

National Imaging Associates, Inc.*	
Clinical guidelines CT (VIRTUAL) COLONOSCOPY	Original Date: July 2007
CPT Codes: 74261, 74262	Last Revised Date: April 2021
Guideline Number: NIA_CG_033-1	Implementation Date: January 2022

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; 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~~**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

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~~**non-polyposis** cancer syndromes, evaluation of anal disease, or the pregnant or potentially pregnant patient. For all ~~high-risk~~**high-risk** individuals, colonoscopy is preferred.

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

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
April 2021	• <u>Updated background information and references only</u>
<u>May 2020</u>	• <u>Updated indications for diagnostic study</u>
<u>April 2019</u>	• <u>Corrected terminology to "CT Colonography" and "Virtual Colonoscopy"</u> • <u>Updated references</u>

~~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

American College of Radiology. American College of Radiology ACR Appropriateness Criteria® Colorectal Cancer Screening. Published 2018. Accessed July 28, 2021. <https://acsearch.acr.org/docs/69469/Narrative/>.

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*. 2016; 111:337-46. Epub 2016 Feb 12. <https://gi.org/guideline/colonoscopy-surveillance-after-colorectal-cancer-resection-recommendations-of-the-us-multi-society-task-force-on-colorectal-cancer/>.

National Comprehensive Cancer Network (NCCN). NCCN Guidelines Version 2.2019 - Colorectal Cancer Screening. 2019.

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*. 2017 Jul; 112(7):1016-30. Epub 2017 Jun 6. <https://gi.org/guideline/colorectal-cancer-screening-recommendations-for-physicians-and-patients-from-the-u-s-multi-society-task-force-on-colorectal-cancer/>.

Smith RA, Cokkinides V, Brooks D. Cancer screening in the United States, 2011: A review of current American Cancer Society guidelines and issues in cancer screening. *CA Cancer J Clin*. 2011; 6(1):8-30. doi: 10.3322/caac.20096.

Spada C, Stoker J, 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*. 2015; 25:331-345.

U.S. Preventative Services Task Force (USPTF). Screening for Colorectal Cancer US Preventive Task Force Recommendation Statement. *JAMA*. 2016 June 21; 315(23).

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*. 2018 Jun; 287(3):901-11. Epub 2018 Feb 27.

Whitlock EP, Lin JS, Liles E, et al. Screening for colorectal cancer: A targeted, updated systematic review for the U.S. Preventive Services Task Force. *Ann Intern Med*. 2008; 149(9):638-58. doi: 10.7326/0003-4819-149-9-200811040-00245.

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.

Reviewed / Approved by  M. Atif Khalid, M.D., Medical Director, Radiology
Reviewed / Approved by _____ mittee

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.