Medical Policy

Computed Tomography (CT) CT Colonography (Virtual Colonoscopy)

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Policy Number: 179
BCBSA Reference Number: N/A
NCD/LCD:
National Coverage Determination (NCD) for Colorectal Cancer Screening Tests (210.3)
Local Coverage Determination (LCD): Computed Tomographic (CT) Colonography for Diagnostic Uses (L33562)

Related Policies
Cardiac Computed Tomography (CT) for Quantitative Evaluation of Coronary Calcification, #832
Computed Tomography (CT) Abdomen & Pelvis Combination, #750
Computed Tomography (CT) Abdomen, #749
Computed Tomography (CT) Cardiac (Structure), #833
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Computed Tomography (CT) Chest, #752
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Computed Tomography (CT) Orbit, Sella Turcica, Posterior Fossa, Temporal Bone, including Mastoids, #757
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Computed Tomography (CT) Pelvis, #791
Computed Tomography (CT) Thoracic Spine, #759
Computed Tomography (CT) Upper Extremity, #760
Computed Tomography Perfusion Imaging of the Brain, #448
Whole-Body Computed Tomography Scan as a Screening Test, #447

Policy¹
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Computed Tomography (CT) CT Colonography (Virtual Colonoscopy) is considered MEDICALLY NECESSARY for the following conditions:
Indications for Diagnostic CT Colonography (74261, 74262)

Coagulopathy

Complications from prior fiberoptic colonoscopy

Diverticulitis, with increased risk of perforation

Failed or incomplete fiberoptic colonoscopy of the entire colon, due to inability to pass the colonoscope proximally. Failure to advance the colonoscope may be secondary to:

- Obstructing neoplasm
- Spasm
- Redundant colon
- Altered anatomy or scarring from previous surgery
- Stricture
- Extrinsic compression

Increased sedation risk

- For example, COPD or previous adverse reaction to anesthesia

Known colonic obstruction, when standard fiberoptic colonoscopy is contraindicated

Lifetime or long-term anticoagulation, with increased patient risk if discontinued

Indication for Screening CT Colonography (74263)

As an alternative to either conventional (optical) colonoscopy or double contrast barium enema for colorectal cancer screening, in individuals beginning at the age of 50 years and at a frequency of every 5 years

Medicare HMO BlueSM and Medicare PPO BlueSM Members

Screening computed tomographic (CT) colonography is not covered, see the link below.

National Coverage Determination (NCD) for Colorectal Cancer Screening Tests (210.3)

Medical necessity criteria and coding guidance for Medicare Advantage members living in Massachusetts can be found through the link below.

Local Coverage Determination (LCD): Computed Tomographic (CT) Colonography for Diagnostic Uses (L33562)

For medical necessity criteria and coding guidance for Medicare Advantage members living outside of Massachusetts, please see the Centers for Medicare and Medicaid Services website for information regarding your specific jurisdiction at https://www.cms.gov.

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.

Yes indicates that prior authorization is required.
No indicates that prior authorization is not required.
N/A indicates that this service is primarily performed in an inpatient setting.
## Commercial Managed Care (HMO and POS)

The requirements of BCBSMA Radiology Management Program may require a precertification/prior authorization via AIM Specialty Health.

These requirements are member-specific: please verify member eligibility and requirements through [Online Services](http://www.bluecrossma.com/provider) by logging onto [Provider Central](http://www.bluecrossma.com/provider). Refer to our [Quick Tip](#) to learn how to use technologies to determine if pre-certification or prior authorization applies.

Ordering clinicians should request pre-certification from AIM Specialty Health at [www.aimspecialtyhealth.com](http://www.aimspecialtyhealth.com) or call 1-866-745-1783 (when applicable).

## Commercial PPO and Indemnity

The requirements of BCBSMA Radiology Management Program may require a precertification/prior authorization via AIM Specialty Health.

These requirements are member-specific: please verify member eligibility and requirements through [Online Services](http://www.bluecrossma.com/provider) by logging onto [Provider Central](http://www.bluecrossma.com/provider). Refer to our [Quick Tip](#) to learn how to use technologies to determine if pre-certification or prior authorization applies.

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## Medicare HMO BlueSM

**Computed Tomographic (CT) Colonography for Diagnostic Uses**

The requirements of BCBSMA Radiology Management Program may require a precertification/prior authorization via AIM Specialty Health.

These requirements are member-specific: please verify member eligibility and requirements through [Online Services](http://www.bluecrossma.com/provider) by logging onto [Provider Central](http://www.bluecrossma.com/provider). Refer to our [Quick Tip](#) to learn how to use technologies to determine if pre-certification or prior authorization applies.

Ordering clinicians should request pre-certification from AIM Specialty Health at [www.aimspecialtyhealth.com](http://www.aimspecialtyhealth.com) or call 1-866-745-1783 (when applicable).

**Computed Tomographic (CT) Colonography for Screening**

This is not a covered service.

## Medicare PPO BlueSM

**Computed Tomographic (CT) Colonography for Diagnostic Uses**

No

**Computed Tomographic (CT) Colonography for Screening**

This is not a covered service.

### CPT Codes / HCPCS Codes / ICD Codes

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.

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

The following codes are included below for informational purposes only; this is not an all-inclusive list.
CPT Codes

<table>
<thead>
<tr>
<th>CPT codes</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>74263</td>
<td>Screening CT colonography including image post-processing</td>
</tr>
<tr>
<td>74261</td>
<td>Diagnostic CT colonography without contrast</td>
</tr>
<tr>
<td>74262</td>
<td>Diagnostic CT colonography with contrast including non-contrast images if performed</td>
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Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>8/2017</td>
<td>National Coverage Determination (NCD) for Colorectal Cancer Screening Tests (210.3) added for Medicare Advantage members. 8/1/2017</td>
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<tr>
<td>5/2017</td>
<td>Prior Authorization Information clarified. 5/1/2017</td>
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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

References


Endnotes