**National Imaging Associates, Inc.**

<table>
<thead>
<tr>
<th>Clinical guidelines</th>
<th>Original Date: October 2015</th>
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<tbody>
<tr>
<td>CT (VIRTUAL) COLONOSCOPY</td>
<td>“FOR CMS (MEDICARE) MEMBERS ONLY”</td>
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<table>
<thead>
<tr>
<th>CPT4 Codes:</th>
<th>Last Effective Date:</th>
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<tbody>
<tr>
<td>74261, 74262 = CT Colonoscopy – Diagnostic</td>
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<tr>
<td>74263 = CT Colonoscopy - Screening</td>
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<thead>
<tr>
<th>LCD ID Number:</th>
<th>Last Revised Date:</th>
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<tbody>
<tr>
<td>L33562 J – K = CT, MA, NY, ME, NH, RI, VT</td>
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<tr>
<td>J – 6 = WI, MN, IL</td>
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<tr>
<th>Responsible Department:</th>
<th>Implementation Date:</th>
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<tr>
<td>Clinical Operations</td>
<td>October 2015</td>
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“FOR CMS (MEDICARE) MEMBERS ONLY”

**Coverage Indications, Limitations, and/or Medical Necessity**

CT colonography utilizes helical computed tomography of the abdomen and pelvis to visualize the colon lumen, along with 3-D reconstruction. The test requires colonic preparation similar to that required for standard colonoscopy (instrument colonoscopy), and air insufflation to achieve colonic distention.

**Indications:**
CT colonography is indicated in those patients in whom a diagnostic (performed for signs/symptoms of disease) optical colonoscopy of the entire colon is incomplete. Failure to complete the optical colonoscopy may be secondary to conditions such as, but not limited to, an obstructing neoplasm, stricture, tortuosity, spasm, redundant colon diverticulitis, extrinsic compression or aberrant anatomy scarring from prior surgery.

CT colonography is indicated when a board certified or board eligible gastroenterologist, a surgeon trained in endoscopy or a physician with equivalent endoscopic training determines from an evaluation of the patient that optical colonoscopy cannot be safely attempted.

CT colonography is also indicated for the evaluation of a submucosal abnormality detected on colonoscopy or other imaging study.

CT colonography should be performed soon after the failed standard colonoscopy, if appropriate, so that the patient will not have to endure repeat colonic preparation.

**Limitations:**
CT colonography is not reimbursable when used in the absence of signs or symptoms of disease, regardless of family history or other risk factors for the development of colonic disease.
CPT code 74263 is a noncovered service, and is a Status Indicator “N” on the Medicare Physician Fee Schedule Database (MPFSDB). CT colonography is not reimbursable when performed for screening purposes, regardless of whether billed with CPT codes 74261, 74262 or 74263 or any other HCPCS/CPT code.

Since any colonography with abnormal or suspicious findings would require a subsequent instrument colonoscopy for diagnosis (e.g., biopsy) or for treatment (e.g., polypectomy), CT colonography is not reimbursable when used as an alternative to an instrument colonoscopy, even though performed for signs or symptoms of disease.

Irritable bowel syndrome and abdominal pain when representing chronic stable symptoms rarely represent reasonable indications for colonoscopy and CT colonography. These conditions have been placed on the list of covered diagnoses for use when a colonoscopy/colonography exam is normal in the face of compelling symptoms. When diagnosis codes representing these conditions are used, the codes must be applicable and the rationale for the colonoscopy/colonography must be carefully documented in the medical record.

**Bill Type Codes:**
Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

- 012x Hospital Inpatient (Medicare Part B only)
- 013x Hospital Outpatient
- 085x Critical Access Hospital

**Revenue Codes:**
Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

Revenue codes only apply to providers who bill these services to the Part A MAC. Revenue codes do not apply to physicians, other professionals and suppliers who bill these services to the Part B MAC.

Please note that not all revenue codes apply to every type of bill code. Providers are encouraged to refer to the FISS revenue code file for allowable bill types. Similarly, not all revenue codes apply to each CPT/HCPCS code. Providers are encouraged to refer to the FISS HCPCS file for allowable revenue codes.
Computational Tomography (CT) Colonography, Diagnostic, Including Image Postprocessing; Without Contrast Material

74261

Computational Tomography (CT) Colonography, Diagnostic, Including Image Postprocessing; With Contrast Material(S) Including Non-Contrast Images, If Performed

74262

Computational Tomography (CT) Colonography, Screening, Including Image Postprocessing

74263

Please refer to the CMS website for ICD-10 Codes that Support Medical Necessity

Documentation Requirements:
The patient's medical record must contain documentation that fully supports the medical necessity for services included within this LCD. (See "Indications and Limitations of Coverage"). This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

Utilization Guidelines:
CT colonography is reimbursable only when performed following an instrument colonoscopy which was incomplete or when a board certified or board eligible gastroenterologist or surgeon trained in endoscopy determined from an evaluation of the patient that optical
colonoscopy can not be safely attempted. Tests performed without a prior incomplete instrument colonoscopy in history or documentation by a board certified or eligible gastroenterologist, a surgeon trained in endoscopy or a physician with equivalent endoscopic training indicating why an optical colonoscopy cannot be safely attempted will be denied.

Reviewed/Approved by Initial Initial MD

Michael Pentecost, MD, Chief Medical Officer