MEDICAL COVERAGE POLICY

SERVICE: Computed Tomographic Colonography (Virtual Colonoscopy)

Policy Number: 202
Effective Date: 04/01/2018
Last Review: 01/30/2018
Next Review Date: 01/30/2019

Important note
Even though this policy may indicate that a particular service or supply may be considered covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Senior Care members, this policy will apply unless Medicare policies extend coverage beyond this Medical Policy & Criteria Statement. Senior Care policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website.

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PRIOR AUTHORIZATION: Not required.

POLICY:
SWHP considers a diagnostic or screening virtual colonoscopy using computed tomography (CT colonography) medically necessary for colonic evaluation of members with a known colonic obstruction, OR members with an incomplete colonoscopy due to obstructive or stenosing colonic lesions, OR for members with an incomplete colonoscopy due to redundant colon, OR for members who are receiving chronic anticoagulation that cannot be interrupted, OR members with coagulopathy, OR members with previous complications from optical colonoscopy, OR members with increased risk from sedation.

Note: For SeniorCare/MAPD members, CT colonography is NOT covered when used for screening (74263) or in the absence of signs or symptoms of disease, regardless of family history or other risk factors for the development of colonic disease, per CMS rules.

SWHP considers virtual colonoscopy using CT experimental and investigational for all other indications.

SWHP considers virtual colonoscopy using magnetic resonance imaging (MRI) (also known as MRI colonography) experimental and investigational for the screening or diagnosis of colorectal cancer, inflammatory bowel disease, or other indications because its value for these indications has not been established.

SWHP considers virtual upper gastrointestinal endoscopy using CT for the detection and evaluation of upper gastrointestinal lesions experimental and investigational because its value for these indications has not been established.

OVERVIEW:
Computed tomographic colonography (CTC), also referred to as virtual colonoscopy, is a diagnostic technique that uses data from computed tomography (CT) to generate two- and three-dimensional images of the colon and rectum. Internal images of the colon and rectum can be stored, viewed on a monitor, or printed on film. These high-resolution images are used to create a three-dimensional model of the colonic lumen that can be
navigated in an interactive fashion, resembling the view seen through a colonoscope.

CTC is a minimally-invasive imaging technique that does not require intravenous administration of sedatives or analgesics. Adenomatous polyps, which are the precursors to colon cancer, may be identified using this technique. Colonic perforation is extremely low with this test since it is minimally invasive. Patients who are suspected of having inflammatory bowel disease may not be good candidates due to the potential risk of bowel perforation.

CTC permits visualization of the entire colon, even in the presence of obstructive/stenosing lesions. CTC can also be used in high-risk patients as a “one-stop” test to detect not only the primary tumor but synchronous colon lesions, and to provide additional information regarding regional and distant metastatic disease, depth of wall invasion and precise localization of the lesion within the colon prior to surgery. Inadequate colonic inflation or excess fluid retained within the colon may lead to false-positive reports due to the misinterpretation of findings. However, advances in imaging techniques using fecal tagging and fluid subtraction have enhanced the clarity of the images that are documented. A traditional colonoscopy is still needed in order to biopsy or remove any lesion/polyp that is found.

ADDITIONAL INFORMATION:
Colorectal Cancer Screening, Surveillance and Monitoring

The population has been stratified into risk categories for the potential development of CRC. These groups include: average risk, increased risk with a personal history, increased risk with a family history and increased/high risk due to hereditary conditions.

Screening is defined by the American Cancer Society (ACS) as the search for disease, such as cancer, in people without symptoms. Surveillance is considered to be the screening of individuals known to be at an increased risk. Monitoring is the follow-up after a diagnosis or treatment.

Guidelines for colorectal screening, surveillance and monitoring have been developed based on these categories. The National Comprehensive Cancer Network® (NCCN®) and ACS definitions of these groups include (NCCN, 2011; ACS, 2011b):

<table>
<thead>
<tr>
<th>Risk</th>
<th>NCCN</th>
<th>ACS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average risk</td>
<td>Those individuals 50 years or older with no history of adenoma and inflammatory bowel disease and negative family history</td>
<td>Individual with no first-degree relatives having a history of CRC or adenomatous polyps and has not experienced these problems personally</td>
</tr>
<tr>
<td>Increased risk</td>
<td>Individuals with personal history of adenomatous polyps/sessile serrated polyps, CRC, or inflammatory bowel disease as well as those with a positive family history of CRC or advanced adenomatous polyps</td>
<td>Individuals those who have a personal history of CRC or adenomas, a family history of CRC or adenomas diagnosed in any first-degree relative before age 50, or in two or more first-degree relatives diagnosed at any age (if not a hereditary syndrome). According to the ACS, individuals who have a personal history of CRC or adenomatous polyp require regular surveillance, not screening.</td>
</tr>
<tr>
<td>Hereditary/high</td>
<td>Individuals who have had CRC before the age of 50</td>
<td>Individuals those who have a personal history of</td>
</tr>
</tbody>
</table>
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| risk years; those with family history of multiple cases of CRC or HNPCC related cancers; personal or family history of polyposis; or individuals with HNPCC/Lynch syndrome | CRC or adenomas, a family history of CRC or adenomas diagnosed in any first-degree relative before age 50, or in two or more first-degree relatives diagnosed at any age (if not a hereditary syndrome). According to the ACS, individuals who have a personal history of CRC or adenomatous polyp require regular surveillance, not screening. |

Computed Tomographic Colonography (CTC) for Diagnostic Testing and Colorectal Cancer Surveillance and Monitoring in Increased- or High-Risk Individual:

CTC has been included in the 2008 joint guidelines for screening and surveillance for the early detection of CRC and polyps from the ACS, the US Multi-Society Task Force (USMTF) on Colorectal Cancer and the American College of Radiology (ACR). Beginning at age 50, CTC every 5 years is included as one of the recommended tests for average-risk individuals (Levin, et al., 2008). The consensus guidelines note that, “In terms of detection of colon cancer and advanced neoplasia, which is the primary goal of screening for CRC and adenomatous polyps, recent data suggest CTC is comparable to OC (optical colonoscopy) for the detection of cancer and polyps of significant size when state-of-the-art techniques are applied. In previous assessments of the performance of CTC, the ACS concluded that data were insufficient to recommend screening with CTC for average-risk individuals. Based on the accumulation of evidence since that time, the expert panel concludes that there are sufficient data to include CTC as an acceptable option for CRC screening.”

Computed Tomographic Colonography (CTC) for Diagnostic Testing and Colorectal Cancer Surveillance and Monitoring in Increased- or High-Risk Individual:

CTC has been proposed as an alternative to colonoscopy for diagnostic purposes in symptomatic patients. The test may also be indicated when a conventional colonoscopy cannot be completed due to a colonic lesion, structural abnormality or technical difficulty occurs during the colonoscopy. It has been recommended for patients with contraindications to conventional colonoscopy which includes risks of sedation or strong anticoagulant therapy.

Colonoscopy has been the standard method used for examining the colon. In most patients it allows for examination of the entire colon. Biopsy of suspicious lesions and polypectomy may be performed during the colonoscopy. However, there are situations when colonoscopy is incomplete, or cannot be performed. These include redundant or tortuous colon, marked diverticular disease, obstructing mass and strictures, and adhesions due to prior surgery. There are contraindications to colonoscopy which would include patients unable to tolerate sedation due to cardiac or pulmonary disease and patients receiving anticoagulants.

There are guidelines published by organizations including ACS, USMTF and NCCN for patients considered increased risk with a personal history, increased risk with a family history and increased/high risk due to hereditary conditions. For these patients considered increased risk, or increased/high risk, colonoscopy is part of the recommended standard surveillance and monitoring. For these patients CTC may be used in similar situations as for diagnostic CTC—when a conventional colonoscopy cannot be completed due to a known colonic lesion, structural abnormality or technical difficulty is encountered that prevents adequate visualization of the entire colon or colonoscopy is medically contraindicated.

CODES:

Important note:
### CODES

Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>74261</td>
<td>Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material</td>
</tr>
<tr>
<td>74262</td>
<td>Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed</td>
</tr>
<tr>
<td>74263</td>
<td>Computed tomographic (CT) colonography, screening, including image postprocessing for lines other than SeniorCare</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CPT Not Covered</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>74263</td>
<td>Computed tomographic (CT) colonography, screening, including image postprocessing for SeniorCare members only</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ICD9 codes</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>V76.41</td>
<td>Special screening for malignant neoplasms of rectum</td>
</tr>
<tr>
<td>V76.50</td>
<td>Special screening for malignant neoplasm of intestine, unspecified</td>
</tr>
<tr>
<td>V76.51</td>
<td>Special screening for malignant neoplasm of colon</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ICD9 Not covered</th>
<th>Description</th>
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<tr>
<th>ICD10 codes</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Z12.10</td>
<td>Screening malignant neoplasm intestinal tract, unspecified.</td>
</tr>
<tr>
<td>Z12.11</td>
<td>Screening malignant neoplasm colon</td>
</tr>
<tr>
<td>Z12.12</td>
<td>Screening malignant neoplasm rectum</td>
</tr>
<tr>
<td>Z12.13</td>
<td>Screening malignant neoplasm small intestine</td>
</tr>
</tbody>
</table>

### CMS

Medicare National Coverage Determinations Manual Chapter 1, Part 4 (Sections 200 – 310.1) Coverage Determinations (Rev. 142, 02-03-12) 210.3 – Colorectal Cancer Screening Tests (Rev. 105, Issued: 08-07-09, Effective: 05-12-09, Implementation: 09-08-09)

#### A. General

Section 4104 of the Balanced Budget Act of 1997 provides for coverage of screening colorectal cancer procedures under Medicare Part B. Medicare currently covers:

1. Annual fecal occult blood tests (FOBTs);
2. Flexible sigmoidoscopy every 4 years;
3. Screening colonoscopy for persons at average risk for colorectal cancer every 10 years, or for persons at high risk for colorectal cancer every 2 years;
4. Barium enema every 4 years as an alternative to flexible sigmoidoscopy, or every 2 years as an alternative to colonoscopy for persons at high risk for colorectal cancer; and,
5. Other procedures the Secretary finds appropriate based on consultation with appropriate experts and organizations.

#### B. Nationally Covered Indications

- **Fecal Occult Blood Tests (FOBT)** (effective for services performed on or after January 1, 2004)

#### C. Nationally Non-Covered Indications

All other indications for colorectal cancer screening not otherwise specified above remain non-covered. Non-coverage specifically includes:

1. Screening DNA (Deoxyribonucleic acid) stool tests, effective April 28, 2008, and,
2. **Screening computed tomographic colonography (CTC)**, effective May 12, 2009.

### LCD

There is currently no LCD for this procedure.

### POLICY HISTORY

Virtual Colonoscopy
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<thead>
<tr>
<th>Status</th>
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<tbody>
<tr>
<td>New</td>
<td>05/03/2012</td>
<td>New policy</td>
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<tr>
<td>Reviewed</td>
<td>02/28/2013</td>
<td>Minor revisions made.</td>
</tr>
<tr>
<td>Reviewed</td>
<td>02/20/2014</td>
<td>Reviewed. ICD10 codes added.</td>
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<td>Reviewed</td>
<td>03/05/2015</td>
<td>No significant changes.</td>
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<tr>
<td>Reviewed</td>
<td>03/17/2016</td>
<td>Updated criteria</td>
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<tr>
<td>Reviewed</td>
<td>03/07/2017</td>
<td>Again updated criteria</td>
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<tr>
<td>Reviewed</td>
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<td>No significant changes.</td>
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</tbody>
</table>

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REFERENCES:
The following scientific references were utilized in the formulation of this medical policy. SWHP will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to SWHP so the information can be reviewed by the Medical Coverage Policy Committee (M CPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.


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