



Kaiser Foundation Health Plan of Washington

Clinical Review Criteria Whole Body Computed Tomography Scan

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Criteria

For Medicare Members

Source	Policy
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	Computed Tomography (220.1) .
Local Coverage Determinations (LCD)	None
Local Coverage Article	None

For Non-Medicare Members

Service	Criteria
Whole Body Computed Tomography Scan	Review against the Medically Necessary Service policy

If requesting this service, please send the following documentation to support medical necessity:

- Last 3 months of clinical notes from requesting provider &/or consulting specialist.

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

Background

Computed tomography (CT) is a diagnostic procedure that uses x-rays to obtain cross-sectional images of the body. The images are based on the absorption of x-rays by different body tissues. Many CT systems allow imaging of multiple slices simultaneously so larger volumes of anatomy can be imaged in less time. Whole-body screening is a non-tailored, non-specific CT scan. It has recently been promoted as a general screening test to healthy individuals who have no symptoms or suspicion of disease. The purpose of screening is to prevent or delay, by means of early detection, the development of advanced disease and its adverse side effects. (From Kaiser Technology Assessment material.)

Currently some medical imaging facilities are promoting a new use of computed tomography (CT), also called computerized axial tomography (CAT) scanning. This use is referred to as whole-body CT scanning or whole-body CT screening, and it is marketed as a preventive or proactive health care measure to healthy individuals who have no symptoms or suspicion of disease. **At this time the FDA knows of no data demonstrating that whole-body CT screening is effective in detecting any particular disease early enough for the disease to be managed, treated, or cured and advantageously spare a person at least some of the detriment associated with serious illness or premature death.** Any such presumed benefit of whole-body CT screening is currently uncertain, and such benefit may not be great enough to offset the potential harms such screening could cause. (From the FDA consumer Web site.)

Medical Technology Assessment Committee(MTAC)

Whole Body Computed Tomography

07/14/2004: MTAC REVIEW

Evidence Conclusion: (Kaiser conclusions) No studies have been published that evaluate the efficacy of whole body CT screening of asymptomatic individuals.

Articles: (From Kaiser materials) Medline was searched through January 2004 with the search terms “whole body computed tomography” and “disease screening” - with variations. Screening of articles: (From Kaiser materials) No published studies were identified. Additional references: INTC Agenda packet, April 19, 2004. Included materials from Kaiser, Southern California and Hayes, Inc.

The use of whole body computed tomography scanning in the general screening of healthy individuals does not meet the *Kaiser Permanente Medical Technology Assessment Criteria*.

Applicable Codes

Medicare - Considered Medically Necessary when criteria in the applicable policy statements listed above are met

Non-Medicare - Considered Not Medically Necessary

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

***Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

****To verify authorization requirements for a specific code by plan type, please use the [Pre-authorization Code Check](#).**

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Date Created	Date Reviewed	Date Last Revised
07/14/2004	12/07/2010 ^{MDCRPC} , 10/04/2011 ^{MDCRPC} , 08/07/2012 ^{MDCRPC} , 06/04/2013 ^{MDCRPC} , 04/04/2014 ^{MPC} , 02/03/2015 ^{MPC} , 12/01/2015 ^{MPC} , 10/04/2016 ^{MPC} , 08/01/2017 ^{MPC} , 07/10/2018 ^{MPC} , 07/09/2019 ^{MPC} , 07/07/2020 ^{MPC} , 07/06/2021 ^{MPC} , 07/05/2022 ^{MPC} , 07/11/2023 ^{MPC} , 05/07/2024 ^{MPC}	05/07/2024

^{MPC} Medical Policy Committee

Revision History	Description
05/07/2024	MPC approved to retire clinical criteria as it meets retirement parameters. Requires 60-day notice; effective October 1, 2024.