Subject: Chest Computerized Tomographic (CT) Scan for Screening*

Effective Date: October 28, 2003

Department: Utilization Management

Policy: Screening Chest CT, also known as low-dose CT scanning, as a screening test for lung cancer, is not reimbursable under Plans administered by QualCare, Inc.

Objective: To assure proper and consistent reimbursement and to identify a service judged to be not medically necessary.

Procedure:

A. Providers requesting spiral CT scan of the chest (CPT 71250, 71260, and 71270) will be asked to supply the indication for the study, including symptoms and physical findings.

B. If the patient is asymptomatic and/or if the indication for the CT scan is screening for clinically unsuspected disease, the request will be denied as experimental or investigational, as efficacy of CT scan purely for screening purposes is unproven. ICD-9 codes that indicate screening are V 70.0 and V 76.0.

C. If there is a symptom or physical finding referable to the respiratory system, such as cough or shortness-of-breath, an environmental exposure (including but not limited to asbestos) or if there is an abnormality on a plain chest x-ray, a requested chest CT scan will not be considered a screening study and this policy will not apply.

References


Marcus P. Lung Cancer Screening, Once Again. Chest 2002;122(1):3-4 (Jul)


Drafted By/Date: B. Fisher, MD 07/14/03
Approved By/Date: QM Committee 10/28/03
Revised By/Date: B. Fisher, MD 11/20/07
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Revised By/Date: B. Fisher, MD 11/01/09
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Reviewed without Revision By/Date: M. McNeil, MD 11/28/11
Approved By/Date: QM Committee 12/13/11

*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.