

AmeriHealth Caritas Louisiana

National Imaging Associates, Inc.*	
Clinical guidelines CT (VIRTUAL) COLONOSCOPY	Original Date: July 2007
CPT Codes: 74261, 74262	Last Revised Date: May 2020
Guideline Number: NIA_CG_033-1	Implementation Date: <u>January 2021</u> <u>TBD</u>

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. All prior relevant imaging results, and the reason that alternative imaging (gold standard, protocol, contrast, etc.) cannot be performed must be included in the documentation submitted.

INDICATIONS FOR CT COLONOGRAPHY (VIRTUAL COLONOSCOPY):

For diagnostic (symptomatic patient) evaluation when conventional colonoscopy is contraindicated or could not be completed:

(ACR, 2018; NCCN, 2019; ACR, 2018; Rex, 2017; AGA, 2015; Spada, 2015)

- Patient had failed or incomplete colonoscopy ~~due to conditions such as hypotension secondary to the sedation; adhesions from prior surgery; excessive colonic tortuosity.~~
- Patient has an obstructive colorectal cancer.
- When colonendoscopy is medically contraindicated or not possible ~~possible and the patient has abdominal symptoms suggestive of colorectal cancer. (e.g.,~~ patient is unable to undergo sedation or has medical conditions such as a, e.g., 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).

BACKGROUND:

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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, 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 ~~and double contrast barium enema are~~ the main methods 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:

Review Date: April 2019

Review Summary:

- Corrected terminology to "CT Colonography" and "Virtual Colonoscopy"
- Updated references

Review Date: May 2020

Review Summary:

- Updated indications for diagnostic study

REFERENCES:

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[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. 2018 Jul; 68\(4\):250-81.](#)

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