Medical Coverage Policy | Cone Beam Computed Tomography



EFFECTIVE DATE: 08 | 07 | 2010

POLICY LAST UPDATED: 01 | 16 | 2018

OVERVIEW

Cone beam computed tomography (CBCT) is a medical imaging technique consisting of X-ray computed tomography where the X-rays are divergent, forming a cone. This policy documents that CBCT is not appropriate when used for medical diagnosis or surgical indications.

MEDICAL CRITERIA

None

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

BlueCHiP for Medicare and Commercial Products

Cone beam Computed Tomography(CBCT) scan is considered not medically necessary for medical or surgical indications when rendered by an eligible provider as the evidence is insufficient to determine the effects of the technology on health outcomes.

The current literature does not define the clinical conditions in which the cone beam imaging methodology is superior to or equal to Computed Tomography (CT) or other imaging techniques with respect to medical decision making or use in therapeutic procedures.

CBCT scan for dental purposes is considered a contract exclusion and is therefore non-covered.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable "not medically necessary" benefits/coverage.

BACKGROUND

A CT scan is a diagnostic imaging method in which a computer is used to generate a three-dimensional image of an object using a series of two-dimensional X-ray image slices taken around a single axis of rotation. Cone beam refers to the type of X-ray projection, which allows users to image a small, well-defined volume such as the lower face and mouth at a low radiation dosage.

The current literature does not define the clinical conditions in which the cone beam imaging methodology is superior to or equal to CT or other imaging techniques with respect to medical decision making or use in therapeutic procedures.

CODING

BlueCHiP for Medicare and Commercial Products

There are no specific codes that address the cone-beam technique. Please submit claims with the following unlisted CPT, following the unlisted process

76497: Unlisted computed tomography procedure (eg., diagnostic, interventional)

RELATED POLICIES

Not applicable

PUBLISHED

Provider Update, March 2018 Provider Update, March 2017 Provider Update, March 2016 Provider Update, April 2016 Provider Update, June 2015 Provider Update, September 2014 Provider Update, March 2012 Provider Update, October 2010

REFERENCES

1. Comparison of the accuracy of cone beam computed tomography and medical computed tomography: implications for clinical diagnostics with guided surgery. http://www.ncbi.nlm.nih.gov/pubmed/23527357

----- CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

