



EVOLENT CLINICAL GUIDELINE 033-2 FOR CT (VIRTUAL) COLONOSCOPY - SCREENING

Guideline or Policy Number: Evolut_CG_033-2	<u>Applicable Codes</u>	
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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.

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 for the States of Ohio, Rhode Island, and the Commonwealth of Virginia.

INDICATIONS (1,2,3,4,5)

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

~~1. For average or moderate risk individuals⁺ as defined below:~~

~~1. Age 45-75 years, for initial screening and every 5 years after initial negative screen¹⁻³~~

1. Screening 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:

- 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
- Generally screening for colorectal cancer stops at age 75, however, it is reasonable to continue screening above age 75 or ≥ 10 years of if the patient's life expectancy is ≥ 10 years
 - ~~One time screening age 76–85 if no prior study has been completed (depending on comorbidities and life expectancy)~~

~~When colonoscopy is medically contraindicated or not possible (e.g., due to a~~ **2. Patients at Increased Risk 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, **structural/anatomic** abnormality, or **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**
 - ~~For a patient with a first-degree family member with history of colorectal cancer or adenoma~~
 - ~~After a positive fecal occult blood test (FOBT) or positive fecal immunochemical test (FIT)~~
 - 2. ~~For a patient at above average risk with a documented reason for not having a traditional~~ **A relative contraindication to** colonoscopy

~~†For **Average or Moderate Risk Individuals:**~~

- ~~50–75 years of age, Asymptomatic **AND WITHOUT** any of the following:~~
 - ~~A family history of known genetic disorders that predispose them to a high lifetime risk of colorectal cancer^{1,4-6**} (See Background section)~~
 - ~~A personal history of inflammatory bowel disease^{1,4-6**}~~

~~**Patients with these indications should undergo colonoscopy.~~

NOTE: ~~If a polyp 6mm or larger is detected at screening CTC, and no polypectomy is done, the follow up CTC (done at 3 years) is then considered diagnostic (rather than screening).~~

Other Indications

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

The goal of CTC, sometimes referred to as CT colonography or virtual colonoscopy screening, is to reduce colorectal cancer mortality through cancer prevention and early detection. Virtual colonoscopy is an American Cancer Society-recommended screening exam that has been shown in studies in the United States and abroad to increase screening rates where offered. Virtual colonoscopy has been proven comparably accurate to colonoscopy in most people of screening age. Mandatory insurance coverage of CT colonography and the other USPSTF-recognized exams is a major step forward in the battle against colorectal cancer.⁷ CT colonography has replaced double-contrast barium enema for nearly all indications as it is more effective and better tolerated.

OVERVIEW

CTC is a minimally invasive structural examination of the colon and rectum to evaluate for colorectal polyps or neoplasms in the asymptomatic patient. These guidelines have been updated based on revised ACR Appropriateness Criteria[®] for Colorectal Cancer Screening for average or moderate risk individuals, which references the American College of Radiology Imaging Network (ACRIN) National CTC Trial. ACRIN is the largest multicenter trial to date with 2,531 asymptomatic patients included. The per-patient sensitivity for detecting adenomas >6 mm was 78%, ≥10 mm was 84%. Of the 105 references used for this revised 2018 ACR guideline, 98 are categorized as diagnostic references. The 2022 NCCN guidelines recommend CT colonography every 5 years with a sensitivity of 86%-100% for colorectal cancer (colonoscopy 94.7%), and specificity of 88% (polyps ≥ 6 mm) to 94% (polyps ≥ 10 mm) vs 89% (polyps ≥ 10 mm) to 94% (polyps ≥ for colonoscopy.⁵

- Relative contraindications to CTC include **such as** symptomatic acute colitis, acute diarrhea, recent acute diverticulitis, recent colorectal surgery, symptomatic colon-containing abdominal wall hernia, small bowel obstruction, Lynch syndrome, Polyposis syndromes including classical familial adenomatous polyposis, attenuated familial adenomatous polyposis, MUTYH-associated polyposis, Peutz-Jeghers syndrome, Juvenile polyposis syndrome, Cowden syndrome/PTEN hamartoma tumor syndrome, and Li-Fraumeni syndrome.⁵

NOTE: If a polyp 6mm 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 CG 033-1 CT (Virtual) Colonoscopy - Diagnostic)

LEGISLATIVE REQUIREMENTS

State of Rhode Island

R.I. Gen. Laws § 27-18-58⁽⁶⁾

§ 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⁽⁷⁾

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

Applicable Lines of Business

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

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. ~~For all high-risk individuals, colonoscopy is preferred.~~

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.

POLICY HISTORY

Summary

Date	Summary
<u>July 2024</u>	<ul style="list-style-type: none"> ● <u>Updated references</u> ● <u>Age range adjusted</u> ● <u>Added legislative language for Rhode Island, Virginia</u>
April 2023	<ul style="list-style-type: none"> ● Updated references ● General Information moved to beginning of guideline with added statement on clinical indications not addressed in this guideline ● Added statement regarding further evaluation of indeterminate findings on prior imaging

LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by **NIA**Evolent Specialty Clinical Guideline Review Committee



Disclaimer: ~~National Imaging Associates, Inc. (NIA) authorization policies~~

~~***Evolut Clinical Guidelines** 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, 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. **Treating health care professionals are solely responsible for 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. **medical advice. Evolent uses Clinical Guidelines in accordance with its contractual obligations to provide utilization management.** Coverage for services varies for individual members in accordance with **according to** the terms and conditions of applicable Certificates of Coverage, **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** Summary Plan Descriptions, or contracts with governing regulatory agencies. NIA **drug is a covered or non-covered service or drug. Evolent** reserves the right to review and update the guidelines at **this Clinical Guideline in** its sole discretion. Notice of ~~such~~ **any** changes, if necessary, shall be provided in accordance with the terms and conditions of **as required by applicable** provider agreements and ~~any applicable~~ laws or regulations. **Members should contact their Plan customer service representative for specific coverage information.***~~

REFERENCES

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: