Regence

Medicare Advantage Policy Manual

TOPIC: Whole Body Computed Tomography (CT) Screening

Section: Medicare Manual – Radiology Approval Date: July 2014

Policy No: M-RAD40 Published Date: 10/01/2014

IMPORTANT REMINDER: The health plan’s Medicare Advantage Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with the member Evidence of Coverage (EOC) booklet. Benefit determinations are based in all cases on any applicable EOC language and any applicable CMS policy. To the extent there may be any conflict, applicable EOC language or applicable CMS policy take precedence over the health plan’s Medicare Advantage Medical Policy.

MEDICARE MEDICAL POLICY CRITERIA

<table>
<thead>
<tr>
<th>CMS Coverage Manuals</th>
<th>Medicare Benefit Policy Manual</th>
<th>§20 - Services Not Reasonable and Necessary</th>
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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.”

A whole body CT scan as a screening tool in 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, statements that imply Food and Drug Administration (FDA) ‘approval,’ ‘clearance,’ or ‘certification’ of whole body CT for screening of asymptomatic patients misrepresent the actual situation. The FDA has never approved or cleared or certified any
whole body CT system specifically for use in screening of asymptomatic patients.\textsuperscript{(2)} Since medical devices that are not approved for marketing by the FDA are considered investigational by Medicare and are not considered reasonable and necessary for the diagnosis or treatment of illness or injury, or to improve functioning of a malformed body member,\textsuperscript{(3)} this service is considered non-covered.

| National Coverage Determinations (NCD) | See References\textsuperscript{(4)} |

REFERENCES

1. Title XVIII of the Social Security Act (SSA) Section 662 (a)(1)(A)
2. Decision Memo CAG-00396N for Screening Computed Tomography Colonography (CTC) for Colorectal Cancer
3. Noridian Local Coverage Determination (LCD) for Non-Covered Services (L24473) (This LCD can be found on the Medicare Coverage Database website)
4. NCD for Computed Tomography (220.1)

CROSS REFERENCES

Virtual Colonoscopy / Computed Tomographic (CT) Colonography (CTC), Radiology, Policy No. M-36

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<thead>
<tr>
<th>CODES</th>
<th>NUMBER</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>CPT</td>
<td>76497</td>
<td>Unlisted computed tomography procedure (eg diagnostic, interventional)</td>
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<tr>
<td>HCPCS</td>
<td>None</td>
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There are no CPT or HCPCS codes specific to whole body CT scanning.