Prior approval is required for some or all procedure codes listed in this Corporate Medical Policy.

Definition: Computed tomographic colonography (CTC), also referred to as virtual colonoscopy, is a minimally invasive imaging technique that uses advanced visualization technology (helical computed tomography) to obtain high resolution 2-dimensional (2D) and 3-dimensional (3D) colonoscopic images of the colon and rectum. The 2D images are then reconstructed to create computer generated, 3D images suitable for interpretation by a radiologist specializing in gastrointestinal (GI) imaging. The advantages of CTC are that it is minimally invasive and does not require sedation. CTC does not, however, show mucosal detail, color, or texture, which can preclude detection of flat adenomas. While CTC can be used for screening and diagnostic purposes, conventional colonoscopy is both diagnostic and therapeutic, since the physician can resect polyps detected during the procedure. Patients with abnormal CTC results may require conventional colonoscopy for confirmatory testing and biopsy or polypectomy of any lesions.

Medical Necessity:

I. CTC, diagnostic: The Company considers diagnostic CTC (CPT Codes 74261 and 74262) medically necessary and eligible for reimbursement providing that all of the following medical criteria are met:

- Colon evaluation is necessary due to known (e.g., lower GI bleeding) or suspected (e.g., abdominal symptoms suggestive of colon cancer) abnormality; and
- Conventional colonoscopy of the entire colon is incomplete due to inability to pass the colonoscope proximally to the full extent, or an attempt is clinically inappropriate. Incomplete conventional colonoscopy is due to, but not limited to, any of the following:
  1. Obstructing neoplasm; or
  2. Intrinsic scarring, stricture, aberrant anatomy (redundant colon), spasm, or obstruction due to prior surgery, radiation, or diverticular disease; or
  3. Extrinsic compression;

OR

- Colon evaluation is necessary due to known (e.g., lower GI bleeding) or suspected (e.g., abdominal symptoms suggestive of colon cancer) abnormality; and
Conventional colonoscopy is clinically inappropriate due to patient safety concerns. Conditions that may preclude performing conventional colonoscopy include, but are not limited to, any of the following:

1. Severe coagulopathy cannot be sufficiently corrected to safely perform conventional colonoscopy; or
2. Long-term anticoagulation cannot be safely discontinued or modified to perform conventional colonoscopy; or
3. Excessively high risk for complications due to required sedation (e.g., advanced age, severe chronic obstructive pulmonary disease (COPD), allergic/adverse reaction associated with available anesthesia preparations), or underlying medical conditions; or
4. High risk for complications due to underlying bowel disease.

Medical record documentation must identify the specific contraindication or reason for increased risk and the medical necessity for performing the colonoscopy.

NOTE: The Company considers CTC performed because of the refusal to undergo a clinically indicated conventional colonoscopy when no contraindication exists not medically necessary and not eligible for reimbursement.

II. CTC, screening: The Company considers screening CTC (CPT Code 74263) medically necessary and eligible for reimbursement providing that all of the following medical criteria are met:

- Patient is asymptomatic and meets the criteria for routine colon cancer screening; and
- Conventional colonoscopy is clinically inappropriate due to safety concerns. Conditions that may preclude performing conventional colonoscopy include, but are not limited to, any of the following:

1. Severe coagulopathy cannot be sufficiently corrected to safely perform conventional colonoscopy; or
2. Long-term anticoagulation cannot be safely discontinued or modified to perform conventional colonoscopy; or
3. Excessively high risk for complications due to required sedation (e.g., severe COPD, allergic/adverse reaction associated with available anesthesia preparations), or underlying medical conditions; or
4. High risk for complications due to underlying bowel disease.

Frequency limitations: The Company has determined no more than one screening CTC may be performed within a five-year time period. Requests for screening CTC with a frequency of more than one in a five-year time period will be reviewed on a case-by-case basis.

Contraindications or conditions that require caution in performing a CTC include, but are not limited to, the following:

- Symptomatic acute colitis
• Acute diarrhea
• Recent acute diverticulitis
• Recent colorectal surgery
• Symptomatic colon-containing abdominal wall hernia
• Recent deep endoscopic biopsy or polypectomy/mucosectomy
• Known or suspected colonic perforation
• Symptomatic or high-grade small bowel obstruction

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

Prior approval is required for CPT Codes 74261, 74262 and 74263.
Sources of Information:

- Centers for Medicare & Medicaid Services (CMS). NCD for Colorectal Cancer Screening Tests (210.3).

Applicable Code(s):

<table>
<thead>
<tr>
<th>CPT:</th>
<th>74261, 74262 and 74263</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCPCS:</td>
<td>N/A</td>
</tr>
</tbody>
</table>

This document is subject to the disclaimer found at http://www.medmutual.com/provider/MedPolicies/Disclaimer.aspx. If printed, this document is subject to change. Always verify with the most current version of the official document at http://www.medmutual.com/provider/MedPolicies/Disclaimer.aspx.