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Reviewed: 06/27/19

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Subject: Computed Tomographic (CT) Colonography (Virtual Colonoscopy)

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

Position Statement	Billing/Coding	Reimbursement	Program Exceptions	Definitions	Related Guidelines
Other	References	Updates			

DESCRIPTION:

Computed tomographic colonography (CTC), also known as "virtual colonoscopy," is minimally invasive imaging examination of the colon and rectum. CTC uses CT acquired images and advanced 2-dimensional (2D) and 3-dimensional (3D) image display techniques for interpretation. These images are interpreted by a radiologist to determine the presence of abnormalities of the colon.

POSITION STATEMENT:

Indications for CT colonography (virtual colonoscopy) diagnostic

CT colonography **meets the definition of medical necessity** for diagnostic evaluation for the following when conventional colonoscopy is incomplete or contraindicated:

- Failed colonoscopy due to medical condition (e.g., hypotension secondary to the sedation, adhesions from prior surgery, excessive colonic tortuosity); **OR**
- Member is unable to undergo sedation; **OR**
- Member has a medical condition (e.g., recent myocardial infarction, recent colonic surgery, bleeding disorders, severe lung and/or heart disease, obstructive colorectal cancer)

Indications for CT colonography (virtual colonoscopy) screening

CT colonography for colorectal cancer screening meets the definition of medical necessity for average risk member every 5 years when **ALL** of the following criteria* are met:

- 50-75 years of age; **AND**
- Asymptomatic; **AND**

Without any of the following:

- A family history of known genetic disorders that predispose them to a high lifetime risk of colorectal cancer (such as Lynch syndrome or familial adenomatous polyposis); **OR**
- A personal history of inflammatory bowel disease; **OR**
- A previous adenomatous polyp; **OR**
- A previous history of colorectal cancer

* Member selection criteria are based on the U.S. Preventive Services Task Force recommendation.

Magnetic resonance colonography (MRC) is considered **experimental or investigational**, as there is insufficient clinical evidence to support the use of this technology for routine colorectal cancer screening.

BILLING/CODING INFORMATION:

CPT Coding:

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

LOINC Codes:

The following information may be required documentation to support medical necessity: physician history and physical, physician progress notes, plan of treatment and reason for computed tomographic (CT) colonography.

Documentation Table	LOINC Codes	LOINC Time Frame Modifier Code	LOINC Time Frame Modifier Codes Narrative
Physician history and physical	28626-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Attending physician visit note (to include reason for the examination)	18733-6	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Conventional colonoscopy images and report	27895-2	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim

REIMBURSEMENT INFORMATION:

Refer to section entitled **POSITION STATEMENT**.

Reimbursement for computer-aided detection used in the interpretation of computed tomographic (CT) colonography (virtual colonoscopy, CT colonography, CTC) is included in the allowance of the computed tomographic (CT) colonography (virtual colonoscopy, CT colonography, CTC).

PROGRAM EXCEPTIONS:

Coverage for the radiology services referenced in this guideline performed and billed in an outpatient or office location will be handled through the Florida Blue Radiology Management program for select products. The National Imaging Associates (NIA) will determine coverage for these services for select products. Refer to member's contract benefits.

Federal Employee Plan (FEP): FEP is excluded from the National Imaging Associates (NIA) review; follow FEP guidelines.

Medicare Advantage products:

The following Local Coverage Determination (LCD) was reviewed on the last guideline reviewed date: Computed Tomographic Colonography, (L33283) located at fcso.com.

The following National Coverage Determination (NCD) was reviewed on the last guideline reviewed date: Colorectal Cancer Screening Tests, (210.3) located at cms.gov.

DEFINITIONS:

No guideline specific definitions apply.

RELATED GUIDELINES:

None applicable.

OTHER:

Other names used to report Computed tomographic colonography (virtual colonoscopy):

- Computed tomography colonography (CTC)
- CT colonography
- Computed tomographic colonography (CTC)
- Three-dimensional CT colonography

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COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy & Coverage Committee on 06/27/19.

GUIDELINE UPDATE INFORMATION:

08/15/03	New Medical Coverage Guideline.
07/01/04	3rd quarter HCPCS coding update; consisting of the addition of 0066T and 0067T.
08/15/04	Scheduled review and revision to guideline; consisting of updated references.
09/15/05	Scheduled review and revision of guideline; consisting of updated references.
09/15/06	Scheduled review and revision of guideline consisting of updated references and added coverage criteria for 0067T.
07/01/07	Updated Program Exception section.
07/15/07	Annual review, coverage and limitations maintained, reformatted guideline, references updated.
01/21/08	Updated Program Exceptions.
05/21/09	Removed Federal Employee Plan (FEP) from Florida Blue Radiology Management program exception statement. Added FEP program exception statement: FEP is excluded from the National Imaging Associates (NIA) review; follow FEP guidelines.
07/01/09	Updated Florida Blue Radiology Management program exception; added BlueSelect.
10/15/09	Added, "computed tomographic colonography" to subject. Updated description section. Revised indications for CT colonography. Added experimental or investigational statement for magnetic resonance colonography (MRC). Added Medicare Advantage products program exception. Updated references.
01/01/10	Annual HCPCS coding update: deleted 0066T and 0067T. Added 74261, 74262, and 74263. Revised Florida Blue Radiology Management program exception section.
09/15/10	Annual review. Added reimbursement statement for computer-aided detection. Added 74263 (non-covered) to Medicare Advantage program exception. Also, updated references and reformatted some areas of policy.
12/15/11	Annual review; maintain position statements. Updated references.
11/15/12	Position statement revised for clarity. Updated Medicare Advantage products program

	exception. Deleted Medicare Advantage products ICD-9 codes. Updated references.
05/11/14	Revision: Program Exceptions section updated.
02/15/15	Annual review; revised indications. Updated references.
08/15/16	Annual review; revised program exceptions. Updated references
09/15/16	Revision: Added statement for screening. Updated references.
03/15/17	Revision; revised date for screening CT colonography.
07/15/19	Revision; added header for indications for CT colonography (virtual colonoscopy) diagnostic and screening. Deleted routine colon cancer screening.