

Evolut Clinical Guideline 2023033-2 for Computed Tomography (CT) (Virtual) Colonoscopy - Screening

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| Guideline or Policy Number: Evolut_CG_ <u>2023033-2</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 and can be used as a screening tool to evaluate for colorectal polyps or neoplasms in the asymptomatic patient.

See ~~Legislative Requirements~~ **Legislative Language** for specific mandates for the State of ~~Ohio, Rhode Island, and the Commonwealth of~~.

INDICATIONS (1–4)

Computer tomographic colonography (CTC) is considered medically appropriate as an **alternative** to colonoscopy for screening asymptomatic individuals in the following two situations:

1. **Asymptomatic** Individuals at **Average Risk** for colorectal cancer (CRC)

- Every 5 years starting at age 45
 - **Average risk** includes:
 - ☐ No personal history of ~~any of the following~~; any of the following:
 -
 - ☐ Adenoma or serrated sessile polyp/lesion (SSP/SSL)
 - ☐ Colorectal cancer
 - ☐ Inflammatory bowel disease (IBD)

- Known hereditary CRC syndrome
- Cystic Fibrosis
- Childhood cancer



AND

□ No family history of any of the following:

- ◆ Advanced adenoma or serrated sessile polyp/lesion (SSP/SSL) in a first degree relative
- ◆ Colorectal cancer

- NOTE: Any **one** of the above personal or family history risk factors places the patient at increased risk for colorectal cancer and screening is with colonoscopy rather than CTC unless a contraindication [to colonoscopy is provided](#)
- **NOTE:** Generally screening for colorectal cancer stops at age 75, however, it is reasonable to continue screening above age 75 if the patient's life expectancy is ≥ 10 years

2. Patients at **Increased Risk** [\(one or more risk factors above\)](#) for colorectal cancer:

- As an alternative to colonoscopy in individuals at **increased risk** for colorectal cancer **AND** a contraindication to colonoscopy has been provided:
 - Contraindications to colonoscopy include known obstructing colonic lesion, anatomic abnormality preventing passage of the scope, technical difficulty, patient is unable to undergo sedation or has medical conditions such as recent myocardial infarction, recent colonic surgery, a bleeding disorder, or severe lung and/or heart disease) **OR**
 - A relative contraindication to colonoscopy such as symptomatic acute colitis, acute diarrhea, recent acute diverticulitis, recent colorectal surgery, symptomatic colon-containing abdominal wall hernia, small bowel obstruction.

[For all high-risk individuals, colonoscopy is preferred.](#)

- ~~CTC is not indicated for 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.~~

NOTE: If a polyp 6-9 mm ~~or larger~~ is detected at screening CTC and polypectomy is not done, then the follow-up CTC is considered diagnostic rather than screening (See Evolent Clinical Guideline [2022 for CT033-1 for CT](#) (Virtual) Colonoscopy - Diagnostic).

LEGISLATIVE REQUIREMENTS

State of Rhode Island

R.I. Gen. Laws § 27-18-58 ⁽⁵⁾

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.

~~Commonwealth of Virginia ⁽⁶⁾~~

~~Code of Virginia §38.2-3418.7:1~~

~~§ 38.2-3418.7:1. Coverage for colorectal cancer screening.~~

~~A. Notwithstanding the provisions of § 38.2-3419, each insurer proposing to issue individual or group accident and sickness insurance policies providing hospital, medical and surgical, or major medical coverage on an expense-incurred basis; each corporation providing individual or group accident and sickness subscription contracts; and each health maintenance organization providing a health care plan for health care services shall provide coverage for colorectal cancer screening under any such policy, contract, or plan delivered, issued for delivery, or renewed in this Commonwealth.~~

~~B. Coverage for colorectal cancer screening, examinations, and laboratory tests shall be provided in accordance with the most recently published recommendations established by the **U.S. Preventive Services Task Force for colorectal cancer screening** for which a rating of A or B is in effect with respect to the individual involved. A follow-up colonoscopy after a positive noninvasive stool-based screening test or direct visualization screening test shall be covered.~~

~~C. The coverage provided under this section shall not be subject to any deductible, coinsurance, or any other cost-sharing requirements for services received from participating providers under the policy, contract, or plan.~~

~~D. The provisions of this section shall not apply to (i) short-term travel, accident only, limited or specified disease policies, other than cancer policies, (ii) short-term nonrenewable policies of not more than six months duration, or (iii) policies or contracts designed for issuance to persons eligible for coverage under Title XVIII of the Social Security Act, known as Medicare, or any other similar coverage under state or federal governmental plans.~~

Approved March 28, 2024

CODING AND STANDARDS

Coding

CPT Codes

74263, 0722T

Applicable Lines of Business

| | |
|--|--|
| <input checked="" type="checkbox"/> | CHIP (Children’s Health Insurance Program) |
| <input checked="" type="checkbox"/> | Commercial |
| <input checked="" type="checkbox"/> | Exchange/Marketplace |
| <input checked="" type="checkbox"/> | Medicaid |
| <input checked="" type="checkbox"/> <input type="checkbox"/> | Medicare Advantage |

BACKGROUND OVERVIEW

~~THE AMERICAN CANCER SOCIETY 2018 GUIDELINE FOR COLORECTAL CANCER SCREENING RECOMMENDS THAT AVERAGE-RISK ADULTS AGED 45 YEARS AND OLDER UNDERGO REGULAR SCREENING WITH EITHER A HIGH-SENSITIVITY STOOL-BASED TEST (SUCH AS MT-SDNA, HSGFOBT OR FIT TESTS) OR A STRUCTURAL EXAM~~

~~(COLONOSCOPY OR CTC), BASED ON PERSONAL PREFERENCES AND TEST AVAILABILITY. AS A PART OF THE SCREENING PROCESS, ALL POSITIVE RESULTS ON NON-COLONOSCOPY SCREENING TESTS SHOULD BE FOLLOWED UP WITH TIMELY COLONOSCOPY⁽⁸⁾.~~

~~FOR ALL HIGH-RISK INDIVIDUALS, COLONOSCOPY IS PREFERRED.~~

~~CTC IS NOT INDICATED FOR 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.~~

Contraindications and Preferred Studies

- Contraindications and reasons why a CT/CTA cannot be performed may include: impaired renal function, significant allergy to IV contrast, and pregnancy (depending on trimester).
- Contraindications and reasons why an MRI/MRA cannot be performed may include: impaired renal function, claustrophobia, non-MRI compatible devices (such as non-compatible defibrillator or pacemaker), metallic fragments in a high-risk location, patient exceeds weight limit/dimensions of MRI machine.

SUMMARY OF EVIDENCE

ACR-SABI-SAR Practice Parameter for the Performance of Computed Tomography (CT) Colonography in Adults⁽³⁾

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 1.
- **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.

Screening for Colorectal Cancer: US Preventive Services Task Force Recommendation Statement ⁽²⁾

Study Design: This document provides the US Preventive Services Task Force (USPSTF) recommendation statement on screening for colorectal cancer. It includes a systematic review of the benefits and harms of screening strategies.

Target Population: The target population includes asymptomatic adults aged 45 years or older at average risk of colorectal cancer.

Key Factors:

- **Screening Tests:** The recommended screening tests include stool-based tests (high-sensitivity guaiac fecal occult blood test, fecal immunochemical test, stool DNA test) and direct visualization tests (colonoscopy, CT colonography, flexible sigmoidoscopy).
- **Benefits:** Screening for colorectal cancer in adults aged 50 to 75 years has substantial net benefit, while screening in adults aged 45 to 49 years has moderate net benefit.
- **Harms:** The harms of screening include bleeding and perforation from colonoscopy, and potential evaluation and treatment of incidental extracolonic findings from CT colonography.
- **Screening Intervals:** Recommended intervals for CT colonography are every 5 years.

ANALYSIS OF EVIDENCE

Shared Conclusions ^(2,3)

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.

Summary ^(2,3)

In summary, both documents provide comprehensive evidence for the use of CT colonography in colorectal cancer screening, highlighting its importance in detecting colorectal neoplasia and improving patient outcomes. The ACR practice parameters focus on the technical aspects of the procedure, while the USPSTF recommendation statement offers a broader evaluation of screening strategies and their benefits and harms.

POLICY HISTORY

SUMMARY

| Date | Summary |
|-------------------|--|
| <u>June 2025</u> | <ul style="list-style-type: none"> ● <u>This guideline replaces Evolent Clinical Guideline 033-2 for CT (Virtual) Colonoscopy – Screening</u> ● <u>Updated citations</u> ● <u>Updated screening recommendation per ACS</u> ● <u>Added third bullet to General Information</u> ● <u>Checked Medicare Advantage Line of Business</u> ● <u>Added Summary of Evidence and Analysis of Evidence</u> ● <u>Removed legislative language for Virginia</u> |
| July 2024 | <ul style="list-style-type: none"> ● Updated references ● Age range adjusted ● Added legislative language for Rhode Island, Virginia |
| <u>April 2023</u> | <p><u>Updated references</u></p> <p><u>General Information moved to beginning of guideline with added statement on clinical indications not addressed in this guideline</u></p> <p><u>Added statement regarding further evaluation of indeterminate findings on prior imaging</u></p> |

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.

REFERENCES

1. American Cancer Society Guideline for Colorectal Cancer Screening. American Cancer Society. January 29, 2024. Accessed April 6, 2025. <https://www.cancer.org/cancer/types/colon-rectal-cancer/detection-diagnosis-staging/acs-recommendations.html>
2. Davidson KW, Barry MJ, Mangione CM, et al. Screening for Colorectal Cancer: US Preventive Services Task Force Recommendation Statement. *JAMA*. 2021;325(19):1965. doi:10.1001/jama.2021.6238
3. 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.
4. 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.
5. 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. American College of Radiology (ACR), Society of Abdominal Radiology (SAR), Society of Computed Body Tomography & Magnetic Resonance (SCBT-MR). ACR-SAR-SCBT-MR practice parameter for the performance of computed tomography (CT) colonography in adults. 2019; 2022:~~

~~2. US Preventative Services Task Force. Screening for Colorectal Cancer: US Preventive Services Task Force Recommendation Statement. *JAMA*. 2021; 325: 1965-1977. 10.1001/jama.2021.6238.~~

~~3. NCCN. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines): Colorectal Cancer Screening Version 2.2024. 2024.~~

~~4. Rex D K, Boland C R, Dominitz 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.~~

~~5. Wolf A M D, Fontham E T H, Church T R, Flowers C R, Guerra C E et al. Colorectal cancer screening for average-risk adults: 2018 guideline update from the American Cancer Society. *CA Cancer J Clin*. 2018; 68: 250-281. 10.3322/caac.21457.~~

~~6. State of Rhode Island General Assembly. The Maryellen Goodwin Colorectal Cancer Screening Act. 2021; <http://webserver.rilin.state.ri.us/Statutes/TITLE27/27-18/27-18-58.htm>.~~

~~7. General Assembly of Virginia. Chapter 181: An Act to amend and reenact §38.2-3418. 7: 1 of the Code of Virginia. <https://law.lis.virginia.gov/vacode/title38.2/chapter34/section38.2-3418.7.1/>.~~

~~8. American Cancer Society Guideline for Colorectal Cancer Screening. November 17, 2020; 2022:~~