

LCD for CT Colonography (Virtual Colonoscopy [VC]) (L30300)

Contractor Information

Contractor Name

Wisconsin Physicians Service Insurance Corporation

Contractor Number

00951, 00952, 00953, 00954, 05101, 05201, 05301, 05401, 05102, 05202, 05302, 05402, 52280

Contractor Type

Carrier - MAC - FI

LCD Information

LCD ID Number

L30300

LCD Title

CT Colonography (Virtual Colonoscopy [VC])

Contractor's Determination Number

RAD-035

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CMS National Coverage Policy

CMS Pub.100-2 Ch.15 §80

Oversight Region

Region V

Original Determination Effective Date

For services performed on or after 11/15/2009

Original Determination Ending Date

Revision Effective Date

For services performed on or after 01/01/2010

Revision Ending Date

Indications and Limitations of Coverage and/or Medical Necessity

Indications and Limitations of Coverage and/or Medical Necessity

Indications

1. CT colonography also known as “Virtual Colonoscopy “ (VC) 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. Both 2D and 3D evaluation of a colon adequately distended and cleansed of stool should be performed using software and hardware designed for 2D and 3D evaluation.
2. CT colonography is indicated in those patients in whom a diagnostic (performed for signs/symptoms of disease) optical colonoscopy (OC) of the entire colon is incomplete. Failure to complete the OC 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.
3. CT colonography is indicated when utilized in pre-operative cancer staging and the determination of colonic wall invasion.
4. If during the course of a screening OC a condition is found, or a complication is encountered which results in the conversion of the screening OC into a diagnostic OC, and the diagnostic OC cannot be completed because of complicating conditions (see #2 above), VC would be covered.
5. CT colonography is also indicated for the evaluation of a submucosal abnormality detected on colonoscopy or other imaging study.
6. CT colonography is indicated in patients with serious coagulopathies and anticoagulated patients in whom it would be hazardous to discontinue anticoagulation therapy.
7. In patients with a history of previous incomplete OC and/or serious complication during OC, the reason for such incomplete and/or complicated OC being a condition which is unlikely to improve (extreme tortuosity, abdominal adhesions, etc.), CT colonography is covered as an alternative to diagnostic (not screening) OC.
8. In patients with previously documented, usually by barium enema, conditions which make OC unsafe (extreme tortuosity, etc), CT colonography is covered as an alternative to diagnostic (not screening) OC.

Limitations

1. The screening colonoscopy benefit being under national (CMS) authority and, therefore, not under Carrier discretion, CT colonography is never covered, under the auspices of this LCD, when screening (in the absence of signs or symptoms of disease) OC is incomplete due to any of the above reasons,
2. CT colonography is never covered 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.
3. CT colonography is never covered when used as an elective alternative to OC, for screening (in the absence of signs or symptoms of disease).
4. Since any CT colonography showing abnormal or suspicious findings would require a subsequent OC for diagnosis (e.g., biopsy) or for treatment (e.g., polypectomy), CT colonography is never covered when used as an elective alternative to OC, even though performed for signs or symptoms of disease (diagnostic OC).

Coding Information

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.

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.

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CPT/HCPCS Codes

74263 Not covered by statute Screening

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
74263	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, SCREENING, INCLUDING IMAGE POSTPROCESSING

ICD-9 Codes that Support Medical Necessity

Note: ICD-9 codes must be coded to the highest level of specificity

The correct use of an ICD-9-CM code listed below does not assure coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this determination.

006.1	CHRONIC INTESTINAL AMEBIASIS WITHOUT ABSCESS
006.2	AMEBIC NONDYSENTERIC COLITIS
006.9	AMEBIASIS UNSPECIFIED
009.0 - 009.3	

INFECTIOUS COLITIS ENTERITIS AND
GASTROENTERITIS - DIARRHEA OF PRESUMED
INFECTIOUS ORIGIN

014.00	TUBERCULOUS PERITONITIS UNSPECIFIED EXAMINATION
014.86	OTHER TUBERCULOSIS OF INTESTINES AND MESENTERIC GLANDS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
153.0 - 153.9	MALIGNANT NEOPLASM OF HEPATIC FLEXURE - MALIGNANT NEOPLASM OF COLON UNSPECIFIED SITE
154.0 - 154.8	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION - MALIGNANT NEOPLASM OF OTHER SITES OF RECTUM RECTOSIGMOID JUNCTION AND ANUS
159.0	MALIGNANT NEOPLASM OF INTESTINAL TRACT PART UNSPECIFIED
159.8	MALIGNANT NEOPLASM OF OTHER SITES OF DIGESTIVE SYSTEM AND INTRA-ABDOMINAL ORGANS
196.2	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INTRA-ABDOMINAL LYMPH NODES
197.5	SECONDARY MALIGNANT NEOPLASM OF LARGE INTESTINE AND RECTUM
197.7	MALIGNANT NEOPLASM OF LIVER SECONDARY
211.3	BENIGN NEOPLASM OF COLON
211.4	BENIGN NEOPLASM OF RECTUM AND ANAL CANAL
230.0 - 230.6	CARCINOMA IN SITU OF LIP ORAL CAVITY AND PHARYNX - CARCINOMA IN SITU OF ANUS UNSPECIFIED
235.2	NEOPLASM OF UNCERTAIN BEHAVIOR OF STOMACH INTESTINES AND RECTUM
235.5	NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER AND UNSPECIFIED DIGESTIVE ORGANS
239.0	NEOPLASM OF UNSPECIFIED NATURE OF DIGESTIVE SYSTEM
280.0	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)
280.9	IRON DEFICIENCY ANEMIA UNSPECIFIED
286.0 - 286.9	

	CONGENITAL FACTOR VIII DISORDER - OTHER AND UNSPECIFIED COAGULATION DEFECTS
555.0 - 555.9	REGIONAL ENTERITIS OF SMALL INTESTINE - REGIONAL ENTERITIS OF UNSPECIFIED SITE
556.0 - 556.9	ULCERATIVE (CHRONIC) ENTEROCOLITIS - ULCERATIVE COLITIS UNSPECIFIED
557.0 - 557.9	ACUTE VASCULAR INSUFFICIENCY OF INTESTINE - UNSPECIFIED VASCULAR INSUFFICIENCY OF INTESTINE
558.1 - 558.9	GASTROENTERITIS AND COLITIS DUE TO RADIATION - OTHER AND UNSPECIFIED NONINFECTIOUS GASTROENTERITIS AND COLITIS
560.0	INTUSSUSCEPTION
560.1	PARALYTIC ILEUS
560.2	VOLVULUS
560.81	INTESTINAL OR PERITONEAL ADHESIONS WITH OBSTRUCTION (POSTOPERATIVE) (POSTINFECTION)
560.89	OTHER SPECIFIED INTESTINAL OBSTRUCTION
560.9	UNSPECIFIED INTESTINAL OBSTRUCTION
562.10 - 562.13	DIVERTICULOSIS OF COLON (WITHOUT HEMORRHAGE) - DIVERTICULITIS OF COLON WITH HEMORRHAGE
564.4 - 564.89	OTHER POSTOPERATIVE FUNCTIONAL DISORDERS - OTHER FUNCTIONAL DISORDERS OF INTESTINE
569.0	ANAL AND RECTAL POLYP
569.3	HEMORRHAGE OF RECTUM AND ANUS
569.81 - 569.89	FISTULA OF INTESTINE EXCLUDING RECTUM AND ANUS - OTHER SPECIFIED DISORDERS OF INTESTINES
578.1	BLOOD IN STOOL
578.9	HEMORRHAGE OF GASTROINTESTINAL TRACT UNSPECIFIED
596.1	INTESTINOVESICAL FISTULA
619.1	DIGESTIVE-GENITAL TRACT FISTULA FEMALE
759.6	OTHER CONGENITAL HAMARTOSES NOT ELSEWHERE CLASSIFIED
787.91	DIARRHEA
787.99	OTHER SYMPTOMS INVOLVING DIGESTIVE SYSTEM
792.1	NONSPECIFIC ABNORMAL FINDINGS IN STOOL CONTENTS

793.4	NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF GASTROINTESTINAL TRACT
936	FOREIGN BODY IN INTESTINE AND COLON
937	FOREIGN BODY IN ANUS AND RECTUM
V10.00	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF UNSPECIFIED SITE IN GASTROINTESTINAL TRACT
V10.03	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF ESOPHAGUS
V10.04	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF STOMACH
V10.05	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARGE INTESTINE
V10.06	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF RECTUM RECTOSIGMOID JUNCTION AND ANUS
V10.07	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LIVER
V12.70	PERSONAL HISTORY OF UNSPECIFIED DIGESTIVE DISEASE
V12.72	PERSONAL HISTORY OF COLONIC POLYPS

Diagnoses that Support Medical Necessity

Any listed above

ICD-9 Codes that DO NOT Support Medical Necessity

V10.09	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OTHER SITES IN GASTROINTESTINAL TRACT
V12.79	PERSONAL HISTORY OF OTHER SPECIFIED DIGESTIVE SYSTEM DISEASES
V16.0	FAMILY HISTORY OF MALIGNANT NEOPLASM OF GASTROINTESTINAL TRACT
V18.51	FAMILY HISTORY, COLONIC POLYPS
V72.5	RADIOLOGICAL EXAMINATION NOT ELSEWHERE CLASSIFIED
V76.41	SCREENING FOR MALIGNANT NEOPLASMS OF THE RECTUM
V76.51	SPECIAL SCREENING FOR MALIGNANT NEOPLASMS COLON

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

Any listed above

General Information

Documentation Requirements

Physicians' Services and diagnostic tests must be submitted with an ICD-9 code to support the medical necessity for the service and must be coded to the greatest level of accuracy and highest level of digit completeness. This means the precise ICD-9 code that fully explains the narrative description of the diagnosis contained in the medical record or the test interpretation and report including the 4th or 5th digit sub-classification for the diagnosis category. The ICD-9 code based on the results of the test should be the primary diagnosis. If the diagnostic test results are normal or inconclusive the ICD-9 code representing the sign, symptom, illness or injury prompting the ordering of the test should be reported as the primary diagnosis. In the absence of signs, symptoms, illness or injury a screening diagnosis should be reported, and payment will be denied

2. The order/prescription from the referring physicians must be retained in the patient's medical records.

3. Medical records must be available to document a conventional colonoscopy has failed or documentation supporting the contraindication to an optical colonoscopy. These records must be available upon request.

4. Medical records should be legible, contain all the history and physical finding listed in the "Indication and Limitations of Coverage and/or Medical Necessity" section above and must be available to the Carrier upon request.

Appendices

Utilization Guidelines

CT colonography is reasonable and necessary when performed following an incomplete flexible colonoscopy, due to obstruction or in patients with conditions or circumstances described in the indications portion of this document.

Sources of Information and Basis for Decision

1. "Virtual Colonoscopy (CT Colonography) as a Screening Test for Colorectal Cancer" The Regence Group at <http://www.regence.com/trgmedpol/radiology/rad36.html>

2. CareFirst Blue Cross and Blue Shield of Maryland Medicare Coverage Database article #A14699

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Advisory Committee Meeting Notes

Meeting Date:

Wisconsin: 01/16/2009

Illinois: 01/28/2009

Michigan: 01/07/2009

Minnesota: 01/22/2009

J-5 MAC (IA,KS,MO, NE) 02/12/2009

Start Date of Comment Period

02/12/2009

End Date of Comment Period

03/30/2009

Start Date of Notice Period

01/01/2010

Revision History Number

01/01/10- Added 74261-74263, deleted codes 0066T, 0067T; removed "within 30 days" from documentation requirement #3

Revision History Explanation

09/23/2009 Released to final. Will be effective as L30300 on November 15, 2009. Replaces

L19899

L19902

L19904

L19906

L26704

06/30/2009 The contractor number 05392 will no longer be valid as of 8/1/2009 as it will be joining with the W MO number.

08/08/2009 - This policy was updated by the ICD-9 2009-2010 Annual Update.

11/15/2009 - CPT/HCPCS code 0066T was deleted from group 1

11/15/2009 - CPT/HCPCS code 0067T was deleted from group 1

Reason for Change**Last Reviewed On Date**

12/01/2009

Related Documents

This LCD has no Related Documents.

LCD Attachments

[Coding and Billing 01/01/2010 \(PDF - 25,569 bytes\)](#)

All Versions

Updated on 12/18/2009 with effective dates 01/01/2010 - N/A

Updated on 09/23/2009 with effective dates 11/15/2009 - N/A