Virtual Colonoscopy
CT Colonography

Date of Origin: 02/2003       Last Review Date: 02/26/2020       Effective Date: 03/01/2020


Developed By: Medical Necessity Criteria Committee

I. Description

Virtual colonoscopy, also known as computed tomographic (CT) colonography, is a non-invasive imaging technique of the colon. Multiple CT scans are taken of the patient’s colon. The images are reconstructed with a computer to create a three-dimensional picture of the colon. Both virtual colonoscopy and conventional colonoscopy require a full bowel prep, however, virtual colonoscopy does not require sedation. Excellent bowel cleansing and bowel distention through insufflation of either atmospheric air or carbon dioxide via a small rectal tube are essential to completely evaluate the entire surface of the colon during a virtual colonoscopy. A drawback of virtual colonoscopy is that polyp removal and tissue biopsies in the colon must be performed using conventional colonoscopy.

II. Criteria: CWQI HCS-0152

A. Moda Health will cover virtual colonoscopy to plan limitations for 1 or more of the following indications:
   a. Conventional colonoscopy cannot be performed due to a known colonic lesion, obstructive tumor, spasm, or other structural abnormality; or
   b. Patient is receiving chronic anticoagulation that cannot be interrupted; or
   c. Patient has a contraindication to conventional colonoscopy; or
   d. Patient has diverticulitis with increased risk of perforation; or
   e. Patient has an increased risk with sedation (i.e. COPD or previous adverse reaction to anesthesia).
   f. Patient with complications from prior conventional colonoscopy

B. Moda Health will cover virtual colonoscopy 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 of age and at a frequency of every 5 years.

C. Moda Health considers virtual colonoscopy experimental and investigational for the management of inflammatory bowel disease because its value for this indication has not been established.
III. Information Submitted with the Prior Authorization Request:
   1. Provider chart notes with documentation of indications for virtual colonoscopy

IV. Applicable CPT or HCPC codes covered:

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>74261</td>
<td>Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material</td>
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<tr>
<td>74262</td>
<td>Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed</td>
</tr>
<tr>
<td>74263</td>
<td>Computed tomographic (CT) colonography, screening, including image postprocessing</td>
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</tbody>
</table>

V. Annual Review History

<table>
<thead>
<tr>
<th>Review Date</th>
<th>Revisions</th>
<th>Effective Date</th>
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<tbody>
<tr>
<td>02/2013</td>
<td>Annual Review: Added table with review date, revisions, and effective date. Added CPT codes</td>
<td>03/1/2013</td>
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<tr>
<td>02/2014</td>
<td>Annual Review: No change</td>
<td>02/25/2014</td>
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<td>02/2015</td>
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<td>02/25/2015</td>
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<tr>
<td>02/2016</td>
<td>Annual Review: Added Medicare coverage</td>
<td>02/24/2016</td>
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<tr>
<td>03/2017</td>
<td>Annual Review: Removed LCD reference, added indication</td>
<td>03/22/2017</td>
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<td>02/2019</td>
<td>Annual Review: Removed reference to Medicare coverage</td>
<td>03/01/2019</td>
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<tr>
<td>02/2020</td>
<td>Annual Review: No content change</td>
<td>03/01/2020</td>
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VI. References


16. Physician Advisors