



Harmony Behavioral Health, Inc.

Harmony Behavioral Health of Florida, Inc.

Harmony Health Plan of Illinois, Inc.

HealthEase of Florida, Inc.

*'Ohana Health Plan, a plan offered by
WellCare Health Insurance of Arizona, Inc.*

WellCare Health Insurance of Illinois, Inc.

WellCare Health Insurance of New York, Inc.

WellCare Health Plans of New Jersey, Inc.

WellCare of Florida, Inc.

WellCare of Connecticut, Inc.

WellCare of Georgia, Inc.

WellCare of Kentucky, Inc.

WellCare of Louisiana, Inc.

WellCare of New York, Inc.

WellCare of Ohio, Inc.

WellCare of Texas, Inc.

WellCare Prescription Insurance, Inc.

Whole Body CT Screening

Policy Number: HS-097

Original Effective Date: 4/2/2009

Revised Date(s): 7/18/2011; 4/5/2012;
5/3/2012 RETIRED

DISCLAIMER

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

BACKGROUND

A number of for-profit medical clinics have been heavily advertising total-body ultrafast computed tomography (CT) scanning as a screening test. However, no medical professional organization has recommended the use of ultrafast whole-body CT as a screening test. In addition, there are no published clinical trials examining the safety and effectiveness of whole-body ultrafast CT scanning.

Health Physics Society Statement

The Health Physics Society (HPS) believes that no medical use of radiation should be employed unless there is a clear medical benefit. This view is in keeping with the International Commission on Radiological Protection, which states in Publication 73 that no medical practice with radiation should be adopted unless its introduction produces a positive medical effect. Also, the National Council on Radiation Protection and Measurements states that the goal of radiation protection is to limit the chance of radiation-induced disease in persons exposed to radiation and in their offspring to a degree that is reasonable in relation to the benefits from such exposures. The Health Physics Society finds no evidence of such benefits for the practice of whole-body CT (computerized tomography) screening and therefore believes the radiation dose to persons is not justified.

American College of Radiology Statement

The American College of Radiology (ACR) recognizes that an increasing number of computed tomography (CT) screening examinations are being performed in the United States. Much CT screening is targeted at specific diseases, such as lung scanning for cancer in current and former smokers, coronary artery calcium scoring as a predictor of cardiac events and CT colonography (virtual colonoscopy) for colon cancer. Early data suggest that these targeted examinations may be clinically valid. Large, prospective, multi-center trials are currently under way or in the planning phase to evaluate whether these screening exams reduce the rate of mortality.

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.

Institute for Clinical Systems Improvement (ICSI) Statement

With regard to the use of whole-body CT as a screening test, the ICSI Technology Assessment Committee finds:

1. Whole-body CT should not be considered as a screening tool at this time. Whole-body CT screening is not specific enough or tailored appropriately to detect coronary artery calcification, lung cancer, or colon polyps or masses.
2. The CT screening procedure is safe except for the risk of radiation exposure and minor side effects that have been reported. There are potentially hazardous risks associated with false positive and false negative findings and associated follow-up procedures.
3. No evidence exists to evaluate the effectiveness of whole-body CT as a screening test for patients with no symptoms or a family history suggesting disease (Conclusion Grade: Grade Not Assignable). There is concern that this procedure may lead to the discovery of numerous findings that will not ultimately affect a patient's health, but will result in increased patient anxiety, unnecessary follow-up examinations and

treatments, and wasted expense.

Cost-effectiveness of Whole-Body CT Screening (Beinfeld et al, 2005)

Compared with routine care, whole-body CT screening provided minimal gains in life expectancy (0.016 6 years or 6 days) at an average additional cost of \$2513 per patient, or an incremental cost-effectiveness ratio of \$151 000 per life-year gained. Most patients (90.8%) had at least one positive finding, but only 2.0% had disease; work-up in patients with a false-positive result of screening accounted for 32.3% of total costs (\$1720 of \$5332). Results were sensitive to the prevalence of disease, the effect of screening on stage of disease at diagnosis, the specificity of screening, and the costs of follow-up for false-positive findings.

Even with assumptions favorable to whole-body CT, implementation of onetime screening would not be cost-effective compared with currently funded medical interventions; follow-up for false-positive findings would add a substantial financial burden to the health care system.

POSITION STATEMENT

Whole Body Screening using Computed Tomography (CT) **is considered experimental and investigational.**

CODING

Non-Covered CPT®* Code

76497* Unlisted computed tomography procedure (eg, diagnostic, interventional)

*Note: Not covered when used to report whole-body computed tomography scanning as a screening tool.

Non-Covered ICD-9-CM Procedure Code - No Applicable Codes

Non-Covered HCPCS Codes - No Applicable codes

Non-Covered ICD-9-CM Diagnosis Codes - All diagnosis codes

*Current Procedural Terminology (CPT) 2012 American Medical Association: Chicago, IL.©©

REFERENCES

Peer Reviewed

1. Beinfeld, M.T., Wittenberg, E., and Gazelle, S. (2005). Cost-effectiveness of whole-body CT screening. *Radiology*, 234, 415-422.

Government Agencies, Professional and Medical Organizations

1. American College of Radiology. (2002, September 28). ACR statement on whole body CT screening. Retrieved from <http://www.acr.org>
2. Health Physics Society. (2003). Whole-body computerized tomography for screening should not be performed: position statement of the Health Physics Society. Retrieved from http://hps.org/documents/ctscreening_ps018-0.pdf
3. Institute for Clinical Systems Improvement. (2003). Technology assessment report: whole-body computed tomography as a screening test.

HISTORY AND REVISIONS

Date	Action
5/3/2012	<ul style="list-style-type: none">• Retired by MPC; covered by CareCore criteria.
4/5/2012	<ul style="list-style-type: none">• Approved by MPC. No changes.
12/1/2011	<ul style="list-style-type: none">• New template design approved by MPC.
7/18/2011	<ul style="list-style-type: none">• Approved by MPC.