

## VIRTUAL COLONOSCOPY -- COMPUTED TOMOGRAPHIC COLONOGRAPHY (CTC)

Policy Number: 200408-0001

Effective Date: 07/27/2004

Revision Date: 09/27/2005

### Overview

Colorectal cancer is one of the leading causes of cancer-related deaths in the United States. Most colorectal cancers develop from adenomatous polyps over a number of years. Early detection of polyps eliminates the risk of subsequent carcinomas. Computed tomographic colonography (CTC) or virtual colonoscopy has been developed as an alternative to conventional colonoscopy. CTC consists of high resolution images of the colon obtained via computed tomographic scanning, which are reconstructed into computer generated three-dimensional images. Virtual colonoscopy requires a full bowel preparation similar to conventional colonoscopy. When polyps are detected with virtual colonoscopy, treatment may require that the patient undergo a subsequent endoscopic colonoscopy, which may require another bowel preparation.

### Covered Services

Based on FCHP's technology assessment, virtual colonoscopy as a method of screening for colorectal cancer in the general public has not been proven to be effective and is considered experimental and investigational.

### FCHP covers virtual colonoscopy when one of the following criteria is met:

1. Diagnostic virtual colonoscopy, when signs or symptoms of disease are present and conventional endoscopic colonoscopy of the entire colon is incomplete due to an inability to pass the endoscope proximally.
2. Screening virtual colonoscopy for those patients with concurrent medical conditions for whom conventional colonoscopy is contraindicated, such as Ehlers-Danlos syndrome.

### Exclusions

1. Screening virtual colonoscopy, except in patients for whom conventional colonoscopy is contraindicated for the screening of colorectal cancer.
2. Diagnostic or screening virtual colonoscopy when contraindicated due to one of the following conditions:
  - a. Active Crohn's Disease, ulcerative colitis, inflammatory bowel disease, or diverticulitis, a history of previous bowel perforation or recent surgery (increased risk of bowel perforation);
  - b. Total hip replacement (metal may cause CT scan artifact); or
  - c. Pregnancy or when breast feeding (due to the exposure to radiation).

## Codes

Codes	Number	Description
CPT	0066T	CT colonography (ie, virtual colonoscopy); screening
	0067T	CT colonography (ie, virtual colonoscopy); diagnostic

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## References

1. Computed Tomographic Colonography (Virtual Colonoscopy). JAMA. 2004; 291(14):1713-1719. Cotton PB, Durkalski VL, Pineau BC et al.
2. Virtual Colonoscopy – What It Can Do vs What It Will Do. JAMA. 2004; 291(14):1772-1774. Ransohoff DF.
3. Computed Tomographic Colonography or Conventional Colonoscopy in Detecting Small Colonic Lesions in Clinical Practice? Gastroenterology. 2004; 126(3):937-938. Tursi A.
4. Computed Tomographic Virtual Colonoscopy to Screen for Colorectal Neoplasia in Asymptomatic Adults. N Engl J Med. 2003; 349(23):2191-2200. Pickhardt PJ, Choi JR, Hwang I et al.
5. Prospective Blinded Evaluation of Computed Tomographic Colonography for Screen Detection of Colorectal Polyps. Gastroenterology. 2003;125(2):311-319. Johnson CD, Harmsen WS, Wilson LA et al.
6. Virtual Colonoscopy Using Oral Contrast Compared With Colonoscopy for the Detection of Patients With Colorectal Polyps. Gastroenterology. 2003;125(2):304-310. Pineau BC, Paskett ED, Chen GJ et al.
7. Colorectal Cancer Screening and Surveillance: Clinical Guidelines and Rationale – Update Based on New Evidence. Gastroenterology. 2003;124(2):544-560. Winawer S, Fletcher R, Rex D et al.
8. Patient Preferences for CT Colonography, Conventional Colonoscopy, and Bowel Preparation. Am J Gastroenterol. 2003;98(3):578-585. Ristvedt SL, McFarland EG, Weinstock LB, Thyssen EP.

## Products to Which This Policy Applies

- ⊕ FCHP Direct & Select Care
- ⊕ Fallon Preferred Care
- ⊕ MassHealth
- ⊕ FCHP Non-Group: Independent Care, Direct enrollment, & Bill at home
- ⊕ Fallon Senior Plan™
- ⊕ FHLAC Major Medical

## Committee Review Dates

Technology Assessment Subcommittee: 07/27/04; 09/27/05

Technology Assessment Committee: 08/25/04; 01/31/2006

Approved by: *Signature on file*  
01/31/2006

Dennis A. Batey, MD – Chief Medical Officer

Date

**IMPORTANT NOTE**

**Not all services are covered for all products or employer groups.** This medical policy expresses FCHP's determination of whether certain services or supplies are medically necessary, experimental or investigational or cosmetic. FCHP has reached these conclusions based upon the regulatory status of the technology and a review of clinical studies published in peer-reviewed medical literature. Even though this policy may indicate that a particular service or supply is 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. Members and their providers 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 the plan of benefits, the provisions of the 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 Medicare and Medicaid members, this policy will apply unless Medicare and Medicaid policies extend coverage beyond this Medical Policy & Criteria Statement. Medicare and Medicaid policies will only apply to benefits paid for under Medicare or Medicaid rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the following website: <http://cms.hhs.gov/manuals/pub06pdf/pub06pdf.asp>