

Local Coverage Determination (LCD): Computed Tomographic Colonography (L33283)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
First Coast Service Options, Inc.	A and B MAC	09101 - MAC A	J - N	Florida
First Coast Service Options, Inc.	A and B MAC	09102 - MAC B	J - N	Florida
First Coast Service Options, Inc.	A and B MAC	09201 - MAC A	J - N	Puerto Rico Virgin Islands
First Coast Service Options, Inc.	A and B MAC	09202 - MAC B	J - N	Puerto Rico
First Coast Service Options, Inc.	A and B MAC	09302 - MAC B	J - N	Virgin Islands

LCD Information

Document Information

LCD ID

L33283

Original Effective Date

For services performed on or after 10/01/2015

LCD Title

Computed Tomographic Colonography

Revision Effective Date

For services performed on or after 01/08/2019

Proposed LCD in Comment Period

N/A

Revision Ending Date

N/A

Source Proposed LCD

N/A

Retirement Date

N/A

AMA CPT / ADA CDT / AHA NUBC Copyright Statement

CPT codes, descriptions and other data only are copyright 2018 American Medical Association. All Rights Reserved. Applicable FARS/HHSARS apply.

Notice Period Start Date

N/A

Notice Period End Date

N/A

Current Dental Terminology © 2018 American Dental Association. All rights reserved.

Copyright © 2019, the American Hospital Association, Chicago, Illinois. Reproduced with permission. No portion of the AHA copyrighted materials contained

within this publication may be copied without the express written consent of the AHA. AHA copyrighted materials including the UB-04 codes and descriptions may not be removed, copied, or utilized within any software, product, service, solution or derivative work without the written consent of the AHA. If an entity wishes to utilize any AHA materials, please contact the AHA at 312-893-6816. Making copies or utilizing the content of the UB-04 Manual, including the codes and/or descriptions, for internal purposes, resale and/or to be used in any product or publication; creating any modified or derivative work of the UB-04 Manual and/or codes and descriptions; and/or making any commercial use of UB-04 Manual or any portion thereof, including the codes and/or descriptions, is only authorized with an express license from the American Hospital Association. To license the electronic data file of UB-04 Data Specifications, contact Tim Carlson at (312) 893-6816 or Laryssa Marshall at (312) 893-6814. You may also contact us at ub04@healthforum.com.

CMS National Coverage Policy

This LCD supplements but does not replace, modify or supersede existing Medicare applicable National Coverage Determinations (NCDs) or payment policy rules and regulations for Computed Tomographic Colonography. Federal statute and subsequent Medicare regulations regarding provision and payment for medical services are lengthy. They are not repeated in this LCD. Neither Medicare payment policy rules nor this LCD replace, modify or supersede applicable state statutes regarding medical practice or other health practice professions acts, definitions and/or scopes of practice. All providers who report services for Medicare payment must fully understand and follow all existing laws, regulations and rules for Medicare payment for Computed Tomographic Colonography and must properly submit only valid claims for them. Please review and understand them and apply the medical necessity provisions in the policy within the context of the manual rules. Relevant CMS manual instructions and policies may be found in the following Internet-Only Manuals (IOMs) published on the CMS Web site.

Internet Only Manual (IOM) Citations:

- CMS IOM Publication 100-02, *Medicare Benefit Policy Manual*,
 - Chapter 15, Section 80 Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests
- CMS IOM Publication 100-08, *Medicare Program Integrity Manual*,
 - Chapter 13, Section 13.5.4 Reasonable and Necessary Provision in an LCD

Social Security Act (Title XVIII) Standard References:

- Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states that no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury.
- Title XVIII of the Social Security Act, Section 1862(a)(7). This section excludes routine physical examinations.
- Title XVIII of the Social Security Act, Section 1833(e) states that no payment shall be made to any provider for

any claim that lacks the necessary information to process the claim.

Federal Register References:

- Code of Federal Regulations (CFR), Title 42, Volume 2, Chapter IV, Part 410.32 Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions, Part 410.33 Independent diagnostic testing facility, and Part 410.37 Colorectal cancer screening tests: Conditions for and limitations on coverage.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

History/Background and/or General Information

Computed tomographic colonography (CT colonography) also known as virtual colonoscopy is a technique used for the detection of colorectal polyps. There are two approaches currently utilized for CT colonography. The first approach uses 2-D images with direct 3-D reconstruction for problem areas. The second approach utilizes 3-D endoscopic navigation of the colon with the 2-D images used for confirmation and problem solving.

Coverage Indications

CT colonography will be considered medically reasonable and necessary:

- When an instrument colonoscopy of the entire colon is incomplete due to an obstructing lesion suspected of being an obstructing neoplasm;
- When the intent of the study is to identify a lesion suspected of being an obstructing neoplasm, even if the final diagnosis suggests that the lesion is due to scarring from previous surgery, extrinsic compression aberrant anatomy, or unsuspected diverticulitis.
- When the patient has an uncorrectable coagulopathy or is on anticoagulant therapy that cannot be safely discontinued and the primary physician and the colonographer agree that there is an increased risk. When performing CT colonography for this indication, one of the previous two indications must also be documented.
- When utilizing equipment which will provide optimal performance such as a CT scanner which includes a multi-detector scanner with a maximum collimation of 5mm, 2.5mm reconstruction interval and a scan time that should not produce a breath hold interval over 25 seconds.
- When performed only by providers of gastroenterology and radiology services or other providers who have specialized training and expertise in performing CT colonography.

Limitations

CT colonography will not be considered reasonable and necessary and therefore will be denied:

- When CT colonography is performed without a prior incomplete colonoscopy due to the indications as outlined in this LCD;
- When used as an alternative to fiberoptic colonoscopy, for screening or in the absence of signs or symptoms of disease;
- When used as an alternative to fiberoptic colonoscopy, even though performed for signs or symptoms of disease; or
- When used for screening, in the absence of signs or symptoms of disease, regardless of family history or other

risk factors for the development of colonic disease.

The medical record must contain documentation, including a written or electronic request for the procedure which fully supports the medical necessity of the procedure performed. This documentation includes, but is not limited to relevant medical history, physical examination, diagnosis (if known), pertinent signs and symptoms and results of pertinent diagnostic tests and/or procedures. This entire documentation-not just the test report or the findings/diagnosis on the order, must be made available upon request.

- The order/prescription form of the referring physician must be retained in the medical record.
- The results of a fiberoptic colonoscopy performed prior to the CT colonography, which was incomplete due to obstruction must be retained in the medical record.
- Documentation should clearly indicate cause of obstruction.
- Documentation should support the technology used to perform the CT colonography.
- When performing CT colonography in lieu of conventional colonoscopy due to an uncorrectable coagulopathy or anticoagulant therapy that cannot be safely discontinued, documentation must clearly support that one of the indications as outlined in bullets #1 or #2 in the "Indications and Limitations of Coverage and/or Medical Necessity" section of this LCD.

It is expected that the physician who performed the failed colonoscopy will order the CT colonography.

As published in the CMS IOM Publication 100-08, *Medicare Program Integrity Manual*, Chapter 13, Section 13.5.4, an item or service may be covered by a contractor LCD if it is reasonable and necessary under the Social Security Act Section 1862 (a)(1)(A). Contractors shall determine and describe the circumstances under which the item or service is considered reasonable and necessary.

Provider Qualifications

A qualified physician for this service/procedure is defined as follows: A) Physician is properly enrolled in Medicare. B) Training and expertise must have been acquired within the framework of an accredited residency and/or fellowship program in the applicable specialty/subspecialty in the United States or must reflect equivalent education, training, and expertise endorsed by an academic institution in the United States and/or by the applicable specialty/subspecialty society in the United States.

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

General Information

Associated Information

Documentation Requirements

Please refer to the Local Coverage Article: Billing and Coding: Computed Tomographic Colonography (A57652) for documentation requirements that apply to the reasonable and necessary provisions outlined in this LCD.

Utilization Guidelines

Please refer to the Local Coverage Article: Billing and Coding: Computed Tomographic Colonography (A57652) for utilization guidelines that apply to the reasonable and necessary provisions outlined in this LCD.

Sources of Information

First Coast Service Options, Inc. reference LCD number(s) – L28771, L29118, L29136

ACR Practice Guideline for the Performance of Computed Tomography (CT) Colonography in Adults. (Oct. 2005) Retrieved from website August 2, 2006.

ACR Practice Guideline for performing and interpreting diagnostic computed tomography (CT) (2006).

ACR Practice Guideline for communication of diagnostic imaging findings (2010).

Barish, M.A and Rocha, T.C., Multislice CT colonography: current status and limitations. *Radiologic Clinics of North America* 43; 6.

Cappell, M.S., Koch, S., Lefkovitz, Z., et al. (2005). The emerging role of virtual colonoscopy. *Medical Clinic of North America*, 89:111-128.

Cotton, P.B., Durkalski, V.L., Pineau, B.C., et al. (2004) Computed tomographic colonography (virtual colonoscopy): a multicenter comparison with standard colonoscopy for detection of colorectal neoplasia. *Journal of American Medical Association*; 291:1713-1719.

Hara, A.K., Johnson, C.D., et al. (2001) CT Colonography: single – versus multi-detector row imaging. *Radiology*, 2001; 219: 461-465.

Laghi, A., Iannacone, R., et al. (2002). Detection of colorectal lesions with virtual computed tomographic colonography. *American Journal of Surgery* 183; 124-131.

Mark, D., Aronson, N., et al. (2004). Executive Summary. CT Colonoscopy (“Virtual colonoscopy”) for colon cancer screening. Technology Evaluation Center. Blue Cross Blue Shield Association.

Orellana, C. (2004) New study supports use of virtual colonoscopy. *The Lancet Oncology*. 5(1). Retrieved February 22, 2005 from MD Consult database (449871345-Z).

Pickhardt, P.J., Choi, J.R., Hwang, I., Butler, J.A., Puckett, M.L., Hildebrandt, H.A., et al.(2003) Computed tomographic virtual colonoscopy to screen for colorectal neoplasia in asymptomatic adults. *New England Journal of Medicine*, 349:2131-200

Pickhardt, P.J. (2004) Virtual colonoscopy. *Journal of American Medical Association*, 292: 431-431

Pickhardt, P.J., Lee, A.D., et al (2005) Linear polyp measurement at CT colonography: in vitro and in vivo comparison of two-dimensional and three-dimensional displays. *Radiology* 2005; 236:872-878. Abstract.

Pickhardt, P.J. (2003) Three-dimensional endoluminal CT colonography (virtual colonography): comparison of three commercially available systems. *AJR* 2003; 181: 1599-1606.

Ransohoff, D.F. (2004) Virtual colonoscopy-what it can do vs what it will do. *JAMA* 291: 1772-1774.

Wellbery, C., (2005) Virtual colonoscopy vs. routine colonoscopy. Retrieved February 23, 2005

Zepf, B. (2004) Is there a wider role for virtual colonoscopy? Retrieved February 23, 2005

Bibliography

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
01/08/2019	R4	<p>Revision Number:2 Publication: November 2019 Connection LCR A/B2019-075</p> <p>Explanation of Revision: Based on Change Request (CR) 10901, the LCD was revised to remove all billing and coding and all language not related to reasonable and necessary provisions ("Bill Type Codes," "Revenue Codes," "CPT/HCPCS Codes," "ICD-10 Codes that Support Medical Necessity," "Documentation Requirements" and "Utilization Guidelines" sections of the LCD) and place them into a newly created billing and coding article. During the process of moving the ICD-10-CM diagnosis codes to the billing and coding article, the ICD-10-CM diagnosis code ranges were broken out and listed individually. In addition, the Social Security Act, Code of Federal Regulations, and IOM reference sections were updated. The effective date of this revision is for claims processed on or after January 8, 2019, for dates of service on or after October 3, 2018.</p> <p>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage</p>	<ul style="list-style-type: none">• Other (Revision based on CR 10901)

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		determination and therefore not all the fields included on the LCD are applicable as noted in this LCD.	
10/01/2017	R3	<p>Revision Number: 1</p> <p>Publication: September 2017 Connection</p> <p>LCR A/B2017-038</p> <p>Explanation of Revision: Based on CR 10153 (Annual 2018 ICD-10-CM Update) the LCD was revised. Added ICD-10-CM diagnosis codes K56.50 – K56.52, K56.600 – K56.609, K56.690 – K56.699. Deleted ICD-10-CM diagnosis codes K56.5, K56.60, K56.69. The effective date of this revision is based on date of service.</p> <p>10/01/2017: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination and therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes
10/01/2015	R2	The language and/or ICD-10-CM diagnoses were updated to be consistent with the current ICD-9-CM LCD's language and coding.	<ul style="list-style-type: none"> • Provider Education/Guidance
10/01/2015	R1	The language and/or ICD-10-CM diagnoses were updated to be consistent with the current ICD-9-CM LCD's language and coding.	<ul style="list-style-type: none"> • Provider Education/Guidance

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)

A57652 - Billing and Coding: Computed Tomographic Colonography

Related National Coverage Documents

N/A

Public Version(s)

Updated on 11/21/2019 with effective dates 01/08/2019 - N/A

Updated on 09/22/2017 with effective dates 10/01/2017 - 01/07/2019

Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

Keywords

N/A

Local Coverage Article: Billing and Coding: Computed Tomographic Colonography (A57652)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
First Coast Service Options, Inc.	A and B MAC	09101 - MAC A	J - N	Florida
First Coast Service Options, Inc.	A and B MAC	09102 - MAC B	J - N	Florida
First Coast Service Options, Inc.	A and B MAC	09201 - MAC A	J - N	Puerto Rico Virgin Islands
First Coast Service Options, Inc.	A and B MAC	09202 - MAC B	J - N	Puerto Rico
First Coast Service Options, Inc.	A and B MAC	09302 - MAC B	J - N	Virgin Islands

Article Information

General Information

Article ID

A57652

Original Effective Date

10/03/2018

Article Title

Billing and Coding: Computed Tomographic
Colonography

Revision Effective Date

N/A

Article Type

Billing and Coding

Revision Ending Date

N/A

**AMA CPT / ADA CDT / AHA NUBC Copyright
Statement**

CPT codes, descriptions and other data only are
copyright 2018 American Medical Association. All Rights
Reserved. Applicable FARS/HHSARS apply.

Retirement Date

N/A

Current Dental Terminology © 2018 American Dental
Association. All rights reserved.

Copyright © 2019, the American Hospital Association,
Chicago, Illinois. Reproduced with permission. No
portion of the AHA copyrighted materials contained
within this publication may be copied without the
express written consent of the AHA. AHA copyrighted

materials including the UB-04 codes and descriptions may not be removed, copied, or utilized within any software, product, service, solution or derivative work without the written consent of the AHA. If an entity wishes to utilize any AHA materials, please contact the AHA at 312-893-6816. Making copies or utilizing the content of the UB-04 Manual, including the codes and/or descriptions, for internal purposes, resale and/or to be used in any product or publication; creating any modified or derivative work of the UB-04 Manual and/or codes and descriptions; and/or making any commercial use of UB-04 Manual or any portion thereof, including the codes and/or descriptions, is only authorized with an express license from the American Hospital Association. To license the electronic data file of UB-04 Data Specifications, contact Tim Carlson at (312) 893-6816 or Laryssa Marshall at (312) 893-6814. You may also contact us at ub04@healthforum.com.

CMS National Coverage Policy

N/A

Article Guidance

Article Text:

This First Coast Billing and Coding Article for Local Coverage Determination (LCD) L33283 Computed Tomographic Colonography provides billing and coding guidance for frequency limitations as well as diagnosis limitations that support diagnosis to procedure code automated denials. However, services performed for any given diagnosis must meet all of the indications and limitations stated in the LCD, the general requirements for medical necessity as stated in CMS payment policy manuals, any and all existing CMS national coverage determinations, and all Medicare payment rules.

Refer to the LCD for reasonable and necessary requirements and limitations.

The redetermination process may be utilized for consideration of services performed outside of the reasonable and necessary requirements in the LCD.

Coding Guidelines

Providers should not use CPT codes intended for computerized axial tomography when billing for virtual colonoscopy services. This includes 76497 Unlisted computed tomography procedure (e.g. diagnostic, interventional) and 74150, abdomen; without contrast material.

When billing for routine screening, use CPT code 74263 Computed tomographic (CT) colonography, screening, including image postprocessing. CPT code 74263 is non-covered on the Medicare Physicians Fee Schedule Data Base (MPFSDB) and the Outpatient Prospective Payment System (OPPS).

Notice: It is not appropriate to bill Medicare for services that are not covered (as described by the entire LCD) as if they are covered. When billing for non-covered services, use the appropriate modifier.

Documentation Requirements

1. All documentation must be maintained in the patient's medical record and made available to the contractor upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service[s]). The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.
3. The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.
4. An order from the treating physician/nonphysician practitioner as required by CFR, Title 42, Volume 2, Chapter IV, Part 410.32(a) Ordering diagnosis tests.

Utilization Guidelines

In accordance with CMS Ruling 95-1 (V), utilization of these services should be consistent with locally acceptable standards of practice.

Compliance with the provisions in LCD L33283 Computed Tomographic Colonography may be monitored and addressed through post payment data analysis and subsequent medical review audits.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITHOUT CONTRAST MATERIAL
74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITH CONTRAST MATERIAL(S) INCLUDING NON-CONTRAST IMAGES, IF PERFORMED

CPT/HCPCS Modifiers

N/A

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

The following ICD-10-CM codes support medical necessity and provide limited coverage for CPT codes: 74261, 74262

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of colon
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum
C21.0	Malignant neoplasm of anus, unspecified
C21.1	Malignant neoplasm of anal canal
C21.2	Malignant neoplasm of cloacogenic zone
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
D12.0	Benign neoplasm of cecum
D12.1	Benign neoplasm of appendix
D12.2	Benign neoplasm of ascending colon
D12.3	Benign neoplasm of transverse colon
D12.4	Benign neoplasm of descending colon
D12.5	Benign neoplasm of sigmoid colon
D12.6	Benign neoplasm of colon, unspecified
D12.7	Benign neoplasm of rectosigmoid junction
D12.8	Benign neoplasm of rectum
D12.9	Benign neoplasm of anus and anal canal
K50.012	Crohn's disease of small intestine with intestinal obstruction
K50.112	Crohn's disease of large intestine with intestinal obstruction
K50.812	Crohn's disease of both small and large intestine with intestinal obstruction

ICD-10 CODE	DESCRIPTION
K50.912	Crohn's disease, unspecified, with intestinal obstruction
K51.012	Ulcerative (chronic) pancolitis with intestinal obstruction
K51.212	Ulcerative (chronic) proctitis with intestinal obstruction
K51.312	Ulcerative (chronic) rectosigmoiditis with intestinal obstruction
K51.412	Inflammatory polyps of colon with intestinal obstruction
K51.512	Left sided colitis with intestinal obstruction
K51.812	Other ulcerative colitis with intestinal obstruction
K51.912	Ulcerative colitis, unspecified with intestinal obstruction
K56.1	Intussusception
K56.2	Volvulus
K56.50	Intestinal adhesions [bands], unspecified as to partial versus complete obstruction
K56.51	Intestinal adhesions [bands], with partial obstruction
K56.52	Intestinal adhesions [bands] with complete obstruction
K56.600	Partial intestinal obstruction, unspecified as to cause
K56.601	Complete intestinal obstruction, unspecified as to cause
K56.609	Unspecified intestinal obstruction, unspecified as to partial versus complete obstruction
K56.690	Other partial intestinal obstruction
K56.691	Other complete intestinal obstruction
K56.699	Other intestinal obstruction unspecified as to partial versus complete obstruction
K63.5	Polyp of colon

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

All those not listed under the "ICD-10 Codes that Support Medical Necessity" section of this article.

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
XX000	Not Applicable

Additional ICD-10 Information

N/A

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.

CODE	DESCRIPTION
999x	Not Applicable

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.

CODE	DESCRIPTION
99999	Not Applicable

Other Coding Information

N/A

Revision History Information

N/A

Associated Documents

Related Local Coverage Document(s)

LCD(s)
L33283 - Computed Tomographic Colonography

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

Updated on 11/21/2019 with effective dates 10/03/2018 - N/A

Keywords

N/A