



Virtual (CT) Colonoscopy

I. Policy

University Health Alliance (UHA) will reimburse for virtual (CT) colonoscopy when it is determined to be medically necessary and when it meets the medical criteria guidelines (subject to limitations and exclusions) indicated below.

Evidence for assessing the effectiveness of computed tomography (CT) colonography is limited to studies of its test characteristics. Computed tomography colonography can result in unnecessary diagnostic testing or treatment of incidental extracolonic findings that are of no importance or would never have threatened the patient's health or become apparent without screening (ie, overdiagnosis and overtreatment).

II. Criteria/Guidelines

Virtual Colonoscopy may be considered medically necessary (subject to limitations) when the following criteria are met and documented in the medical record:

- A. For diagnostic evaluation when conventional colonoscopy is contraindicated:
 - 1. Patient had failed colonoscopy due to conditions such as hypotension secondary to the sedation; adhesions from prior surgery; excessive colonic tortuosity.
 - 2. Patient has obstructive colorectal cancer.
 - 3. Patient is unable to undergo sedation or has a medical condition that limits the safe use of alternative diagnostic modalities, e.g., recent myocardial infarction, recent colonic surgery, bleeding disorders, severe lung and/or heart disease
- B. For colorectal cancer screening of asymptomatic patients:
 - 1. When endoscopic screening has been chosen and when patients with colonic tortuosity has prevented thorough endoscopic colonoscopy; and/or
 - 2. For patients on anticoagulation therapy which cannot be interrupted; and/or
 - 3. For patients who cannot tolerate the sedation necessary for endoscopic colonoscopy (based upon severe underlying medical conditions or a past history of proven intolerance).
- C. Request for a follow-up study:
 - 1. 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.

NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may

request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.

III. Administrative Guidelines

- A. Prior authorization is required except for cases of failed flexible colonoscopy when CT colonography accomplished within 36 hours.
 - 1. In these cases, please submit claim with appropriate CPT code using the modifier 52. Also include documentation of failed flexible colonoscopy for verification and to ensure proper processing.
- B. To request prior authorization, please submit via UHA's online portal.
- C. This policy may apply to the following codes. Inclusion of a code in the table below does not guarantee that it will be reimbursed.

CPT 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

Modifier	Description
52	Used for cases of failed flexible colonoscopy when CT colonography is accomplished within 24 hours. Please submit claim with appropriate CPT code. Also include documentation of failed flexible colonoscopy for verification and to ensure proper processing.

IV. Policy History

Policy Number: MPP-0031-120301

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