Whole Body CT Screening

Policy Number: HS-097

Original Effective Date: 4/2/2009


APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

Clinical Coverage Guideline

The American College of Radiology (ACR) recognizes that an increasing number of computed tomography (CT) screening examinations are being performed in the United States. Much CT screening is targeted at specific diseases, such as lung scanning for cancer in current and former smokers, coronary artery calcium scoring as a predictor of cardiac events and CT colonography (virtual colonoscopy) for colon cancer. Early data suggest that these targeted examinations may be clinically valid. Large, prospective, multi-center trials are currently under way or in the planning phase to evaluate whether these screening exams reduce the rate of mortality.\(^2\)

The ACR, at this time, does not believe there is sufficient evidence to justify recommending total body CT screening for patients with no symptoms or a family history suggesting disease. To date, there is no evidence that total body CT screening is cost efficient or effective in prolonging life. In addition, the ACR is concerned that this procedure will lead to the discovery of numerous findings that will not ultimately affect patients’ health but will result in unnecessary follow-up examinations and treatments and significant wasted expense. The ACR will continue to monitor scientific studies concerning these procedures.\(^2\)

With regard to the use of whole-body CT as a screening test, the ICSI Technology Assessment Committee finds:\(^3\)

1. Whole-body CT should not be considered as a screening tool at this time. Whole-body CT screening is not specific enough or tailored appropriately to detect coronary artery calcification, lung cancer, or colon polyps or masses.
2. The CT screening procedure is safe except for the risk of radiation exposure and minor side effects that have been reported. There are potentially hazardous risks associated with false positive and false negative findings and associated follow-up procedures.
3. No evidence exists to evaluate the effectiveness of whole-body CT as a screening test for patients with no symptoms or a family history suggesting disease (Conclusion Grade: Grade Not Assignable). There is concern that this procedure may lead to the discovery of numerous findings that will not ultimately affect a patient’s health, but will result in increased patient anxiety, unnecessary follow-up examinations and treatments, and wasted expense.

Note: The lines of business (LOB) are subject to change without notice; consult www.wellcare.com/Providers/CCGs for list of current LOBs.
Cost-Effectiveness of Whole-Body CT Screening. Compared with routine care, whole-body CT screening provided minimal gains in life expectancy (0.016 6 years or 6 days) at an average additional cost of $2513 per patient, or an incremental cost-effectiveness ratio of $151 000 per life-year gained. Most patients (90.8%) had at least one positive finding, but only 2.0% had disease; work-up in patients with a false-positive result of screening accounted for 32.3% of total costs ($1720 of $5332). Results were sensitive to the prevalence of disease, the effect of screening on stage of disease at diagnosis, the specificity of screening, and the costs of follow-up for false-positive findings. Even with assumptions favorable to whole-body CT, implementation of onetime screening would not be cost-effective compared with currently funded medical interventions; follow-up for false-positive findings would add a substantial financial burden to the health care system.²

POSITION STATEMENT

Applicable To:
- Medicaid – Illinois, Missouri, New Jersey, New York, South Carolina

NOTE: For all other lines of business, please refer to the current contracted vendor for Radiology requests.

Whole Body Screening using Computed Tomography (CT) is considered experimental and investigational.

CODING

Non-Covered CPT® Code

76497* Unlisted computed tomography procedure (eg, diagnostic, interventional)
*Note: Not covered when used to report whole-body computed tomography scanning as a screening tool.

Non-Covered HCPCS Codes – No applicable codes.

Non-Covered ICD-9-CM Procedure Code – No applicable codes.

Non-Covered Draft ICD-10-PCS Codes – No applicable codes.

Non-Covered ICD-9-CM Diagnosis Codes – All diagnosis codes.

Non-Covered Draft ICD-10-CM Diagnosis Codes – All diagnosis codes.


REFERENCES


MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>8/6/2015, 8/7/2014</td>
<td>Approved by MPC. No changes.</td>
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<tr>
<td>8/9/2013</td>
<td>Reinstated for markets where CareCore is not a vendor.</td>
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<tr>
<td>5/3/2012</td>
<td>Retired by MPC; covered by CareCore criteria.</td>
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<tr>
<td>4/5/2012</td>
<td>Approved by MPC. No changes.</td>
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<tr>
<td>12/1/2011</td>
<td>New template design approved by MPC.</td>
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<td>7/18/2011</td>
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