

## Corporate Medical Policy

### Whole Body Computed Tomography Scan as a Screening Test

**File Name:** whole\_body\_computed\_tomography\_scan\_as\_a\_screening\_test  
**Origination:** 04/2004  
**Last CAP Review:** 5/2008  
**Next CAP Review:** Not applicable  
**Last Review:** 8/2010

**Active policy, no longer scheduled for routine literature review.**

#### Description of Procedure or Service

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This policy addresses whole-body computed tomography (CT) scanning or whole-body CT screenings as a potential preventive measure for individuals who have no signs or symptoms of disease.

Whole body 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., cancer), lungs (i.e., lung cancer), heart (i.e., cardiovascular disease), and abdominal and pelvic organs (cancer, cardiovascular disease). [Error! Reference source not found.](#) Often the test is marketed directly to the patient and is offered through mobile CT scanners that travel from community to community. Different aspects of whole body CT scanning as a screening test have been addressed in individual policies: i.e., spiral CT scanning as a screening test for lung cancer and CT scanning to detect coronary calcium.

*\*\*\*Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.*

#### Policy

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**Active policy, no longer scheduled for routine literature review.**

**BCBSNC does not provide coverage for Whole Body Computed Tomography Scan as a Screening Test. It is considered investigational. BCBSNC does not provide coverage for investigational services.**

#### Benefits Application

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This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

#### When whole body computed tomography scan as a screening test is covered

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Not applicable.

#### When whole body computed tomography scan as a screening test is not covered

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Whole-body computed tomography scans as a screening test are considered **investigational**.

# Whole Body Computed Tomography Scan as a Screening Test

## Policy Guidelines

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The American College of Radiology (ACR) published the following statement regarding whole body CT scanning: "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 U.S Food and Drug Administration (FDA) has published the following statement: "At this time the FDA knows of no data demonstrating that whole-body CT screening is effective in detecting any particular disease early enough for the disease to be managed, treated, or cured and advantageously spare a person at least some of the detriment associated with serious illness or premature death. Any such presumed benefit of whole-body CT screening is currently uncertain, and such benefit may not be great enough to offset the potential harms such screening could cause."

Updated information from the FDA indicates that recommendations from the U.S. Preventive Services Task Force and the American Medical Association 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 whom do not recommend CT screening.

## Billing/Coding/Physician Documentation Information

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This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at [www.bcbsnc.com](http://www.bcbsnc.com). They are listed in the Category Search on the Medical Policy search page.

*Applicable service codes: There is no specific CPT or HCPCS code for this service.*

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

## Scientific Background and Reference Sources

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BCBSA Medical Policy Reference Manual [Electronic Version]. 6.01.41, 12/17/03

Specialty Matched Consultant Advisory Panel - 7/2004

American College of Radiology (2002, September). Statement on CT Screening Exams. Retrieved March 6, 2006 from [http://www.acr.org/s\\_acr/doc.asp?TrackID=&SID=a&DID=16014&CID](http://www.acr.org/s_acr/doc.asp?TrackID=&SID=a&DID=16014&CID)

ECRI Health Technology Forecast (2005, January 17). Computed tomography for whole-body screening. Retrieved March 6, 2006 from [http://www.ta.ecri.org/Forecast/Prod/summary/detail.aspx?doc\\_id=5037](http://www.ta.ecri.org/Forecast/Prod/summary/detail.aspx?doc_id=5037)

U.S. Food and Drug Administration (2005, October). Whole Body Scanning Using Computed Tomography. Retrieved March 6, 2006 from <http://www.fda.gov/cdrh/ct>

BCBSA Medical Policy Reference Manual [Electronic Version]. 6.01.41, 2/15/07

BCBSA Medical Policy Reference Manual [Electronic Version]. 6.01.41, 4/9/08

BCBSA Medical Policy Reference Manual [Electronic Version]. 6.01.41, 5/13/2010

# Whole Body Computed Tomography Scan as a Screening Test

## Policy Implementation/Update Information

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| 8/12/04 | New policy issued. Specialty Matched Consultant Advisory Panel review 7/23/2004 with no submitted change or addition to original policy draft. References added. Notification 8/12/2004. Effective 10/14/2004. |
| 6/5/06  | Added rationale to Policy Guidelines section. Added policy number to Key Words. Updated references. Specialty Matched Consultant Advisory Panel review 5/3/2006 with no change to policy coverage criteria.    |
| 6/16/08 | Specialty Matched Consultant Advisory Panel review 5/15/08. No change to policy statement. (adn)   |
| 6/22/10 | Policy Number(s) removed (amw)   |
| 9/28/10 | Description section revised. No change in policy statement. Policy status changed to “Active policy, no longer scheduled for routine literature review.” (adn)   |

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Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.