

# Medical Coverage Policy



## Cone Beam Computed Tomography

Device/Equipment  Drug  Medical  Surgery  Test  Other

Effective Date:	8/17/2010	Policy Last Updated:	12/20/2011
-----------------	-----------	----------------------	------------

**Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.**

**Prospective review is not required.**

### Description:

A Computed Tomography (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.

### Medical Criteria:

Not applicable.

### Policy:

Cone beam CT scan is considered **not medically necessary** for medical or surgical indications for all BCBSRI products including BlueCHIP for Medicare when rendered by an eligible provider. 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

Cone beam CT scan for dental purposes is considered a **contract exclusion** and is therefore non-covered for all BCBSRI products.

### Coverage:

Benefits may vary between groups and contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for the applicable *Non-covered* and *Not Medically Necessary services* coverage.

### Codes:

There are no specific codes that address the cone-beam technique.

### Also known as:

3D Rendering  
Cone Beam

### Related topics:

Not applicable

**Published:**

*Provider Update, October 2010*

*Provider Update, March 2012*

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.