

Virtual Colonoscopy

Policy Number: PG0182
Last Review: 07/01/2023

HMO AND PPO
ELITE (MEDICARE ADVANTAGE)
MARKETPLACE

GUIDELINES:

- This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions, and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.
- Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.
- This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.

SCOPE:

- Professional
- Facility

DESCRIPTION:

Virtual colonoscopy, also known as computed tomographic colonography (CTC), is a test used to examine the colon. This test is used for screening (e.g., colorectal cancer [CRC]) and as a diagnostic tool (e.g., colorectal polyps, CRC). It involves the use of helical computed tomography (CT) and computer-generated images to produce high-resolution two- and three-dimensional (3D) images of the colon and rectum. Prior to virtual colonoscopy, standard bowel cleansing preparations are needed to evacuate any stool and fluid from the colon. During the procedure, a rectal tube is inserted, and the colon is distended using room air or carbon dioxide and images are then taken by a helical CT scanner. A radiologist interprets the results. If suspicious lesions are detected, the patient generally must undergo further testing via conventional colonoscopy.

Magnetic resonance (MR) colonography, also considered virtual colonoscopy, is a diagnostic test generally performed by a radiologist and may be suggested to detect colorectal polyps and CRC. MR colonography imaging involves the use of magnetic resonance imaging (MRI) data to create a 3D image of the interior surface of the colon. The outpatient procedure requires a bowel cleansing preparation.

POLICY:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans
Virtual colonoscopy using CT (74261-74263) requires prior authorization.

Virtual colonoscopy using MRI (76498) is non-covered.

COVERAGE CRITERIA:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

Virtual colonoscopy is only indicated in those patients in whom a diagnostic or surveillance instrument colonoscopy of the entire colon is incomplete due to an inability to fully pass the colonoscope proximally, and a repeat attempt is not indicated (e.g., due to diverticulosis, obstructive or stenosing colonic lesions, or redundant colon), or in patients with a valid contraindication to the safe performance of an instrument colonoscopy. Incomplete colonoscopy must be due to 1 of the following:

1. An obstructing neoplasm
2. Intrinsic scarring, stricture, aberrant anatomy, or obstruction from prior surgery, radiation, or diverticular disease

3. Extrinsic compression

There are few absolute contraindications to instrument colonoscopy. Relative contraindications do not create medical necessity for using CT colonography as a screening procedure, and the above indications must still be met.

The following relative contraindications to instrument colonoscopy may be indications for CT colonography if well documented in the medical record:

1. Severe coagulopathy
2. Long-term anticoagulation
3. Increased sedation risk (such as from severe chronic obstructive pulmonary disease (COPD) or previous anesthesia adverse reaction)
4. Members who are symptomatic and require colon examination less than 12 weeks after colon surgery

LIMITATIONS:

CT colonography is NOT covered when:

1. Used for screening, or in the absence of signs or symptoms of disease, regardless of family history or other risk factors for the development of colonic disease.
2. Used as an alternative to instrument colonoscopy for screening or in the absence of signs or symptoms of disease.
3. Patient preference for virtual colonoscopy vs. conventional colonoscopy
4. Following incomplete colonoscopy if the reason for the colonoscopy is other than one of those described above.

CT colonography is intended for use in pre-operative planning when imaging of the non-visualized colon proximal to the obstruction is necessary in making decisions involving the approach to the patient.

Paramount considers virtual colonoscopy using MRI (76498) experimental and investigational for the screening or diagnosis of colorectal cancer, inflammatory bowel disease, or other indications because its value for these indications has not been established.

CODING/BILLING INFORMATION:

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODES	
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
76498	Unlisted magnetic resonance procedure (e.g., diagnostic, interventional)

REVISION HISTORY EXPLANATION: ORIGINAL EFFECTIVE DATE: 10/01/2008

Date	Explanation & Changes
10/15/2009	<ul style="list-style-type: none">• No change
11/15/2009	<ul style="list-style-type: none">• Category III codes were deleted and replaced with Category I codes; however, coverage was not changed
11/11/2014	<ul style="list-style-type: none">• Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee
04/23/2015	<ul style="list-style-type: none">• MR Colonography (76498) added to policy and is non-covered for all product lines

	<ul style="list-style-type: none"> Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG)
04/22/2016	<ul style="list-style-type: none"> Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG)
05/26/2017	<ul style="list-style-type: none"> Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG)
12/15/2020	<ul style="list-style-type: none"> Medical policy placed on the new Paramount Medical Policy Format
02/10/2023	<ul style="list-style-type: none"> Medical Policy updated to reflect Medicaid coverage to Anthem as of 02/01/2023
07/01/2023	<ul style="list-style-type: none"> Medical policy reviewed and updated to reflect the most current clinical evidence

Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to

<https://www.paramounthealthcare.com/providers/medical-policies/policy-library>

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals> <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs>

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services <https://www.ama-assn.org/amaone/cpt-current-procedural-terminology>

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

U.S. Preventive Services Task Force, <https://www.uspreventiveservicestaskforce.org/uspstf/>
Industry Standard Review

Hayes, Inc., <https://www.hayesinc.com/>

Industry Standard Review