

*National Imaging Associates, Inc.*	
Clinical guidelines CT (VIRTUAL) COLONOSCOPY <b>DIAGNOSTIC</b>	Original Date: July 2007
CPT Codes: 74261, 74262	Last Revised Date: <del>April 2023</del> April 2022
Guideline Number: NIA_CG_033-1	Implementation Date: January 20 <del>24</del> 23

### **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.*

### **INDICATIONS FOR **DIAGNOSTIC** CT COLONOGRAPHY (VIRTUAL COLONOSCOPY)**

**For diagnostic (symptomatic patient) evaluation when conventional colonoscopy is contraindicated or could not be completed<sup>1-3</sup>**

~~(Rex, 2017)~~

- Patient had failed or incomplete colonoscopy
- 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)
- For a 3-year follow-up when 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)

### **Other Indications**

~~\*National Imaging Associates, Inc. (NIA) is a subsidiary of Magellan Healthcare, Inc.~~

Further evaluation of indeterminate findings on prior imaging (unless follow up is otherwise specified within the guideline):

- For initial evaluation of an inconclusive finding on a prior imaging report that requires further clarification
- One follow-up exam of a prior indeterminate MR/CT finding to ensure no suspicious interval change has occurred. (No further surveillance unless specified as highly suspicious or change was found on last follow-up exam.)

## BACKGROUND

Computed tomographic (CT) colonography, also referred to as virtual colonoscopy, is used to examine the colon and rectum to detect abnormalities such as polyps and cancer. Polyps may be adenomatous (which have the potential to become malignant) or completely benign.

Colorectal cancer (CRC) is the third most common cancer and the second most common cause of cancer death in the United States. Symptoms include blood in the stool, change in bowel habit, abdominal pain, and unexplained weight loss.

Relative contraindications to CTC include symptomatic acute colitis, acute diarrhea, recent acute diverticulitis, recent colorectal surgery, symptomatic colon-containing abdominal wall hernia, and small bowel obstruction. It 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. For all high-risk individuals, colonoscopy is preferred.

In addition to its use as a diagnostic test in symptomatic patients, CT colonography may be used in asymptomatic patients with a high risk of developing colorectal cancer. Conventional colonoscopy is the main method currently used for examining the colon.

## OVERVIEW

**Request for a follow-up study** - A follow-up study may be needed to help evaluate a patient's progress after treatment, procedure, intervention, or surgery. Documentation requires a medical reason that clearly indicates why additional imaging is needed for the type and area(s) requested.

## POLICY HISTORY

Date	Summary
<u>2023</u>	<del>—</del> <u>No change</u>
<u>April 2022</u>	<del>•</del> <u>Updated references</u>
<u>April 2021</u>	<del>•</del> <u>Updated background information and references only</u>

May 2020	<ul style="list-style-type: none"> <li>• Updated indications for diagnostic study</li> </ul>
April 2019	<ul style="list-style-type: none"> <li>• Corrected terminology to “CT Colonography” and “Virtual Colonoscopy”</li> <li>• Updated references</li> </ul>

## REFERENCES

1. American College of Radiology. ACR Appropriateness Criteria® Colorectal Cancer Screening. American College of Radiology. Updated 2018. Accessed December 29, 2022. <https://acsearch.acr.org/docs/69469/Narrative/>
2. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines): Colorectal Cancer Screening Version 3.2022. National Comprehensive Cancer Network (NCCN). Updated September 30, 2022. Accessed December 29, 2022. [https://www.nccn.org/professionals/physician\\_gls/pdf/colorectal\\_screening.pdf](https://www.nccn.org/professionals/physician_gls/pdf/colorectal_screening.pdf)
3. Rex DK, Boland CR, Dominitz JA, et al. Colorectal Cancer Screening: Recommendations for Physicians and Patients from the U.S. Multi-Society Task Force on Colorectal Cancer. *Am J Gastroenterol*. Jul 2017;112(7):1016-1030. doi:10.1038/ajg.2017.174

## ADDITIONAL RESOURCES

- ~~1. Davidson KW, Barry MJ, Mangione CM, et al. Screening for Colorectal Cancer: US Preventive Services Task Force Recommendation Statement. *JAMA*. May 18 2021;325(19):1965-1977. doi:10.1001/jama.2021.6238~~
- ~~2. Kahi CJ, Boland CR, Dominitz JA, et al. Colonoscopy Surveillance after Colorectal Cancer Resection: Recommendations of the US Multi-Society Task Force on Colorectal Cancer. *Am J Gastroenterol*. Mar 2016;111(3):337-46; quiz 347. doi:10.1038/ajg.2016.22~~
- ~~3. Smith RA, Cokkinides V, Brooks D, Saslow D, Shah M, Brawley OW. Cancer screening in the United States, 2011: A review of current American Cancer Society guidelines and issues in cancer screening. *CA Cancer J Clin*. Jan-Feb 2011;61(1):8-30. doi:10.3322/caac.20096~~
- ~~4. Spada C, Stoker J, Alarcon O, et al. Clinical indications for computed tomographic colonography: European Society of Gastrointestinal Endoscopy (ESGE) and European Society of Gastrointestinal and Abdominal Radiology (ESGAR) Guideline. *Eur Radiol*. Feb 2015;25(2):331-45. doi:10.1007/s00330-014-3435-z~~
- ~~5. van der Meulen MP, Lansdorp-Vogelaar I, Goede SL, et al. Colorectal Cancer: Cost-effectiveness of Colonoscopy versus CT Colonography Screening with Participation Rates and Costs. *Radiology*. Jun 2018;287(3):901-911. doi:10.1148/radiol.2017162359~~
- ~~6. Wolf AMD, Fontham ETH, Church TR, et al. Colorectal cancer screening for average-risk adults: 2018 guideline update from the American Cancer Society. *CA Cancer J Clin*. Jul 2018;68(4):250-281. doi:10.3322/caac.21457~~
- ~~7. Final Recommendation Statement Colorectal Cancer: Screening U.S. Preventive Services Task Force (USPSTF). Updated May 18, 2021. Accessed December 29, 2022 November 5, 2021. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening>~~

~~Reviewed / Approved by NIA Clinical Guideline Committee~~



## **POLICY HISTORY**

<b><u>Date</u></b>	<b><u>Summary</u></b>
<u>April 2023</u>	<ul style="list-style-type: none"><li>• <u>General Information moved to beginning of guideline with added statement on clinical indications not addressed in this guideline</u></li><li>• <u>Added statement regarding further evaluation of indeterminate findings on prior imaging</u></li></ul>
<u>April 2022</u>	<ul style="list-style-type: none"><li>• <u>Updated references</u></li></ul>

## Reviewed / Approved by NIA Clinical Guideline Committee

**Disclaimer:** National Imaging Associates, Inc. (NIA) authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. These policies are not meant to supplant your normal procedures, evaluation, diagnosis, treatment and/or care plans for your patients. Your professional judgement must be exercised and followed in all respects with regard to the treatment and care of your patients. These policies apply to all Evolent Health LLC subsidiaries including, but not limited to, National Imaging Associates (“NIA”). The policies constitute only the reimbursement and coverage guidelines of NIA. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies. NIA reserves the right to review and update the guidelines at its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

### **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.~~

~~**Disclaimer:** Magellan Healthcare service authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. These policies are not meant to supplant your normal procedures, evaluation, diagnosis, treatment and/or care plans for your patients. Your professional judgement must be exercised and followed in all respects with regard to the treatment and care of your patients. These policies apply to all Magellan Healthcare subsidiaries including, but not limited to, National Imaging Associates (“Magellan”). The policies constitute only the reimbursement and coverage guidelines of Magellan. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies. Magellan reserves the right to review and update the guidelines at its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.~~