



Medical Policy

Virtual Colonoscopy/ Computed Tomography Colonography

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Policy Number: 179

BCBSA Reference Number: 6.01.32

Related Policies

- Monitored Anesthesia Care – MAC, #[154](#)

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Computed tomography (CT) colonography may be **MEDICALLY NECESSARY** for:

- Patients with an incomplete conventional colonoscopy because of colonic stenosis or obstruction or
- Patients for whom a conventional colonoscopy is indicated but who are unable to undergo conventional colonoscopy for medical reasons. Contraindications to conventional colonoscopy include continuous anticoagulation therapy or high anesthesia risk.

CT colonography may be **MEDICALLY NECESSARY** for the purposes of colon cancer screening, because the clinical outcomes with this screening strategy are likely to be equivalent to optical colonoscopy.

Except for the indications outlined in the policy statements above, CT colonography is **INVESTIGATIONAL**

Medicare HMO BlueSM and Medicare PPO BlueSM Members

CT colonography, utilizes helical computed tomography of the abdomen and pelvis to visualize the colon lumen, along with 3-D reconstruction. The test requires colonic preparation similar to that required for standard colonoscopy (instrument colonoscopy), and air insufflation to achieve colonic distention.

Indications:

CT colonography is indicated in those patients in whom a diagnostic (performed for signs/symptoms of disease) optical colonoscopy of the entire colon is incomplete. Failure to complete the optical colonoscopy may be secondary to conditions such as, but not limited to, an obstructing neoplasm, stricture, tortuosity, spasm, redundant colon diverticulitis, extrinsic compression or aberrant anatomy scarring from prior surgery.

CT colonography is indicated when a board certified or board eligible gastroenterologist, a surgeon trained in endoscopy or a physician with equivalent endoscopic training determines from an evaluation of the patient that optical colonoscopy cannot be safely attempted.

CT colonography is also indicated for the evaluation of a submucosal abnormality detected on colonoscopy or other imaging study.

CT colonography should be performed soon after the failed standard colonoscopy, if appropriate, so that the patient will not have to endure repeat colonic preparation.

Limitations:

CT colonography is not reimbursable when used in the absence of signs or symptoms of disease, regardless of family history or other risk factors for the development of colonic disease.

Local Coverage Determination (LCD): Computed Tomographic (CT) Colonography (L25233)

<http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=25233&ContrlId=292&ver=45&ContrVer=1&Date=&DocID=L25233&bc=iAAAAAgAIAAAA%3d%3d&>

Prior Authorization Information

Pre-service approval is required for all inpatient services for all products.

See below for situations where prior authorization may be required or may not be required for outpatient services.

Yes indicates that prior authorization is required.

No indicates that prior authorization is not required.

	Outpatient
Commercial Managed Care (HMO and POS)	No
Commercial PPO and Indemnity	No
Medicare HMO BlueSM	No
Medicare PPO BlueSM	No

CPT Codes / HCPCS Codes / ICD-9 Codes

The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member. A draft of future ICD-10 Coding related to this document, as it might look today, is included below for your reference.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes

CPT codes:	Code Description
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed
74263	Computed tomographic (CT) colonography, screening, including image postprocessing

Description

Computed tomography (CT) colonography, also known as “virtual colonoscopy,” is an imaging technique of the colon. CT colonography has been investigated as an alternative to conventional endoscopic (“optical”) colonoscopy. It has been most widely studied as an alternative screening technique for colon

cancer, but has also been used in the diagnosis of colorectal cancer in people with related symptoms and for other colorectal conditions.

Background

CT colonography, also known as “virtual colonoscopy,” is an imaging technique of the colon involving thin-section helical CT to generate high-resolution 2-dimensional axial images of the colon. Three-dimensional images, which resemble the endoluminal images obtained with conventional endoscopic colonoscopy, are then reconstructed offline. CT colonography has been investigated as an alternative to conventional endoscopic (“optical”) colonoscopy. While CT colonography requires a full bowel preparation, similar to conventional colonoscopy, no sedation is required, and the examination is less time-consuming. However, the technique involves gas insufflation of the intestine, which may be uncomfortable to the patient, and training and credentialing of readers may be needed to achieve optimal performance.

Diseases of the colon and rectum for which CT colonography may be considered as a diagnostic or screening tool include colorectal cancer and precancerous conditions, diverticulosis and diverticulitis, and inflammatory bowel disease. The most widely studied use of CT colonography is as an alternative screening technique for colon cancer.

Summary

The available evidence supports the conclusion that the diagnostic accuracy of computed tomography (CT) colonography is in the same range as optical colonoscopy, with a moderate to high sensitivity and a high specificity for the detection of larger polyps and colorectal cancer. As a result, screening with CT colonography may provide similar diagnostic results to screening using conventional colonoscopy. Most modeling studies report that the overall health outcome benefits of a strategy that uses optical colonoscopy likely exceed the benefits of a strategy using CT colonography. However, these analyses assume equal participation rates in screening between the 2 strategies. Participation in screening may be higher with CT colonography than with optical colonoscopy, and this may ameliorate or offset any improved outcomes associated with optical colonoscopy.

Health outcomes for colon cancer screening strategies that use CT colonography are likely comparable with strategies that use optical colonoscopy. Therefore, CT colonography may be considered medically necessary for colon cancer screening. However, the costs and benefits of a colon cancer screening strategy that employs CT colonography depend on numerous factors that may vary among screening programs. These include the relative costs of the CT colonography procedure, the costs of a colonoscopy procedure (including anesthesia, if applicable), the screening interval, and rates of need for subsequent colonoscopy following CT colonography.

For patients who have contraindications to colonoscopy, such as the need for continuous anticoagulation and/or high anesthetic risk, or in patients with an incomplete colonoscopy due to colonic obstruction or stenosis, CT colonography is a reasonable alternative, and therefore may be considered medically necessary.

Policy History

Date	Action
10/2014	BCBSA National medical policy review. New medically necessary indications described. Coding information clarified. Effective 10/1/2014.
6/2014	Updated Coding section with ICD10 procedure and diagnosis codes, effective 10/2015.
6/2013	New references from BCBSA National medical policy.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
10/2011	Reviewed - Medical Policy Group - Gastroenterology, Nutrition and Organ Transplants. No changes to policy statements.
11/2010	Reviewed - Medical Policy Group - Gastroenterology, Nutrition and Organ Transplants.

	No changes to policy statements.
5/1/2010	BCBSA National medical policy review Changes to policy statement.
11/2009	Reviewed - Medical Policy Group - Gastroenterology, Nutrition and Organ Transplants. No changes to policy statements.
4/2008	BCBSA National medical policy review Changes to policy statement.
11/2008	Reviewed - Medical Policy Group - Gastroenterology, Nutrition and Organ Transplants. No changes to policy statements.
11/2007	Reviewed - Medical Policy Group - Gastroenterology, Nutrition and Organ Transplants. No changes to policy statements.
11/2006	Reviewed - Medical Policy Group - Gastroenterology, Nutrition and Organ Transplants. No changes to policy statements.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

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