Screening with Whole-Body CT Scanning in Asymptomatic Individuals

Policy Number: 2015M0087A  Effective Date: August 1, 2015

INSTRUCTIONS:

“Medical Policy assists in administering UCare benefits when making coverage determinations for members under our health benefit plans. When deciding coverage, all reviewers must first identify enrollee eligibility, federal and state legislation or regulatory guidance regarding benefit mandates, and the member specific Evidence of Coverage (EOC) document must be referenced prior to using the medical policies. In the event of a conflict, the enrollee’s specific benefit document and federal and state legislation and regulatory guidance supersede this Medical Policy. In the absence of benefit mandates or regulatory guidance that govern the service, procedure or treatment, or when the member’s EOC document is silent or not specific, medical policies help to clarify which healthcare services may or may not be covered. This Medical Policy is provided for informational purposes and does not constitute medical advice. In addition to medical policies, UCare also uses tools developed by third parties, such as the InterQual Guidelines®, to assist us in administering health benefits. The InterQual Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice. Other Policies and Coverage Determination Guidelines may also apply. UCare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary and to provide benefits otherwise excluded by medical policies when necessitated by operational considerations.”
POLICY DESCRIPTION:
This policy discusses the use of computed tomography (CT) to scan the whole body as a means of screening for developing disease in individuals who are considered to be disease-free.

COVERAGE RATIONALE / CLINICAL CONSIDERATIONS:
Whole body CT scanning as a screening tool for disease in asymptomatic individuals is considered EXPERIMENTAL AND/OR INVESTIGATIONAL and is not a Covered Health Service due to a lack of clinical evidence of safety and/or efficacy in published, peer-reviewed medical literature.

Clinical Considerations:
The FDA has posted the following information on its website:
- 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.

BACKGROUND:
Whole-body computed tomography (CT) screening typically involves scanning the body from the chin to below the hips with a form of X-ray imaging that produces cross-sectional images. The technology used is called “X-ray computed tomography” (CT) and is sometimes referred to as “computerized axial tomography” (CAT). A number of different types of X-ray CT systems are being promoted for various types of screening. For example, “multi-slice” CT (MSCT) and “electron beam” CT (EBCT), also called “electron beam tomography” (EBT), are X-ray CT systems that produce images rapidly and are often promoted for screening the buildup of calcium in arteries of the heart. CT is recognized as an invaluable medical tool for the diagnosis of disease, trauma, or abnormality in patients with signs or symptoms of disease. It’s also used for planning, guiding, and monitoring therapy. Recently, CT has been marketed as a preventive or proactive health care measure to healthy individuals who have no symptoms of disease.

Compared to most other diagnostic X-ray procedures, CT scans result in relatively high radiation exposure. The risks associated with such exposure are greatly outweighed by the benefits of diagnostic and therapeutic CT in individuals suspected of having or diagnosed with certain diseases. However, the benefits of whole-body CT screening in asymptomatic people have not been confirmed.
### REGULATORY STATUS:

1. **U.S. FOOD AND DRUG ADMINISTRATION (FDA):**
   The FDA website states: “At this time, the Food and Drug Administration (FDA) knows of no scientific evidence demonstrating that whole-body scanning of individuals without symptoms provides more benefit than harm to people being screened. The FDA is responsible for assuring the safety and effectiveness of such medical devices, and it prohibits manufacturers of CT systems to promote their use for whole-body screening of asymptomatic people.”

2. **CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS):**
   National Coverage Determinations (NCDs) do exist for Computed Tomography (220.1) at this time: Diagnostic examinations of the head (head scans) and of other parts of the body (body scans) performed by computerized tomography (CT) scanners are covered if medical and scientific literature and opinion support the effective use of a scan for the condition, and the scan is: (1) reasonable and necessary for the individual patient; and (2) performed on a model of CT equipment that meets the criteria for approval.

   Sufficient information must be provided with claims to differentiate CT scans from other radiology services and to make coverage determinations. Carefully review claims to ensure that a scan is reasonable and necessary for the individual patient; i.e., the use must be found to be medically appropriate considering the patient’s symptoms and preliminary diagnosis (CMS 2008).

3. **MINNESOTA DEPARTMENT OF HUMAN SERVICES (DHS):**
   To be eligible for MHCP payment for radiology, the service must:
   - Be ordered and provided by or under the direction of a recipient’s treating physician (MD, DO, DPM, DDS, Chiropractor) or practitioner (nurse practitioner, clinical nurse specialist, physician assistant or certified professional midwife), within the scope of practice as defined by state law, who furnished a consultation or treats a recipient for a specific medical problem,
   - Yield results that must be used by the treating physician or practitioner in screening, diagnosis or management of a recipient’s specific health problem,
   - Meet Medicare or DHS coverage criteria. (DHS 2014.)

### CLINICAL EVIDENCE:

Two published clinical trials examining the effectiveness of whole-body CT as a screening tool were identified. One was a large, retrospective study; the other was a small, randomized trial of whole body screening to determine the feasibility of a larger scale study. Three studies of the risk of radiation were identified.

### SUMMARY:

The current literature does not support an improvement in health outcomes with whole body computed tomography (CT) screening. Moreover, the radiation dose of the CT scan itself could lead to an excess lifetime risk of fatal cancer. However, a whole-body screening CT scan might be offered to appropriately selected, high-risk populations (Brant-Zawadzki 2005).
APPLICABLE CODES:

The Current Procedural Terminology (CPT®) codes and HCPCS codes listed in this policy are for reference purposes only. Listing of a service or device code in this policy does not imply that the service described by this code is a covered or non-covered health service. The inclusion of a code does not imply any right to reimbursement or guarantee claims payment. Other medical policies and coverage determination guidelines may apply.

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<th>HCPCS Codes</th>
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<td>Screening Services</td>
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<tr>
<td>Z13</td>
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<td>76497</td>
<td>Unlisted computed tomography procedure (e.g., diagnostic, interventional)</td>
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REFERENCES:


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<td>06/09/2015</td>
<td>New policy number 2015M0087A reviewed by the Medical Policy Committee.</td>
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<td>06/18/2015</td>
<td>Reviewed and approved by the Quality Improvement Advisory and Credentialing Council (QIACC).</td>
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<tr>
<td>07/01/2015</td>
<td>Published to UCare.org.</td>
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