Computed Tomography (CT)

POLICY NUMBER UM IMG_1318	SUBJECT Computed Tomography (CT)		DEPT/PROGRAM UM Dept	PAGE 1 OF 14
DATES COMMITTEE REVIEWED 07/26/17, 02/14/18, 03/14/18, 06/13/18, 04/10/19, 03/11/20, 10/28/20, 11/10/21, 11/09/22, 12/13/23	APPROVAL DATE December 13, 2023	EFFECTIVE DATE December 22, 2023	COMMITTEE APPROVAL DATES 07/26/17, 02/14/18, 03/14/18, 06/13/18, 04/10/19, 03/11/20, 10/28/20, 11/10/21, 11/09/22, 12/13/23	
PRIMARY BUSINESS OWNER: UM		COMMITTEE/BOARD APPROVAL Utilization Management Committee		
NCQA STANDARDS UM 2		ADDITIONAL AREAS OF IMPACT		
CMS REQUIREMENTS	STATE/FEDERAL REQUIREMENTS		APPLICABLE LINES OF BUSINESS Commercial, Exchange, Medicaid	

I. PURPOSE

The purpose of this policy is to provide general information applicable to the review and appropriateness of Computed Tomography (CT or CAT scan) diagnostic imaging services. Although a service, supply or procedure may be medically necessary, it may be subject to limitations and/or exclusions under a member's benefit plan. If a service, supply, or procedure is not covered and the member proceeds to obtain the service, supply or procedure, the member may be responsible for the cost. Decisions regarding diagnostic imaging are the responsibility of the physician. This policy is not intended to direct the course of clinical care a physician provides to a member, and it does not replace a physician's independent professional clinical judgment or duty to exercise special knowledge and skill in the treatment of members. NCH is not responsible for, does not provide, and does not hold itself out as a provider of medical care. The physician remains responsible for the quality and type of health care services provided to a member.

II. BACKGROUND

Computed Tomography scan (CT) is a specialized radiological imaging procedure used to examine various body tissues to identify certain conditions and to follow the progress of the treatment of certain conditions. Computed tomography (CT or CAT scan) is a noninvasive diagnostic imaging procedure that uses a combination of X-ray and computer technology to produce horizontal, or axial, images (often called slices) of the body. A CT scan shows detailed images of any part of the body, including the bones, muscles, fat, and organs. CT scans are more detailed than standard X-rays. In computed tomography, the X-ray beam moves in a circle around the body. This allows many different views of the same organ or structure. The X-ray information is sent to a computer that interprets the X-ray data and displays it in a two- dimensional (2D) or three-dimensional (3-D) form on a monitor.

Also called CAT scan, computerized axial tomography scan, and computerized tomography.

III. DEFINITIONS

Computed tomography (CT or CAT scan) is an imaging procedure that uses a computer linked to an X-Ray machine to make a series of detailed pictures of areas inside the body. The pictures are taken

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from different angles and are used to create two-dimensional (2D) or three-dimensional (3-D) views of tissues and organs. The procedure can be done with or without contrast dye. Contrast dye refers to a substance taken by mouth, injected into an intravenous (IV) line or contrast may be given through the rectum using an enema. Contrast will enhance imaging of a particular organ or tissue to be seen more clearly. Contrast examinations may require fasting for a certain period of time, before the procedure. Contrast can be contraindicated due to allergy or kidney dysfunction.

Computed Tomography scan may be referred to as CT or CAT scan throughout the Policy document.

IV. POLICY

A. **Medicare** – for Medicare and Medicare Advantage enrollees, the coverage policies of CMS (Centers for Medicare and Medicaid Services) may take precedence over Company's guidelines.

B. Computed Tomography scan (CT or CAT scan) meets the definition of medical necessity for the following indications:

1. Breast Cancer
    a. Computed Tomography scan (CT or CAT scan) of the chest, abdomen and pelvis is considered medically necessary in individuals for initial staging of breast cancer with:
        i. Stage IA, IB, IIA, IIB disease AND
        ii. Signs/symptoms of more advanced disease IE: elevated liver functions tests, bone pain OR
        iii. Stage III/IV disease
    b. Computed Tomography scan (CT or CAT scan) of the chest, abdomen and pelvis is considered medically necessary in individuals for re-staging/response of breast cancer with:
        i. Response assessment in stage IV disease OR
        ii. There is concern for recurrent/progressive disease AND
        iii. Imaging is not to assess response to neo-adjuvant therapy
    c. Computed Tomography scan (CT or CAT scan) is NOT considered medically necessary in individuals for surveillance of breast cancer.
2. Colon Cancer
    a. Computed Tomography scan (CT or CAT scan) of the chest, abdomen and pelvis is considered medically necessary in individuals for initial staging colon cancer with:
        i. Any stage disease
    b. Computed Tomography scan (CT or CAT scan) of the chest, abdomen and pelvis is considered medically necessary in individuals for re-staging/response colon cancer with:
        i. Stage II or III disease that has undergone adjuvant therapy AND
        ii. Request is within 30 days of completion of therapy OR
        iii. Stage I, II, III disease AND
        iv. Rising CEA level or clinical concern for recurrent/metastatic disease AND
        v. Last scan greater than or equal to 3 months ago
        vi. Patient is undergoing active therapy for stage IV disease AND/OR
        vii. Patient has a rising CEA level AND/OR concern for recurrent/metastatic disease AND Last imaging greater than or equal to 8 weeks prior

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c. Computed Tomography scan (CT or CAT scan) of the chest, abdomen and pelvis is considered medically necessary in surveillance of colon cancer with:
    i. Stage II, III disease AND
    ii. Last imaging greater than or equal to 12 months AND
    iii. Therapy completed less than or equal to 5 years prior
    iv. Stage IV disease AND
    v. Last imaging greater than or equal to 6 months and therapy completed less than or equal to 2 years prior OR
    vi. Last imaging greater than or equal to 6-12 months and therapy completed less than or equal to 5 years prior

3. Esophageal and Gastroesophageal Junction Cancer
    a. Computed Tomography scan (CT or CAT scan) of the chest, and abdomen is considered medically necessary in individuals for initial staging esophageal and gastroesophageal junction cancer with:
        i. Any presentation
    b. Computed Tomography scan (CT or CAT scan) of the chest, and abdomen in considered medically necessary in individuals for re-staging/treatment response esophageal and gastroesophageal junction cancer with:
        i. Post preoperative/definitive chemoradiation AND
        ii. 5-8 weeks after therapy completed
    c. Computed Tomography scan (CT or CAT scan) of the chest, and abdomen is considered medically necessary in individuals for suspected recurrence esophageal and gastroesophageal junction cancer with:
        i. Locoregional recurrence
    d. Computed Tomography scan (CT or CAT scan) of the chest, and abdomen is considered medically necessary in individuals for surveillance esophageal and gastroesophageal junction cancer with:
        i. Post ER/ablation AND
        ii. Stage I AND
        iii. Every 6 months for up to 2 years then annually up to 5 years OR
        iv. Post esophagectomy AND
        v. Stage I, IIB, IIIA AND
        vi. Every 6 months for up to 2 years then annually up to 5 years OR
        vii. Post chemoradiation AND
        viii. Stage I, IIB, IIIA AND
        ix. Every 6 months for 2 years then annually up to 5 years OR
        x. Post tri-modality therapy/post bimodality therapy (definitive chemoradiation) AND
        xi. Stage II, III AND
        xii. Every 6 months up to 2 years then annually up to 5 years

4. Gastric
    a. Computed Tomography scan (CT or CAT scan) of the chest, abdomen and pelvis is considered medically necessary in individuals for initial staging of gastric cancer with:

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i. Any presentation

b. Computed Tomography scan (CT or CAT scan) of the chest, abdomen and pelvis is considered medically necessary in individuals for re-staging/treatment response of gastric cancer with:

i. Response assessment in Stage IV disease OR

ii. There is concern for recurrent/progressive disease AND

iii. Imaging is not to assess response to neo-adjuvant therapy

c. Computed Tomography scan (CT or CAT scan) of the chest, abdomen and pelvis is considered medically necessary in individuals for suspected recurrence of gastric cancer with:

i. Evaluation of suspected recurrence based on signs or symptoms AND

ii. Standard modalities are equivocal for recurrent disease

d. Computed Tomography scan (CT or CAT scan) of the chest, abdomen and pelvis is considered medically necessary in individuals for surveillance of gastric cancer with:

i. Stage pII, pIII, ypI, ypII, ypIII (the “p” prefix is used to indicate pathological stage; the “yp” prefix is used to indicate cases in which staging is performed following preoperative therapy) AND

ii. Every 6-12 months for 2 years followed by every 12 months for years 3-5

5. Gynecological

a. Computed Tomography scan (CT or CAT scan) of the chest, abdomen and pelvis is considered medically necessary in individuals for initial staging cervical cancer with:

i. Stage IB1, IB2, IIA1, IIB, IIIA, IIIB, IVA AND

ii. There are findings suggestive of metastatic disease (i.e. abnormal physical findings and pelvic, abdominal, or pulmonary symptoms; bulky pelvic tumors (greater than greater than 4cm); lymph node positive by surgical staging

b. Computed Tomography scan (CT or CAT scan) of the chest, abdomen and pelvis is considered medically necessary in individuals for initial staging endometrial/uterine cancer with:

i. Endometrial/uterine carcinoma OR

ii. Uterine sarcoma AND

iii. Stage IA, IB, III, IV AND

iv. There are findings suggestive of metastatic disease (i.e. incomplete surgical staging; high-grade carcinoma such as poorly differentiated endometrioid, serous, clear cell, undifferentiated carcinoma, and carcinosarcoma, myoinvasion greater than 50%, cervical stromal involvement, and tumor greater than 2cm; lymph node involvement)

c. Computed Tomography scan (CT or CAT scan) of the abdomen and pelvis is considered medically necessary in individuals for initial staging ovarian cancer/fallopian tube cancer/primary peritoneal cancer with:

i. All patients

d. Computed Tomography scan (CT or CAT scan) of the chest, abdomen and pelvis is considered medically necessary in individuals for re-staging cervix, endometrial, uterine, ovarian cancer/fallopian tube cancer/primary peritoneal cancer with:

i. Cervix, endometrial, uterine, ovarian cancer/fallopian tube cancer/primary peritoneal cancer AND

ii. Completion of radiation therapy greater than 8 weeks ago ,

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iii. OR tx response for systemic therapy in recurrent or stage 4 disease

iv. Requesting same imaging modality performed prior to treatment OR

v. No previous staging imaging (surgically staged)

e. Computed Tomography scan (CT or CAT scan) of the thorax, abdomen and pelvis is considered medically necessary in individuals for suspected recurrence cervix, endometrial, uterine, ovarian cancer/fallopian tube cancer/primary peritoneal cancer with:

i. Prior imaging greater than 8 weeks ago AND

ii. Elevated tumor markers, abnormal ultrasound or x-ray, unintentional weight loss, suspicious/palpable pelvis mass and/or ascites, abdominal distention, and/or symptoms without source of malignancy (such as bloating, pelvis or abdominal pain, difficulty eating or feeling full quickly, urinary symptoms)

6. Head and Neck Cancer

a. Computed Tomography scan (CT or CAT scan) of the neck soft tissue and CT head/brain is considered medically necessary in individuals for initial staging head and neck cancer with:

i. Stage I or II AND

ii. Squamous Cell AND

iii. No imaging performed within the last 8 weeks

b. Computed Tomography scan (CT or CAT scan) of the CT head/brain, neck soft tissue and thorax is considered medically necessary in individuals for initial staging head and neck cancer with:

i. Stage III or IV AND

ii. Squamous Cell AND

iii. No Imaging performed with in the last 8 weeks

iv. Can be approved in conjunction with PET Scan

c. Computed Tomography scan (CT or CAT scan) of the neck soft tissue and chest is considered medically necessary in individuals for re-staging/or response to treatment of head and neck cancer with:

i. Stage III or IV AND

ii. Squamous Cell AND

iii. No Imaging performed with in the last 8 weeks

d. Computed Tomography scan (CT or CAT scan) of the CT head/brain, neck soft tissue and thorax is considered medically necessary in individuals for recurrence of head and neck cancer with:

i. Squamous cell AND

ii. No imaging performed within the last 8 weeks

e. Computed Tomography scan (CT or CAT scan) of the CT head/brain, neck soft tissue and thorax is considered medically necessary in individuals for surveillance of head and neck cancer with:

i. Site of disease is nasopharyngeal AND

ii. It is a yearly evaluation AND

iii. It has been 3 years or less since treatment completion

7. Hodgkin's Lymphoma

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a. Computed Tomography scan (CT or CAT scan) of the neck soft tissue, chest, abdomen, and pelvis is considered medically necessary in individuals for initial staging of Hodgkin's lymphoma with:

   i. Classic Hodgkin Lymphoma (Age greater than or equal to 18 years) OR

   ii. Nodular Lymphocyte-Predominant Hodgkin Lymphoma (Age greater than or equal to 18 years) AND

   iii. CT neck soft tissue is appropriate only when neck lymph nodes present at diagnosis. Any contrast dye allergy and/or renal disease scan to be without contrast.

   Initial and Restaging can ONLY be approved in conjunction with PET Scan

b. Computed Tomography scan (CT or CAT scan) of the neck soft tissue, chest, abdomen, and pelvis is considered medically necessary in individuals for restaging of Hodgkin's lymphoma with:

   i. Classic Hodgkin Lymphoma (Age greater than or equal to 18 years) OR

   ii. Nodular Lymphocyte-Predominant Hodgkin Lymphoma (Age greater than or equal to 18 years) AND

   iii. Positive Re- Biopsy AND

   iv. CT neck soft tissue is appropriate only when Neck lymph nodes present at diagnosis

   Initial and Restaging can ONLY be approved in conjunction with PET Scan

c. Computed Tomography scan (CT or CAT scan) of the chest, abdomen and pelvis is considered medically necessary in individuals for surveillance with lymphoma with:

   i. Classic Hodgkin Lymphoma (Age greater than or equal to 18 years) OR

   ii. Nodular Lymphocyte-Predominant Hodgkin Lymphoma (Age greater than or equal to 18 years) AND

   iii. Less than 2 years since completion of therapy AND

   iv. No more than every 6 months for the first 2 years following completion of therapy, or as clinically indicated.

8. Non-Hodgkin's Lymphoma

   a. Computed Tomography scan (CT or CAT scan) of the neck soft tissue, chest, abdomen, and pelvis is considered medically necessary in individuals for initial staging of non-Hodgkin's lymphoma with:

      i. Diffuse large cell, mantle cell, Burkitt's, cutaneous/T-Cell, CLL/SLL, grade III follicular, follicular grade I, II, marginal zone, MALT

      ii. CT neck soft tissue is appropriate only when neck lymph nodes present at diagnosis

      Large Cell Aggressive Lymphomas: Diffuse Large Cell, Mantel Cell, Burkitt's, Cutaneous/T-Cell, Grade III Follicular for initial and completion of therapy can ONLY be approved in conjunction with PET Scan

   b. Computed Tomography scan (CT or CAT scan) of the neck soft tissue, chest, abdomen, and pelvis is considered medically necessary in individuals for restaging of Non-Hodgkin's Lymphoma with:

      i. Diffuse large cell, mantle cell, Burkitt's, cutaneous/T-Cell, CLL/SLL, Grade III follicular, follicular grade I, II, marginal zone, MALT AND

      ii. Have completed two cycles of therapy since last imaging AND

      iii. CT neck soft tissue is appropriate only when neck lymph nodes present at diagnosis

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c. Computed Tomography scan (CT or CAT scan) of the soft tissue neck, chest, abdomen, and pelvis is considered medically necessary in individuals for recurrence of Non-Hodgkin's Lymphoma with:
   i. Follicular grade I, II, marginal zone, MALT, CLL/SLL AND
   ii. CT neck soft tissue is appropriate only when neck lymph nodes present at diagnosis OR
   iii. Diffuse large cell, mantle cell, Burkitt's, cutaneous/T-Cell, Grade III follicular AND
   iv. CT neck soft tissue is appropriate only when neck lymph nodes present at diagnosis
d. Computed Tomography scan (CT or CAT scan) of the soft tissue neck, chest, abdomen and pelvis is considered medically necessary in individuals at completion of therapy for Non- Hodgkin's Lymphoma with:
   i. Diffuse large cell, Mantle Cell, Burkitt's, cutaneous/T-Cell, follicular grade I, II, marginal zone, MALT, CLL/SLL AND
   ii. CT neck soft tissue is appropriate only when neck lymph nodes present at diagnosis

   Large cell aggressive lymphomas: Diffuse Large Cell, Mantel Cell, Burkitt's Cutaneous/T-Cell, Grade III Follicular for initial and completion of therapy can ONLY be approved in conjunction with PET scan
e. Computed Tomography scan (CT or CAT scan) of the neck soft tissue, chest, abdomen and pelvis is considered medically necessary in individuals for surveillance with Non-Hodgkin's Lymphoma with:
   i. Follicular Grade I, II, AND
   ii. Less than two years since completion of therapy AND
   iii. 6 months since last imaging OR
   iv. More than two years since completion of therapy AND
   v. 12 months since last imaging
   vi. CT neck soft tissue is appropriate only when neck lymph nodes present at diagnosis
   vii. DLBCL Stage lll, lV only AND
   viii. Less than two years since completion of therapy AND
   ix. 6 months since last imaging

9. Lung Screening CT
   a. Low dose Computed Tomography scan (CT or CAT scan) of the chest is considered medically necessary in individuals for initial lung cancer screening with:
      i. Age 55-77 years AND
      ii. Asymptomatic (no signs or symptoms of lung cancer) AND
      iii. Tobacco smoking history of at least 30 pack-years (one pack-year equals smoking one pack per day for one year; 1 pack equals 20 cigarettes) AND
      iv. Current smoker or one who has quit smoking within the last 15 years OR
      v. Age greater than or equal to 50 years AND
      vi. Greater than or equal to 20 pack-years history of smoking AND
      vii. Additional risk factors (i.e. personal or family history of lung cancer, prior exposure to cancer causing agents, such as asbestos, diesel exhaust, inhaled chemicals in workplace, prior radiation therapy to the lungs, etc., known lung disease, such as COPD, emphysema, or chronic bronchitis)

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b. Low dose Computed Tomography scan (CT or CAT scan) of the chest is considered medically necessary in individuals for follow up lung cancer screening as:

   i. No nodule(s) or abnormalities: annual follow up

   ii. Solid nodule or partially sold nodule: follow up 3 months with a nodule size between 8-14 mm or a nodule size between 6-7 mm with solid component greater than or equal to 6mm. Follow up 6 months for nodule size between 6-7mm. Annual follow up for nodule size less than or equal to 5 mm.

   iii. Non-solid nodule: follow up 6 months for nodule size largest nodule greater than or equal to 20 mm. Annual follow up for nodule size less than or equal to 19 mm.

   iv. Multiple Non-Solid Nodules: Follow up 6 months for largest nodule size greater than or equal to 20 mm or any nodule that grew 1.5 mm or greater on last screening CT Scan. Annual follow up for largest nodule size less than or equal to 19 mm.

   v. Suspected inflammation/infections:

      - Follow-up CT in 1 to 3 months
         - Resolving – repeat CT in 3 to 6 months to resolution or stability OR
         - Resolved – CT every 12 months

10. Metastatic Disease

   a. Computed Tomography scan (CT or CAT scan) of the CT head/brain or extremity or thorax or abdomen or pelvis is considered medically necessary in individuals for solid tumor cancers with:

      i. Conventional imaging performed that was inconclusive (i.e. bone scan, x-ray, ultrasound) AND

      ii. Physical exam reveals worrisome or equivocal signs/symptoms and areas inaccessible to clinical examination (i.e. severe bone pain or irretractable headaches suggest possible metastatic disease) AND

      iii. CT site modality is based on site of concern for metastasis;

         - CT extremity for long bone sites
         - CT thorax for questionable rib metastasis, cough
         - CT head/brain for severe headache, loss of coordination or balance
         - CT abdomen for distention, weight loss >15 lbs. with abdominal pain
         - CT pelvis for pain
         - CT site of concern new adenopathy on exam

11. Non-Small Cell Lung Cancer (NSCLC)

   a. Computed Tomography scan (CT or CAT scan) of the chest or chest and abdomen is considered medically necessary in individuals for initial staging non-small cell lung cancer (NSCLC) with:

      i. Newly diagnosed non-small cell lung cancer

   b. Computed Tomography scan (CT or CAT scan) of the chest and known sites of disease is considered medically necessary in individuals for re-staging/response non-small cell lung cancer (NSCLC) with:

      i. Stage IIIA, IIIB disease AND

      ii. Greater than 8 weeks from completion of radiation OR

      iii. Stage IV disease AND

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iv. Under active therapy AND

v. Prior imaging greater than or equal to 6 weeks prior

c. Computed Tomography scan (CT or CAT scan) of the chest, is considered medically necessary in individuals for suspected recurrence non-small cell lung cancer (NSCLC) with:

i. Stage IA, IB, IIA, IIB, IIIA, or IIIB disease

d. Computed Tomography scan (CT or CAT scan) of the chest is considered medically necessary in surveillance of non-small cell lung cancer (NSCLC) with:

i. Stage IA, IB, IIA, IIB, IIIA or IIIB disease AND

ii. Curative therapy completed less than or equal to 2 years prior AND

iii. No imaging with in the last six months OR

iv. Stage IA, IB, IIA, IIB, IIIA or IIIB disease AND

v. No imaging in the last 12 months AND

vi. Curative therapy completed greater than 2 years prior OR

vii. Stage I - IV disease when

- No evidence of clinical/radiographic disease AND
- Stage I, II (primary treatment included RT) or Stage III or Stage IV AND (oligometastatic with all sites treated with definitive intent)
- Every 3-6 months for 3 years OR every 6 months for years 4 and 5 OR annually after 5 years

12. Small Cell Lung Cancer (SCLC)

a. Computed Tomography scan (CT or CAT scan) of the brain, chest and brain, or chest ,abdomen and pelvis is considered medically necessary in individuals for initial staging small cell lung cancer (SCLC) with:

i. Newly diagnosed small cell lung cancer

b. Computed Tomography scan (CT or CAT scan) of the chest or chest, abdomen and pelvis is considered medically necessary in individuals for re-staging/treatment response small cell lung cancer (SCLC) with:

i. Active treatment with chemotherapy received at least 2 cycles of chemotherapy from previous imaging OR

ii. Greater than greater than 8 weeks since completion of Radiation Therapy

c. Computed Tomography scan (CT or CAT scan) of the brain, chest or chest, abdomen and pelvis is considered medically necessary in surveillance of small cell lung cancer (SCLC):

i. Every 3 months post treatment imaging through 3rd year followed by every 6 months post treatment through 4th and 5th year followed by annual imaging (once a year) starting the 5th year post treatment AND

ii. CT brain is appropriate if the patient DID NOT have Prophylactic Cranial Irradiation (PCI)

13. Pancreatic Cancer

a. Computed Tomography scan (CT or CAT scan) of the chest, abdomen and pelvis is considered medically necessary in individuals for initial staging of pancreatic cancer with:

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b. Computed Tomography scan (CT or CAT scan) of the chest and abdomen is considered medically necessary in individuals for staging/treatment response of pancreatic cancer with:
    i. Any presentation
c. Computed Tomography scan (CT or CAT scan) of the chest, abdomen and pelvis is considered medically necessary in individuals for surveillance of pancreatic cancer every 3 to 6 months for 2 years, then every 6 to 12 months thereafter as clinically indicated.

14. Prostate Cancer
    a. Computed Tomography scan (CT or CAT scan) of the pelvis or abdomen and pelvis is considered medically necessary in individuals for initial staging of prostate cancer with:
        i. No prior imaging related to Prostate Cancer AND
        ii. Stage T2b, T2c, T3a, T3b, or T4 disease OR
        iii. PSA ≥ 10 OR
        iv. Gleason Score ≥ 6
    b. Computed Tomography scan (CT or CAT scan) of the pelvis or abdomen and pelvis is considered medically necessary in individuals for staging/response of prostate cancer with:
        i. PSA level rising on 2 consecutive measurements OR
        ii. Clinical suspicion of recurrence or progression OR
        iii. On active therapy for metastatic disease
15. Rectal Cancer
    a. Computed Tomography scan (CT or CAT scan) of the chest, abdomen and pelvis (or see MRI policy MRI Pelvis) is considered medically necessary in individuals for initial staging rectal cancer with:
        i. Disease appropriate for resection
    b. Computed Tomography scan (CT or CAT scan) of the chest, abdomen and pelvis is considered medically necessary in individuals for re-staging/treatment response rectal cancer with:
        i. Same imaging requested as previously performed AND
        ii. Post completion of RT 8-12 weeks therapy OR
        iii. Status post neoadjuvant therapy and prior to adjuvant resection OR
        iv. Status post trans anal excision (TAE) OR
        v. Status post neoadjuvant chemotherapy and/or primary chemotherapy radiation therapy
        vi. Patient is undergoing active therapy for stage IV disease AND/OR
        vii. Patient has a rising CEA level AND/OR concern for recurrent/metastatic disease AND Last imaging greater than or equal to 8 weeks prior
    c. Computed Tomography scan (CT or CAT scan) of the chest, abdomen and pelvis is considered medically necessary in surveillance of rectal cancer with:
        i. Stage II, III disease AND
        ii. Last imaging greater than or equal to 12 months AND
        iii. Therapy completed less than or equal to 5 years prior
        iv. Stage IV disease AND

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v. Last imaging greater than or equal to 6 months and therapy completed less than or equal to 2 years prior OR

vi. Last imaging greater than or equal to 6-12 months and therapy completed less than or equal to 5 years prior

16. Renal Cell (Kidney) Cancer
    a. Computed Tomography scan (CT or CAT scan) of the chest, abdomen and pelvis is considered medically necessary in individuals for initial staging renal cell cancer with:
        i. Any presentation
    b. Computed Tomography scan (CT or CAT scan) of the chest, abdomen and pelvis is considered medically necessary in individuals for re-staging/treatment response renal cell cancer with:
        i. Same imaging requested as previously performed AND
        ii. Post completion of RT 8-12 weeks therapy OR
        iii. Status post neoadjuvant therapy and prior to adjuvant resection
    c. Computed Tomography scan (CT or CAT scan) of the chest, abdomen and pelvis is considered medically necessary in surveillance of renal cell cancer with:
        i. Every 6-12 months for years 1-2 post treatment then every 12 months for years 3-5
17. High Cost Drugs – assess treatment response
    a. Imaging site is indicated based on policy for specific disease (i.e., chest, abdomen, pelvis) AND
    b. Minimum frequency of every 2 cycles or every 6-8 weeks OR
    c. Maximum frequency of every 3 months
18. Indeterminate lymphadenopathy follow up imaging at 3 months site of concern. Thereafter, send to CR
19. CT tx response any known site of disease, frequency based on policy for specific disease

C. With above criteria met in any indication if any allergies/or history of a reaction to contrast or unable to receive contrast due to kidney dysfunction (if allergy or contraindication can undergo CT without contrast).

D. All other indications not listed above may be considered experimental or investigational, as there may be insufficient evidence to support conclusions regarding the effect of on health outcomes. Indications not listed will be evaluated on a case by case basis at the clinical reviewer level.

V. PROCEDURE

A. The following documentation is needed for reviewing a CT request:
    1. Physician history and physical including prior radiographic reports IE: X-Ray, MRI, CT and prior PET scan if applicable.
    2. Attending Physician's consult or progress note
    3. Pathology and pertinent lab values

B. CODING
    1. BILLING/CODING INFORMATION: The following codes may be used to describe CPT:
        a. 72160 - CT Chest with contrast
        b. 71250 - CT Chest without contrast

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c. 74160 - CT Abdomen with contrast
d. 74050 - CT Abdomen without contrast
e. 72193 - CT Pelvis with contrast
f. 72192 - CT Pelvis without contrast
g. 74176 - Abdomen and Pelvis without contrast
h. 74177 - Abdomen & Pelvis with contrast

VI. APPROVAL AUTHORITY

A. Review – Utilization Management Department
B. Final Approval – Utilization Management Committee

VII. ATTACHMENTS

A. None

VIII. REFERENCES

A. NCQA UM 2023 Standards and Elements.
B. Ciatto S, Pacini P, Azzini V, et al. Preoperative staging of primary breast cancer. A multicentric study. Cancer.1988;61(5):1038-1040.
C. Khatcheressian JL, Wolff AC, Smith TJ, et al. American Society of Clinical Oncology 2006 update of the breast cancer follow-up and management guidelines in the adjuvant setting. J Clin Oncol. 2006;24(31):5091-5097.
D. ACR Committee on Drugs and Contrast Media, ACR Manual on Contrast Media, version 10.1, Copyright 2015 American College of Radiology, available at: http://www.acr.org/quality-safety/resources/contrast-manual.
E. Dewhurst C, Rosen MP, Black MA et al, Pretreatment Staging of Colorectal Cancer, ACR® Appropriateness Criteria 2011; 1-9.
F. Health Technology Assessments volume 35 pages 1-1192 2011
G. International Journal of Colorectal Diseases volume 28 pages 1033-1047 2013
H. Steele SR, Chang GJ, Hendren S, et al. Practice guideline for the surveillance of patients after curative treatment of colon and rectal cancer. Dis Colon Rectum. 2015; 58(8):713-725. Clinical Colorectal Cancer volume 28 pages 262-270 2015
I. Van de Velde CJ, Boelens PG, Borras JM, et al. EURECCA colorectal: multidisciplinary European concensus conference colon & rectum. Eur J Cancer. 2014; 50(1): e1-e34.
J. Blomqvist L, Carlsson S, Gjertsson P et al, Limited evidence for the use of imaging to detect prostate cancer: a systematic review, Eur J Radiol 2014;83:1601–1606.
K. Klotz L, Vesprini D, Sethukavalan P et al, Long-Term Follow-Up of a Large Active Surveillance Cohort of Patients with Prostate Cancer, J Clin Oncol 2015;33:272-277.
L. Cooperberg MR, Long-Term Active Surveillance for Prostate Cancer: Answers and Questions, J Clin Oncol 2015; 33:238-240. 12. Risko R, Merdan S, Womble PR, et al.

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M. Calman L, Beaver K, Hind D et al, Survival benefits from follow-up of patients with lung cancer: a systematic review and meta-analysis, J Thorac Oncol,2011;6:1993-2004.

N. Lou F, Huang J, Sima CS et al, Patterns of recurrence and second primary lung cancer in early-stage lung cancer survivors followed with routine computed tomography surveillance, J Thorac Cardiovasc Surg 2013;145:75-81.

O. Colt HG, Murgu SD, Korst RJ et al, Follow-up and surveillance of the patient with lung rd cancer after curative-intent therapy: diagnosis and management of lung cancer, 3 ed: American College of Chest Physicians evidence-based clinical practice guidelines, Chest 2013; 143: e437S-454S.

P. Dane B, Grechushkin V, Plank A et al, PET/CT vs. non-contrast CT alone for surveillance 1- year post lobectomy for stage I non-small cell lung cancer, Am J Nucl Med Mol Imaging 2013; 3:408-416.

Q. Cardoso F, Costa A, Norton L et al, ESO-ESMO 2nd international consensus guidelines for advanced breast cancer (ABC2), Ann Oncol 2014;25:1871-1888.

R. Khatcheressian JL, Hurley P, Bantug E et al, Breast Cancer Follow-Up and Management After Primary Treatment: American Society of Clinical Oncology Clinical Practice Guideline Update, J Clin Oncol 2013;31:961-965.

S. Puglisi F, Follador A, Minisini AM et al, Baseline staging tests after a new diagnosis of breast cancer: further evidence of their limited indications, Ann Oncol 2005:16:263-266.

T. Simos D, Catley C, van Walraven C, et al. Imaging for distant metastases in women with early-stage breast cancer: a population-based cohort study. CMAJ. 2015; 187(12): E387-E397.

U. Crivello ML, Ruth K, Sigurdson ER, et al. Advanced imaging modalities in early stage breast cancer: preoperative use in the United States Medicare population. Ann Surg Oncol. 2013; 20(1):102-110.

V. Dewhurst C, Rosen MP, Blak®e MA et al, Pretreatment Staging of Colorectal Cancer, ACR Appropriateness Criteria 2011;1-9. Steele SR, Chang GJ, Hendren S, et al. Practice guideline for the surveillance of patients after curative treatment of colon and rectal cancer. Dis Colon Rectum. 2015; V. 58(8):713-725. Clinical Colorectal Cancer volume 28 pages 262-270 2015

W. Chen RC, Rumble RB, Loblaw DA et al, Active Surveillance for the Management of Localized Prostate Cancer (Cancer Care Ontario Guideline): American Society of Clinical Oncology Clinical Practice Guideline Endorsement, J Clin Oncol 2016;34:2182-2190.

X. Risko R, Merdan S, Womble PR, et al. Clinical predictors and recommendations for staging computed tomography scan among men with prostate cancer. Urology. 2014; 84(6):1329- 1334.

Y. Heck MM, Souvatzoglou M, Retz M, et al. Prospective comparison of computed tomography, diffusion- weighted magnetic resonance imaging and [11C] choline positron emission tomography/computer tomography for preoperative lymph node stating in prostate cancer patients. Eur J Nucl Med Mol Imaging. 2014; 41(4):694-701.

Z. Morgan RJ, Armstrong DK, Plaxe SC, et al. National Comprehensive Cancer Network (NCCN) Guidelines Version 3.2017. Ovarian cancer, available at: https://www.nccn.org/professionals/physician_gls/pdf/ovarian.pdf Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines™) for Ovarian Cancer V3.2017. ©2017 National Comprehensive Cancer Network, Inc. All rights reserved. The

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AA. Koh WJ, Greer BE, Abu-Rustum NR, et al. National Comprehensive Cancer Network (NCCN) Guidelines Version 3.2017. Uterine neoplasms, available at: https://www.nccn.org/professionals/physician_gls/pdf/uterine.pdf Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines™) for uterine neoplasms v 3.2017. ©2017 National Comprehensive Cancer Network, Inc. All rights reserved. The NCCN Guidelines™ and illustrations herein may not be reproduced in any form for any purpose without the express written permission of the NCCN.

BB. Koh WJ, Greer BE, Abu-Rustum NR, et al. National Comprehensive Cancer Network (NCCN) Guidelines Version 1.2017. Cervical cancer, available at: https://www.nccn.org/professionals/physician_gls/pdf/cervical.pdf Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines™) for Cervical Cancer V1.2017. ©2017 National Comprehensive Cancer Network, Inc. All rights reserved. The NCCN Guidelines™ and illustrations herein may not be reproduced in any form for any purpose without the express written permission of the NCCN. To view the most recent and complete version of the NCCN Guidelines™

CC. Hoppe RT, Advani RH, Ai WZ et al. National Comprehensive Cancer Network (NCCN) Guidelines Version 1.2017. Hodgkin lymphoma, available at: https://www.nccn.org/professionals/physician_gls/pdf/hodgkins.pdf Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines™) for Hodgkin's Lymphoma V1.2017. ©2017 National Comprehensive Cancer Network, Inc. All rights reserved. The NCCN Guidelines™ and illustrations herein may not be reproduced in any form for any purpose without the express written permission of the NCCN. To view the most recent and complete version of the NCCN Guidelines™

DD. Fielding JR, Aliabadi N, Renshaw AA, et al. Staging of 119 patients with renal cell carcinoma: the yield and cost-effectiveness of pelvic CT. AJR Am J Roentgenol. 1999;172(1):23-5. PMID: 9888732

EE. Khaitan A, Gupta NP, Hemal AK, et al. Is there a need for pelvic CT scan in cases of renal cell carcinoma?Int Urol Nephrol. 2002;33(1):13-5. PMID: 12090319

FF. Lim DJ, Carter MF. Computerized tomography in the preoperative staging for pulmonary metastases in patients with renal cell carcinoma. J Urol. 1993;150(4):1112-4. PMID: 8371366

GG. Larcher A, Dell'Oglio P, Fossati N, et al. When to perform preoperative chest computed tomography for renal cancer staging. BJU Int. 2017;120(4):490-6. PMID: 27684653

HH. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Kidney Cancer (Version 4.2018).//www.nccn.org. ©National Comprehensive Cancer Network, 2018.

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