Medical Policy
Computed Tomography (CT) CT Colonography (Virtual Colonoscopy)

Table of Contents

- Policy: Commercial
- Authorization Information
- Coding Information
- Policy History
- References
- Information Pertaining to All Policies
- Endnotes

Policy Number: 179
BCBSA Reference Number: N/A

Related Policies

- Medicare Advantage: High-Technology Radiology and Sleep Disorder Management Clinical and Utilization Guidance Redirect, #923
- 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
- Computed Tomography (CT) Cervical Spine, #751
- Computed Tomography (CT) Chest, #752
- Computed Tomography (CT) Head, #753
- Computed Tomography (CT) Lower Extremity, #754
- Computed Tomography (CT) Lumbar Spine, #755
- Computed Tomography (CT) Neck for Soft Tissue Evaluation, #756
- Computed Tomography (CT) Orbit, Sella Turcica, Posterior Fossa, Temporal Bone, including Mastoids, #757
- Computed Tomography (CT) Paranasal Sinus & Maxillofacial Area, #758
- 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

**Prior Authorization Information**

**Inpatient**

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

**Outpatient**

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

| Commercial Managed Care (HMO and POS) | Outpatient
|--------------------------------------|---------------------------------------------------
| **Commercial PPO and EPO 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 by logging onto Provider Central. Refer to our Quick Tip for an overview of pre-certification and prior authorization requirements.

Ordering clinicians should request pre-certification from AIM Specialty Health or call 1-866-745-1783 (when applicable).

Prior authorization information for Medicare HMO Blue and Medicare PPO Blue is addressed in medical policy #923, High Technology Radiology and Sleep Disorder Management for Medicare Advantage Products. |
Indemnity

Prior authorization is not required.

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>
</tr>
</tbody>
</table>

Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>1/2018</td>
<td>Prior authorization information for Medicare HMO Blue and Medicare PPO Blue removed. Prior authorization information for Medicare HMO Blue and Medicare PPO Blue is addressed in medical policy [923, High Technology Radiology and Sleep Disorder Management for Medicare Advantage Products], 1/1/2018</td>
</tr>
<tr>
<td>11/2017</td>
<td>Clinical literature was reviewed.</td>
</tr>
<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 Local Coverage Determination (LCD): Computed Tomographic (CT) Colonography for Diagnostic Uses (L33562) 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