



CIGNA MEDICAL COVERAGE POLICY

The following Coverage Policy applies to all plans administered by CIGNA Companies including plans administered by Great-West Healthcare, which is now a part of CIGNA.

Subject Computed Tomography for Whole-Body Screening

Effective Date 12/15/2010
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Coverage Policy Number 0250

Table of Contents

Coverage Policy	1
General Background	1
Coding/Billing Information	2
References	3
Policy History.....	4

Hyperlink to Related Coverage Policies

- Computed Tomography Angiography (CTA)
- Computed Tomographic Colonography/Virtual Colonoscopy
- Electron Beam Computed Tomography (EBCT) and Multidetector Computed Tomography (MDCT) for Coronary Artery Calcification
- Spiral Computed Tomography for Lung Cancer Screening

INSTRUCTIONS FOR USE

Coverage Policies are intended to provide guidance in interpreting certain **standard** CIGNA HealthCare benefit plans as well as benefit plans formerly administered by Great-West Healthcare. Please note, the terms of a participant's particular benefit plan document [Group Service Agreement (GSA), Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a participant's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a participant's benefit plan document **always supercedes** the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable group benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. Proprietary information of CIGNA. Copyright ©2010 CIGNA

Coverage Policy

CIGNA does not cover whole-body (i.e., total-body or full-body) computed tomography (CT) scanning as a screening tool because it is considered experimental, investigational or unproven.

General Background

Whole-body computed tomography (CT) screening is a nonspecific CT scan. A total or whole body CT scan creates images of nearly the entire body from the chin to below the hips. A number of different types of CT systems are being promoted for various types of screening, such as multi-slice CT (MSCT) and electron beam CT (EBCT), which is also called electron beam tomography (EBT). The purpose of screening is to prevent or delay, by means of early detection, the development of advanced disease and its adverse effects. Some medical imaging facilities have started using whole-body CT as a preventative or proactive measure and have promoted whole-body CT as a general screening test for healthy individuals who have no symptoms or suspicion of disease (FDA, 2010a; Burk, 2003; National Cancer Institute (NCI), 2003).

Researchers have estimated the radiation-related cancer mortality risk associated with repeated full-body CT scans (Brenner and Elliston, 2004). They concluded that a 45-year-old adult who plans to undergo annual full-

body CT scans up to age 75 (i.e., 30 examinations) would accrue an overall estimated lifetime attributable risk of cancer mortality of about 1.9%.

U.S. Food and Drug Administration (FDA)

The FDA's recommendation states that "before having a CT screening procedure, carefully investigate and consider the potential risks and benefits and discuss them with your physician. 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. 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. Medical professional societies have not endorsed whole-body CT scanning for individuals without symptoms" (FDA, 2010b).

Literature Review

Furtado et al. (2005) conducted a retrospective analysis to determine the frequency and spectrum of findings and recommendations reported with whole-body CT screening at a community screening center. The radiologic reports of 1192 consecutive patients who underwent whole-body electron-beam CT screening of the chest, abdomen, and pelvis were analyzed, and recommendations were retrospectively tabulated and assigned scores. Of the 1192 patients, 76% were self-referred, and 86% had at least one abnormal finding described in the whole-body CT screening report. There were a total of 3361 findings, with a mean of 2.8 per patient. Findings were described most frequently in the spine (32%), abdominal blood vessels (17%), lungs (14%), kidneys (11%), and liver (5%). Four hundred and forty-five (37%) patients received at least one recommendation for further evaluation. The most common recommendations were for additional imaging of the lungs or the kidneys. The authors stated that most findings were benign by description and required no further evaluation. The authors reported that 37% of patients had findings that elicited recommendations for additional evaluation, but further research is required to determine the clinical importance of these findings and the effect on patient care.

Professional Societies/Organizations

The American College of Radiology's (ACR) position statement on total-body CT screening states, "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" (ACR, 2002). There have been no updates to this statement since 2002.

Summary

There is insufficient evidence in the published medical literature evaluating the clinical utility of whole-, total- or full-body computed tomography (CT) as a screening tool. Its impact on meaningful health outcomes has not been demonstrated.

Coding/Billing Information

Note: This list of codes may not be all-inclusive.

Experimental, investigational, unproven and not covered when used to report whole-body computed tomography scanning as a screening tool.

CPT ^{®*} Codes	Description
76497	Unlisted computed tomography procedure (eg, diagnostic, interventional)

HCPCS Codes	Description
S8092	Electron beam computed tomography (also known as ultrafast CT, cine CT)

ICD-9-CM Diagnosis Codes	Description
V81.2	Screening for other and unspecified cardiovascular conditions
V76.0-V76.9	Special screening for malignant neoplasms
V70.0	Routine general medical examination at health care facility

***Current Procedural Terminology (CPT®) © 2010 American Medical Association: Chicago, IL.**

References

1. Agency for Healthcare Research and Quality (AHRQ). U.S. Preventive Services Task Force (USPSTF) Screening for coronary heart disease: Recommendation statement. February 2004. Accessed October 14, 2010. Available at: <http://www.uspreventiveservicestaskforce.org/uspstf/uspacad.htm>
2. American College of Radiology's position statement on total body CT screening. September 28, 2002. Accessed October 14, 2010. Available at URL address: http://www.acr.org/MainMenuCategories/media_room/FeaturedCategories/other/PositionStatements/ACRStatementonCTScreeningExamsDoc2.aspx
3. Brenner D, Elliston C. Estimated radiation risks potentially associated with full-body CT screening. *Radiology*. 2004 Sep;232(3):735-8.
4. Buls N, de Mey J, Covens P, Stadnik T. Health screening with CT: prospective assessment of radiation dose and associated detriment. *JBR-BTR*. 2005 Jan-Feb;88(1):12-6.
5. Burk RJ. Health Physics Society (HPS). Whole-body computerized tomography for screening should not be performed. February 2003. Accessed October 14, 2010. Available at URL address: <http://hps.org/documents/CTPosStm.pdf>
6. Furtado CD, Aguirre DA, Sirlin CB, Dang D, Stamato SK, Lee P et al. Whole-body CT screening: spectrum of findings and recommendations in 1192 patients. *Radiology*. 2005 Nov;237(2):385-94.
7. Health Physics Society. Whole-body computerized tomography for screening should not be performed. Position Statement of the Health Physics Society. February 2003. Accessed October 14, 2010. Available at URL address: <http://hps.org/documents/CTPosStm.pdf>
8. Illes J, Fan E, Koenig BA, Raffin TA, Kann D, Atlas SW. Self-referred whole-body CT imaging: current implications for health care consumers. *Radiology*. 2003 Aug;228(2):346-51.
9. National Cancer Institute. Computed Tomography (CT): Questions and Answers. Reviewed September 8, 2003. Accessed October 14, 2010. Available at URL address: <http://www.cancer.gov/cancertopics/factsheet/Detection/CT>
10. Radiological Society of North America, Inc. RadiologyInfo™. Computed tomography (CT) - body. March 15, 2010. Accessed October 14, 2010. Available at URL address: <http://www.radiologyinfo.org/en/info.cfm?PG=bodyct>
11. Shaw AS, Dixon AK. Multidetector computed tomography. In: Adam A, Dixon A, editors. Grainger & Allison's Diagnostic Radiology. A Textbook of Medical Imaging. UK. Elsevier Limited. 5th ed. 2008. Ch. 4
12. U.S. Food and Drug Administration (FDA). Center for Devices and Radiological Health. Full-body CT scans: what you need to know. Last updated: April 6, 2010a. Accessed October 14, 2010. Available at URL address: <http://www.fda.gov/Radiation->

EmittingProducts/RadiationEmittingProductsandProcedures/MedicalImaging/MedicalX-Rays/ucm115340.htm

13. U.S. Food and Drug Administration (FDA). Center for Devices and Radiological Health. Computed Tomography (CT). Last updated: April 2, 2010b. Accessed October 14, 2010. Available at URL address: <http://www.fda.gov/Radiation-EmittingProducts/RadiationEmittingProductsandProcedures/MedicalImaging/MedicalX-Rays/ucm115317.htm>
14. U.S. Food and Drug Administration (FDA). Center for Devices and Radiological Health. Whole-Body CT Screening--Should I or shouldn't I get one? Last updated: June 18, 2009. Accessed October 14, 2010. Available at URL address: <http://www.fda.gov/Radiation-EmittingProducts/RadiationEmittingProductsandProcedures/MedicalImaging/MedicalX-Rays/ucm115330.htm>

Policy History

Pre-Merger Organizations	Last Review Date	Policy Number	Title
CIGNA HealthCare	12/15/2007	0250	Computed Tomography for Whole-Body Screening
Great-West Healthcare	3/14/2006	04.213.02	Whole-Body Computed Tomography (CT)

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Connecticut General Life Insurance Company has acquired the business of Great-West Healthcare from Great-West Life & Annuity Insurance Company (GWLA). Certain products continue to be provided by GWLA (Life, Accident and Disability, and Excess Loss). GWLA is not licensed to do business in New York. In New York, these products are sold by GWLA's subsidiary, First Great-West Life & Annuity Insurance Company, White Plains, N.Y.