COMPUTED TOMOGRAPHY (CT) SCAN, MAGNETIC RESONANCE IMAGING (MRI) AND CHEST X-RAY FOR SCREENING

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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COMPUTED TOMOGRAPHY (CT) SCAN, MAGNETIC RESONANCE IMAGING (MRI) AND CHEST X-RAY FOR SCREENING (cont.)

Description:

Conventional computed tomography (CT) scan, magnetic resonance imaging (MRI) and chest X-ray have been investigated as a general screening test for diseases involving the thyroid, heart, lungs, abdominal and pelvic organs, including the abdominal aorta. This includes whole body CT scan and whole body MRI which encompass the body from the neck to the pelvis.

Low-dose CT (LDCT) scan has been suggested as a screening technique for lung cancer for specific individuals. LDCT includes spiral (also referred to as helical) or electron beam (also referred to as ultrafast) CT scanning. Compared with conventional CT scans, these scans allow for shortened scan time and radiation exposure.

Pack-years of smoking is a term used to measure the amount an individual has smoked over a long period of time. It is calculated by multiplying the number of packs of cigarettes smoked per day by the number of years the person has smoked. For example, one pack-year is equal to smoking one pack per day for one year or two packs per day for half a year or half of a pack per day for two years.

Criteria:

COVERAGE FOR LUNG CANCER SCREENING IS DEPENDENT UPON BENEFIT PLAN LANGUAGE. REFER TO MEMBER’S SPECIFIC BENEFIT PLAN BOOKLET TO VERIFY BENEFITS.

➢ If benefit coverage for lung cancer screening is available, low-dose CT scan for lung cancer screening of an asymptomatic individual, no more frequently than annually is considered medically necessary with documentation of ALL of the following:

1. Age between 55 and 80
2. History of cigarette smoking of at least 30 pack-years
3. If former smoker, quit within the previous 15 years

➢ If benefit coverage for lung cancer screening is available, low-dose CT scan of an asymptomatic individual for all other indications not previously listed or if above criteria not met is considered screening, a benefit plan exclusion and not eligible for coverage.

➢ If benefit coverage for lung cancer screening is not available, low-dose CT scan of an asymptomatic individual is considered screening, a benefit plan exclusion and not eligible for coverage.
COMPUTED TOMOGRAPHY (CT) SCAN, MAGNETIC RESONANCE IMAGING (MRI) AND CHEST X-RAY FOR SCREENING (cont.)

Criteria: (cont.)

- Conventional CT scan, MRI and chest X-ray of an asymptomatic individual are considered screening, benefit plan exclusions and not eligible for coverage.

- Whole body CT scan and whole body MRI of an asymptomatic individual are considered screening, benefit plan exclusions and not eligible for coverage.

Resources:

Literature reviewed 12/13/16. We do not include marketing materials, poster boards and non-published literature in our review.

The BCBS Association Medical Policy Reference Manual (MPRM) policy is included in our guideline review. References cited in the MPRM policy are not duplicated on this guideline.


COMPUTED TOMOGRAPHY (CT) SCAN, MAGNETIC RESONANCE IMAGING (MRI) AND CHEST X-RAY FOR SCREENING (cont.)

Resources: (cont.)


12. Up to Date. Full Body CT Scan for Screening. March 2014.
COMPUTED TOMOGRAPHY (CT) SCAN, MAGNETIC RESONANCE IMAGING (MRI) AND CHEST X-RAY FOR SCREENING (cont.)

Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ’s Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ’s Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1–800–368–1019, 800–537–7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/index.html

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe’é atah nílínígíí Blue Cross Blue Shield of Arizona haada yiit’éego bina’ídiíldígdo éi doodago Háída bįį aniyeediíígi t’aadoo le’é yína’ídiíldígdo beeháaz’áñii hóól díí t’aá hazaadk’ehįį háká a’ móowolgo beeh ház’a doo bąqą nílínígóó. Aťa’ halne’íghi kójį’ bíchį’ hodíílinh 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話。在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thể thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أي لدى شخص أسسية بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أي تكلف. للتحدث مع مترجم اتصل ب. 877-475-4799.
COMPUTED TOMOGRAPHY (CT) SCAN, MAGNETIC RESONANCE IMAGING (MRI) AND CHEST X-RAY FOR SCREENING (cont.)

Multi-Language Interpreter Services: (cont.)

Tagalog: Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulog at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 이용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799로 전화하십시오.

French: Si vous, ou quelqu’un que vous êtes en train d’aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d’obtenir de l’aide et l’information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizonaについてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799までお電話ください。

Farsi:

در کشور، خانواده یا مامایی که زبان خود را به طور رایگان دریافت نمایید 877-475-4799[لکمنی آسان‌سازی]

Assyrian:

Blue Cross Blue Shield of Arizona ەکە لەکە لە کەسەکەکە کە یەکە لە بە نۆشەکەکەکەیە لە ئەکەلەکەکەیەدا. ەکە لەکە لە سەرەکەکەکەیەدا. ەکە لە 877-475-4799.

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomazete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da basplatno dobijate pomoć i informacije na Vašem jeziku. Da biste razgovarali sa pravdiciosim, nazovite 877-475-4799.

Thai: หากคุณ หรือผู้ที่คุณช่วยเหลืออาจมีคำถามเกี่ยวกับ Blue Cross Blue Shield of Arizona คุณย่อมได้รับความช่วยเหลือและข้อมูลในภาษาของคุณโดยไม่คิดค่าใช้จ่าย โปรดโทรมา โทร 877-475-4799.