service or procedure, the health plan may apply their Medical Policy Manual or MCG™ criteria, both of which are developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Medicare and EOCs exclude from coverage, among other things, services or procedures considered to be investigational, cosmetic, or not medically necessary, and in some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services.

DESCRIPTION

Whole body computed tomography scans (CT scans), encompassing the body from the neck to the pelvis, have been proposed as a general screening test for diseases of the thyroid (i.e., thyroid cancer), lungs (i.e. lung cancer), heart (i.e., cardiovascular disease), and abdominal and pelvic organs (cancer). Often the test is marketed directly to the patient and is offered through mobile CT scanners that travel from community to community.

MEDICARE ADVANTAGE POLICY CRITERIA

<table>
<thead>
<tr>
<th>CMS Coverage Manuals*</th>
<th>Medicare Benefit Policy Manual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter 16 - General Exclusions From Coverage</td>
<td></td>
</tr>
</tbody>
</table>

See Section 20 in the following link:

$20 - Services Not Reasonable and Necessary
Medicare excludes expenses incurred for “Items and services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.”[1] A whole body CT scan as a screening tool is not considered “reasonable and necessary” by Medicare guidelines as it is not used to diagnose or treat an illness or injury. In addition, Medicare covers only specified services under the Medicare Preventive Services benefit, and a full body CT screening is not part of this limited preventive benefit. (See the Medicare Preventive Services Chart and Chapter 18 of the Medicare Claims Processing Manual.)

| National Coverage Determinations (NCDs)* | See References[3] |

**POLICY GUIDELINES**

**REGULATORY STATUS**

The U.S. Food and Drug Administration (FDA) has published the following information on whole body CT scanning:[4]

“At this time the FDA knows of no scientific evidence demonstrating that whole-body scanning of individuals without symptoms provides more benefit than harm to people being screened.”

- “Whole-body CT screening has not been demonstrated to meet generally accepted criteria for an effective screening procedure.
- Medical professional societies have not endorsed whole-body CT scanning for individuals without symptoms.
- CT screening of high-risk individuals for specific diseases such as lung cancer or colon cancer is currently being studied.
- The radiation from a CT scan may be associated with a very small increase in the possibility of developing cancer later in a person’s life.”

Information from the FDA indicates that recommendations from the U.S. Preventive Services Task Force and the American Medical Association, which have been added to those of the American College of Radiology, the American College of Cardiology/American Heart Association, the American Association of Physicists in Medicine, and the Health Physics Society, all of which do not recommend CT screening.

**CROSS REFERENCES**
Whole Body Dual X-Ray Absorptiometry (DEXA or DXA) to Determine Body Composition, Radiology, Policy No. M-41

REFERENCES

1. Title XVIII of the Social Security Act (SSA) §1862 (a)(1)(A)
2. Decision Memo CAG-00396N for Screening Computed Tomography Colonography (CTC) for Colorectal Cancer
3. NCD for Computed Tomography (220.1)

CODING

NOTE: There are no CPT or HCPCS codes specific to whole body CT scanning.

<table>
<thead>
<tr>
<th>Codes</th>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT</td>
<td>76497</td>
<td>Unlisted computed tomography procedure (eg diagnostic, interventional)</td>
</tr>
<tr>
<td>HCPCS</td>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

*IMPORTANT NOTE: Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan’s web control as these sites are not maintained by the health plan.