

01-91000-06

Original Effective Date: 08/15/03

Reviewed: 01/22/26

Revised: 02/15/26

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.

Summary and Analysis of Evidence: The US Preventive Services Task Force (USPSTF) concludes with high certainty that screening for colorectal cancer in adults aged 50 to 75 years has substantial net benefit. The USPSTF concludes with moderate certainty that screening for colorectal cancer in adults aged 45 to 49 years has moderate net benefit. The USPSTF concludes with moderate certainty that screening for colorectal cancer in adults aged 76 to 85 years who have been previously screened has small net benefit. Adults who have never been screened for colorectal cancer are more likely to benefit. (US Preventive Services Task Force, Davidson KW, Barry MJ, Mangione CM et al 2021)

POSITION STATEMENT:

Indications for CT colonography (virtual colonoscopy) diagnostic

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

- Failed colonoscopy due to medical condition (documentation required); **OR**
- Member has obstructive colorectal cancer; **OR**
- Member is unable to undergo sedation; **OR**

- Member has a medical condition preventing conventional colonoscopy (documentation required).

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:

- 45 to 49 years of age; **OR**
- 50 to 75 years of age; **AND**
- Asymptomatic; **AND**

Without any of the following criteria*:

- 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** for colorectal cancer screening, 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
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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).

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at [Coverage Protocol Exemption Request](#).

PROGRAM EXCEPTIONS:

Federal Employee Plan (FEP): Follow FEP guidelines.

Medicare Advantage products:

No Local Coverage Determination (LCD) was found at the time of the last guideline reviewed date.

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

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at [Coverage Protocol Exemption Request](#).

DEFINITIONS:

No guideline specific definitions apply.

RELATED GUIDELINES:

None applicable.

OTHER:

None applicable.

REFERENCES:

1. ACR–SAR–SCBT-MR Practice Parameter for the Performance of Computed Tomography (CT) Colonography in Adults, 2019.
2. American College of Radiology ACR Appropriateness Criteria® Colorectal Cancer Screening, 2018.
3. Bibbins-Domingo K, Grossman DC, Curry SJ et al. Screening for Colorectal Cancer US Preventive Services Task Force Recommendation Statement. *JAMA* 2016; 315 (23): 2564-2575.
4. Blue Cross Blue Shield Association Evidence Positioning System®. 6.01.32 Virtual Colonoscopy/Computed Tomography Colonography, 10/25.
5. Expert Panel on Gastrointestinal Imaging; Thomas DE, Horvat N, et al. ACR Appropriateness Criteria® Colorectal Cancer Screening: 2024 Update. *J Am Coll Radiol*. 2025 May;22(5S):S190-S201.
6. Keswani RN, Crockett SD, Calderwood AH. AGA Clinical Practice Update on Strategies to Improve Quality of Screening and Surveillance Colonoscopy: Expert Review. *Gastroenterology*. 2021 Aug;161(2):701-711.
7. Liberman DA, Rex DK, Winawer SJ et al. Guidelines for colonoscopy surveillance after screening and polypectomy: a consensus update by the US multi-society task force on colorectal cancer. *Gastroenterology* 2012; 143:844-857.
8. McFarland EG, Levin B, Lieberman et al. Revised colorectal screening guidelines: Joint effort of the American Cancer Society, U.S. Multisociety Task Force on colorectal cancer, and American College of Radiology. *Radiology* 2008; 248: 717-720.
9. Medical Advisory Secretariat. Magnetic Resonance (MR) Colonography for Colorectal Cancer Screening: An Evidence-Based Analysis. *Ont Health Technol Assess Ser*. 2009;9(8):1-35.
10. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology. Colorectal Cancer Screening. Version 1.2022.
11. Shaukat A, Kahi CJ, Burke CA, et al. ACG Clinical Guidelines: Colorectal Cancer Screening 2021. *Am J Gastroenterol*. 2021 Mar 1;116(3):458-479.
12. Terasawa T, Tadano T, Abe K et al. Single-round performance of colorectal cancer screening programs: a network meta-analysis of randomized clinical trials. *BMC Med*. 2025 Feb 21;23(1):110.
13. US Preventive Services Task Force, Davidson KW, Barry MJ, Mangione CM, et al. Screening for Colorectal Cancer: US Preventive Services Task Force Recommendation Statement. *JAMA*. 2021 May 18;325(19):1965-1977.

COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 01/22/26.

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.
04/15/20	Review/revision. Revise criteria, added symptomatic member to diagnostic CT colonography. Updated references.
01/01/22	Revision; CT colonography screening, added 45 to 49 years of age. Updated references.

05/15/22	Review; no change in position statement. Updated description, program exception, and references.
07/01/22	Revision to Program Exceptions section.
06/10/23	Review: position statements and references updated.
02/15/24	Review; maintain position statements. Updated references.
02/15/25	Review; maintain position statements. Updated references.
02/15/26	Review; maintain position statements. Updated references.