

Whole Body Computed Tomography (CT) Screening

Published: 11/01/2023

Next Review: 08/2024

Last Review: 09/2023

Medicare Link(s) Revised: 11/01/2023

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, including care that may be both medically reasonable and necessary.

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 Centers of Medicare and Medicaid Services (CMS) policies and manuals, along with general CMS rules and regulations. 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 a specific CMS coverage determination for a requested service, item or procedure, the health plan may apply CMS regulations, as well as their Medical Policy Manual or other applicable utilization management vendor criteria developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Some services or items may appear to be medically indicated for an individual, but may be a direct exclusion of Medicare or the member's benefit plan. Medicare and member EOCs exclude from coverage, among other things, services or procedures considered to be investigational (experimental) or cosmetic, as well as services or items considered not medically reasonable and necessary under Title XVIII of the Social Security Act, §1862(a)(1)(A). 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. Members, their appointed representative, or a treating provider can request coverage of a service or item by submitting a pre-service organization determination prior to services being rendered.

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

Note: This policy does not apply to follow-up screening in an individual with a history of cancer.

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 for an asymptomatic individual 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 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.

Note, the fact a new service or procedure is FDA approved for a specific indication does not, in itself, make the procedure medically reasonable and necessary. The FDA determines safety and effectiveness of a device or drug, but does not establish medical necessity. While Medicare may adopt FDA determinations regarding safety and effectiveness, CMS or Medicare contractors evaluate whether or not the drug or device is reasonable and necessary for the Medicare population under §1862(a)(1)(A).

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](#))
4. U.S. Food and Drug Administration. Whole body scanning using computed tomography. Content current as of 12/05/2017. [Cited 09/25/2023]; Available from: <https://www.fda.gov/radiation-emittingproducts/radiationemittingproductsandprocedures/medicalimaging/medicalx-rays/ucm115340.htm> (cached web page)

CODING

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

Codes	Number	Description
-------	--------	-------------

CPT	76497	Unlisted computed tomography procedure (eg diagnostic, interventional)
-----	-------	--

HCPCS	None	
-------	------	--

***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.