04-70450-25

Original Effective Date: 09/15/09

Reviewed: 10/24/24

Revised: 11/15/24

Subject: Whole Body Computed Tomography (CT)

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Position Statement	Billing/Coding	Reimbursement	Program Exceptions	Definitions	Related Guidelines
Other	References	Updates			

DESCRIPTION:

Whole body computed tomography (CT) scan, 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). Often the test is marketed directly to the patient and is offered through mobile CT scanners that travel from community to community. According to the American College of Radiology and U.S. Food and Drug Administration, there is no evidence or data to support the use of whole body CT scanning for disease screening in asymptomatic individuals.

Summary and Analysis of Evidence: The American College of Radiology (ACR), (2002) 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.

Brenner, Elliston (2004) To estimate the radiation-related cancer mortality risks associated with single or repeated full-body computed tomographic (CT) examinations by using standard radiation risk estimation methods. The estimated dose to the lung or stomach from a single full-body CT examination is 14-21 mGy, which corresponds to a dose region for which there is direct evidence of increased cancer mortality in atomic bomb survivors. Total doses for repeated examinations are correspondingly higher. The authors used estimated cancer risks in a U.S. population derived from atomic bomb-associated cancer mortality data, together with calculated organ doses from a full-body CT examination, to estimate the radiation risks associated with single and multiple full-body CT examinations. A single full-body CT examination in a 45-year-old adult would result in an estimated lifetime attributable cancer mortality risk of around 0.08%, with the 95% credibility limits being a factor of 3.2 in either direction. A

45-year-old adult who plans to undergo annual full-body CT examinations up to age 75 (30 examinations) would accrue an overall estimated lifetime attributable risk of cancer mortality of about 1.9%, with the 95% credibility limits being a factor of 2 in either direction. The authors provided estimates of lifetime cancer mortality risks from both single and annual full-body CT examinations. These risk estimates are needed to assess the utility of full-body CT examinations from both an individual and a public health perspective.

POSITION STATEMENT:

Whole body computed tomography scanning is considered **investigational or experimental** when used as a screening test (e.g., in patients without signs and symptoms of disease). Current literature does not support the use of whole body CT scanning for disease screening in asymptomatic individuals and improvement in health outcomes.

BILLING/CODING INFORMATION:

There is no specific CPT or HCPCS code to describe whole body CT scanning.

REIMBURSEMENT INFORMATION:

Refer to section entitled **POSITION STATEMENT**.

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

Medicare Advantage products: No Local Coverage Determination (LCD) were found at the time of the last guideline reviewed date.

The following National Coverage Determination (NCD) was reviewed on the last guideline reviewed date: Computed Tomography, (220.1) located at cms.gov.

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at Coverage Protocol Exemption Request.

DEFINITIONS:

No guideline specific definitions apply.

RELATED GUIDELINES:

Computed Tomography to Detect Coronary Artery Calcification, 04-70450-02
Computed Tomographic Angiography (CTA) for Coronary Artery Evaluation, 04-70450-03
Computed Axial Tomography (CT), Head/Brain 04-70450-18
Computed Axial Tomography (CT), Temporal Bone/Mastoid & Maxillofacial 04-70450-19
Computed Axial Tomography (CT), of the Neck for Soft Tissue Evaluation 04-70450-20

Computed Axial Tomography (CT), Thorax 04-70450-21
Computerized Axial Tomography (CT) Abdomen and Pelvis 04-70450-22
Computed Axial Tomography (CT), Spine (Cervical, Thoracic, Lumbar) 04-70450-23
Computed Axial Tomography (CT), Extremity (Upper & Lower) 04-70450-24

OTHER:

Other names used to report whole body CT scanning:

Computerized Axial Tomography (CAT)
Computed Tomography, Whole Body
CT Scan, Whole Body
Full-Body CT Screening
Total Body CT
Total-Body Screening
Whole Body CT Scan
Whole-Body CT Screening
Whole-Body CT Screening Tool
X-ray Computed Tomography (CT)

REFERENCES:

1. American College of Radiology (ACR) Statement on Whole Body CT Screening, 09/28/02.
2. Beinfield MT, Wittenberg E, Gazelle GS. Cost-effectiveness of whole-body CT screening. Radiology 2005; 234: 415-422.
3. Brenner DJ, Elliston CD. Estimated radiation risks potentially associated with full-body CT screening. Radiology. 2004; 232:735-738.
4. Furtado CD, Aguirre DA, Sirlin CB et al. Whole-body CT screening: spectrum of findings and recommendations in 1192 patients. Radiology. 2005; 237: 385-394.
5. Illes J, Fan E, Koenig BA. Self-referred whole-body CT imaging: current implications for health care consumers. Radiology. 2003; 228: 346-351.
6. Kolber CT, Zipp G, Glendinning D et al. Patient expectations of full-body CT screening. American Journal of Roentgenology. 2007; 188: W297-W304.
7. National Cancer Institute-Radiation risks and pediatric computed tomography (CT): A guide for health care providers, 12/12/08.
8. U.S. Food and Drug Administration-Full-Body CT Scans-What You Need to Know, 2015.
9. U.S. Food and Drug Administration Center for Devices and Radiological Health-Whole Body Scanning Using Computed Tomography (CT), 03/03.

COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 10/24/24.

GUIDELINE UPDATE INFORMATION:

09/15/09	New Medical Coverage Guideline.
01/01/10	Revised Florida Blue Radiology Management program exception section.
09/15/11	Annual review; maintain experimental or investigational position statement. Updated references.
05/11/14	Revision: Program Exceptions section updated.
03/15/17	Revision; updated other section and references.
09/15/19	Review; no change in position statement. Updated references.
11/15/21	Review; no change in position statement.
07/01/22	Revision to Program Exceptions section.
08/21/23	Update to Program Exceptions section.
01/01/24	Position statement maintained.
11/15/24	Review; no change in position statement. Updated references.