MedStar Health, Inc.
POLICY AND PROCEDURE MANUAL

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MP.055.MH – Computed Tomographic Colonography

This policy applies to the following lines of business:

✓ MedStar Employee (Select)
✓ MedStar CareFirst PPO

MedStar Health considers Computed Tomographic (CT) Colonography (Virtual Colonoscopy) medically necessary for the following diagnostic indications:

- Preoperative cancer staging and the determination of colonic wall invasion
- Patients in whom a standard colonoscopy of the entire colon is incomplete due to an inability to pass the colonoscope proximally

Limitations
CT Colonography is not reimbursable when used as a screening alternative to standard endoscopic colonoscopy except in the following circumstances:

- Patients for whom a conventional colonoscopy is a contraindication due to coagulopathy, lifetime anticoagulation or long-term anticoagulation therapy for whom it would be hazardous to discontinue
- Patients with increased sedation risk (COPD, previous adverse reaction to anesthesia)
- Patients with diverticular disease with an increased risk for perforation
- Patients with complications from previous standard colonoscopy
- Patients with known obstruction (such as cancer, diverticulitis, aberrant anatomy/scarring from prior surgery, adhesions, stricture, tortuosity, spasm, redundant colon, extrinsic compression)

Background
Colorectal cancer (CRC) is the second leading cause of cancer deaths in the United States and the third most common cancer worldwide. The American Cancer Society (ACS), the US Multi-Society Task Force on Colorectal Cancer and American College of Radiology’s joint guideline recommends preventive screening is recommended for everyone over 50 years of age. According to the Centers for Disease Control and Prevention (CDC), not enough people are getting screened for colorectal cancer. In 2012, 65% of U.S. adults were up-to-date with colorectal cancer screening; 7% had been screened, but were not up-to-date; and 28% had never been screened.
Computed tomography colonography (CTC), first introduced in 1994, is a minimally invasive imaging technique that aims to detect precancerous and cancerous lesions at an early stage so they can removed most effectively by obtaining detailed 2D and 3D images of the colon and rectum. It utilizes helical computed tomography of the abdomen and pelvis to visualize the colon lumen, along with 2D or 3D reconstruction. The test requires colonic preparation similar to that required for flexible colonoscopy, and air insufflation to achieve colonic distention.

**References**


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