

Evolut Clinical Guideline 2022033-1 for Computed Tomography (CT) (Virtual) Colonoscopy - Diagnostic

Guideline or Policy Number: Evolut_CG_ <u>2022033-1</u>	Applicable Codes	
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STATEMENT

General Information

- *It is an expectation that all patients receive care/services from a licensed clinician. All appropriate supporting documentation, including recent pertinent office visit notes, laboratory data, and results of any special testing must be provided. If applicable: All prior relevant imaging results and the reason that alternative imaging cannot be performed must be included in the documentation submitted.*
- *Where a specific clinical indication is not directly addressed in this guideline, medical necessity determination will be made based on widely accepted standard of care criteria. These criteria are supported by evidence-based or peer-reviewed sources such as medical literature, societal guidelines and state/national recommendations.*
- *The guideline criteria in the following sections were developed utilizing evidence-based and peer-reviewed resources from medical publications and societal organization guidelines as well as from widely accepted standard of care, best practice recommendations.*

Purpose

Computed tomographic colonography (CTC), also referred to as virtual colonoscopy, is a minimally invasive structural examination of the colon and rectum to evaluate for colorectal polyps or neoplasms.

See Legislative Language for specific mandates for the State of Rhode Island.

INDICATIONS ^(1,2)

For diagnostic evaluation

Symptomatic patients when conventional colonoscopy is contraindicated or could not be completed and ONE of the following:

- Patient had failed or incomplete colonoscopy ⁽¹⁾
- Patient has an obstructive colorectal cancer
- When colonoscopy is medically contraindicated or not possible (e.g., patient is unable to undergo sedation or has medical conditions such as a recent myocardial infarction, recent colonic surgery, a bleeding disorder, or severe lung and/or heart disease) ⁽¹⁾

Follow-Up Studies

- For a 3-year follow-up when 1-2 polyps that are 6-9 ≤10 at least one polyp of 6 mm in diameter detected at CTC if patient does not undergo polypectomy (or is unwilling or unable to undergo colonoscopy) ⁽²⁾

NOTE: CT (Virtual) Colonoscopy is not indicated in routine follow-up of inflammatory bowel disease, hereditary polyposis or non-polyposis cancer syndromes, evaluation of anal disease, or the pregnant or potentially pregnant patient. ⁽¹⁾

LEGISLATIVE REQUIREMENTS

State of Rhode Island

R.I. Gen. Laws § 27-18-58 ⁽³⁾

Applicable to Commercial, Exchange, Medicare and Medicaid lines of business

§ 27-18-58. Prostate and colorectal examinations — Coverage mandated — The Maryellen Goodwin Colorectal Cancer Screening Act.

(a) Every accident and sickness insurance policy, medical expense insurance policy or medical services plan contract delivered, issued for delivery, or renewed in this state shall provide coverage for prostate and colorectal preventive screening examinations and laboratory tests for cancer for any nonsymptomatic person covered under that policy or contract. The coverage required by this section shall include preventive colorectal cancer screening coverage for all colorectal cancer examinations and laboratory tests in accordance with American Cancer Society guidelines, including for colorectal cancer screening of average risk individuals, including an initial colonoscopy or other medical test or procedure for colorectal cancer screening and a follow-up colonoscopy if the results of the initial medical test or procedure are abnormal. Provided, this section does not apply to insurance coverage providing benefits for: (1) Hospital confinement indemnity; (2) Disability income; (3) Accident only; (4) Long-term care; (5) Medicare supplement; (6) Limited benefit health; (7) Specific disease indemnity; (8) Sickness or bodily injury or death by accident, or both; and (9) Other limited benefit policies.

(b) An insurer may not impose cost sharing on the coverage required by subsection (a) of this section when the services are delivered within the health insurer’s provider network.

History of Section.

P.L. 2000, ch. 125, § 1; P.L. 2000, ch. 345, § 1; P.L. 2002, ch. 292, § 33; P.L. 2021, ch. 7, § 2, effective April 29, 2021; P.L. 2021, ch. 8, § 2, effective April 29, 2021.

CODING AND STANDARDS

Codes

74261, 74262, +0722T

Applicable Lines of Business

<input checked="" type="checkbox"/>	CHIP (Children’s Health Insurance Program)
<input checked="" type="checkbox"/>	Commercial

☒	Exchange/Marketplace
☒	Medicaid
☒	Medicare Advantage

SUMMARY OF EVIDENCE

ACR-SABI SAR Practice Parameter for the Performance of Computed Tomography (CT) Colonography in Adults ⁽¹⁾

Study Design: This document outlines the practice parameters for the performance of CT colonography in adults. It includes guidelines for screening, surveillance, and diagnostic examinations.

Target Population: The target population includes adults at average or moderate risk for developing colorectal carcinoma. This includes individuals with a preceding positive stool-based test or positive family history.

Key Factors:

Indications: CT colonography is indicated for screening individuals at average or moderate risk, surveillance of patients with a history of colonic neoplasm, and diagnostic examination in symptomatic patients.

Contraindications: Conditions requiring caution include symptomatic acute colitis, recent colorectal surgery, and known or suspected colonic perforation.

Preparation: Colon preparation involves a combination of cleansing laxatives, tagging agents, and iodinated contrast material.

Technique: The examination technique includes mechanical insufflation using carbon dioxide, imaging in multiple positions, and use of low-dose, non-enhanced CT techniques.

Quality Control: Quality control measures include ensuring complete anatomic coverage of the colon and rectum, adequate colon cleansing and distention, and tracking radiation dose.

NCCN Clinical Practice Guidelines for Colorectal Cancer Screening V1.2024 ⁽²⁾

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ANALYSIS OF EVIDENCE

Shared Conclusions ^(1,2)

Both documents emphasize the importance of CT colonography in colorectal cancer screening, particularly for individuals at average or moderate risk. They agree that CT colonography is a valuable tool for detecting colorectal neoplasia and improving patient outcomes.

POLICY HISTORY

SUMMARY

Date	Summary
<u>June 2025</u>	<ul style="list-style-type: none"> ● <u>This guideline replaces Evolent Clinical Guideline 033-1 for CT (Virtual) Colonoscopy – Diagnostic</u> ● <u>Removed irrelevant citations</u> ● <u>Updated Follow-Up Indications per NCCN guidance</u> ● <u>Added third bullet to General Information</u> ● <u>Added Summary of Evidence and Analysis of Evidence</u> ● <u>Added legislative language for Rhode Island</u>
May 2024	<ul style="list-style-type: none"> ● Moved follow-up information to Follow-Up Studies section
<u>April 2023</u>	<u>General Information moved to beginning of guideline with added statement on clinical indications not addressed in this guideline</u>

	Added statement regarding further evaluation of indeterminate findings on prior imaging
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LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by Evolent Specialty Services Clinical Guideline Review Committee

Disclaimer

Evolent Clinical Guidelines do not constitute medical advice. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Evolent uses Clinical Guidelines in accordance with its contractual obligations to provide utilization management. Coverage for services varies for individual members according to the terms of their health care coverage or government program. Individual members' health care coverage may not utilize some Evolent Clinical Guidelines. Evolent clinical guidelines contain guidance that requires prior authorization and service limitations. A list of procedure codes, services or drugs may not be all inclusive and does not imply that a service or drug is a covered or non-covered service or drug. Evolent reserves the right to review and update this Clinical Guideline in its sole discretion. Notice of any changes shall be provided as required by applicable provider agreements and laws or regulations. Members should contact their Plan customer service representative for specific coverage information.

~~*Evolent Clinical Guidelines are comprehensive and inclusive of various procedural applications for each service type. Our guidelines may be used to supplement Medicare criteria when such criteria is not fully established. When Medicare criteria is determined to not be fully established, we only reference the relevant portion of the corresponding Evolent Clinical Guideline that is applicable to the specific service or item requested in order to determine medical necessity.*~~
~~*Evolent Clinical Guidelines do not constitute medical advice. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Evolent uses Clinical Guidelines in accordance with its contractual obligations to provide utilization management. Coverage for services varies for individual members according to the terms of their health care coverage or government program. Individual members' health care coverage may not utilize some Evolent Clinical Guidelines. A list of procedure codes, services or drugs may not be all inclusive and does not imply that a service or drug is a covered or non-covered service or drug. Evolent reserves the right to review and update this Clinical Guideline in its sole discretion. Notice of any changes shall be provided as required by applicable provider agreements and laws or regulations. Members should contact their Plan customer service representative for specific coverage information.*~~

REFERENCES

1. American College of Radiology, Society for Advanced Body Imaging, Society for Abdominal Radiology. *ACR-SABI-SAR PRACTICE PARAMETER FOR THE PERFORMANCE OF COMPUTED TOMOGRAPHY (CT) COLONOGRAPHY IN ADULTS.*; 2024.
2. Referenced with permission from the National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Colorectal Cancer Screening Version 1.2024 © National Comprehensive Cancer Network, Inc. 2025. All rights reserved. To view the most recent and complete version of the guideline, go online to NCCN.org.
3. Rhode Island General Laws. *The Maryellen Goodwin Colorectal Cancer Screening Act.* RI Gen L 27-18-58; 2021. Accessed February 16, 2025.
<https://law.justia.com/codes/rhode-island/title-27/chapter-27-18/section-27-18-58/>

~~1. NCCN. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines): Colorectal Cancer Screening Version 3.2022. 2022.~~

~~2. American College of Radiology. ACR Appropriateness Criteria® Colorectal Cancer Screening. 2018; 2022.~~

~~3. Rex D K, Boland C R, Dornitz J A, Giardiello F M, Johnson D A et al. Colorectal Cancer Screening: Recommendations for Physicians and Patients from the U.S. Multi-Society Task Force on Colorectal Cancer. *Am J Gastroenterol.* 2017; 112: 1016-1030. 10.1038/ajg.2017.174.~~