

## Virtual Colonoscopy (CT colonography)

Last Review Date: January 14, 2022

Number: MG.MM.RA.06cC

### Medical Guideline Disclaimer

Property of EmblemHealth. All rights reserved. The treating physician or primary care provider must submit to EmblemHealth the clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request for prior authorization. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary. If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication. EmblemHealth Services Company LLC, ("EmblemHealth") has adopted the herein policy in providing management, administrative and other services to EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC and Health Insurance Plan of Greater New York (HIP) related to health benefit plans offered by these entities. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

### Definition

Virtual colonoscopy (VC), also known as CT colonography, utilizes helical computed tomography of the abdomen and pelvis to visualize the colon lumen, along with 3-D reconstruction. The test requires colonic preparation similar to that required for standard colonoscopy (instrument colonoscopy), and air insufflation to achieve colonic distention.

### Guideline

Members are eligible for screening/diagnostic VC coverage when any of the following indications are applicable:

1. Failed (incomplete) fiberoptic colonoscopy.  
Notes must be provided to the Plan upon request when either of the following scenarios is applicable:
  - Immediate VC post fiberoptic failure.
  - Future VC post fiberoptic failure.
2. Fiberoptic colonoscopy is contraindicated as a result of any of the following conditions/circumstances:
  - Recent myocardial infarction.
  - Bleeding disorder.
  - Contraindication to sedation.
3. Previously failed conventional colonoscopy where the member had a VC and the VC is being requested for surveillance or follow-up screening (5 years post previous VC)

## Limitations/Exclusions

Screening VC is not considered medically necessary (when using ICD-10 code Z12.11 — special screening for malignant neoplasms, colon) in the absence of contraindications to the performance of standard fiberoptic colonoscopy

## Revision History

Jan. 8, 2021	Added indication pertaining to surveillance and 5-year follow-up screening
--------------	--

## Applicable Procedure 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

## Applicable ICD-10 Diagnosis Codes

Z53.8	Procedure and treatment not carried out for other reasons
Z53.9	Procedure and treatment not carried out, unspecified reason

## References

- Ajaj W, Lauenstein TC, Pelster G, et al., MR colonography in patients with incomplete conventional colonoscopy, *Radiology*, 2005; 234: 452-459.
- Edwards JT, Mendelson RM, Fritschi L, et al., Colorectal neoplasia screening with CT colonography in average-risk asymptomatic subjects: community-based study, *Radiology*, 2004; 230: 459-464.
- Mulhall BP, Veerappan GR, Jackson JL, Meta-analysis: computed tomographic colonography, *Ann Intern Med*, 2005; 635-650.
- Pickhardt PJ, Taylor AJ, Kim DH, et al., Screening for colorectal neoplasia with CT colonography: initial experience from the 1st year of coverage by third-party payers, *Radiology*, 2006; 241: 417-425.
- Sosna J, Morrin MM, Kruskal JB, et al., CT colonography of colorectal polyps: a meta-analysis, *AJR*, 2003; 181: 1593-1598.
- Specialty-matched clinical peer review.