

Policy Name:	CT Colonography, MR Colonography, and CT Upper GI Endoscopy – Mayo Medical Plan Only
Effective Date:	1/16/2023

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member’s plan document for other specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

NOTE: THIS POLICY APPLIES TO MAYO MEDICAL PLAN (MMP) MEMBERS.

NOTE: For all other medica members, Medica is using clinical criteria developed by Carelon, a utilization management (UM) program third-party vendor, to assist in administering these services.

Coverage Policy

Computed tomographic (CT) colonography is **COVERED** for screening and diagnosis of colorectal cancer.

Magnetic resonance (MR) colonography is investigative and unproven, and therefore **NOT COVERED**. There is insufficient reliable evidence in the form of high-quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Virtual upper gastrointestinal (GI) endoscopy using CT is investigative and unproven, and therefore **NOT COVERED**. There is insufficient reliable evidence in the form of high-quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Description

Virtual colonoscopy, using CT colonography or MR colonography, is a less invasive alternative to standard methods for colorectal cancer screening, such as colonoscopy. CT colonography uses data from CT to generate two- and three-dimensional images of the colon and rectum. Proper bowel cleansing is required and prior to the imaging, the colon is insufflated with room air or carbon dioxide to the maximum tolerable level via a rectal tube. MR colonography may include use of a contrast agent or barium. Virtual technology is also being proposed for the assessment of upper gastrointestinal conditions using CT gastrography, which is also called virtual upper GI endoscopy.

Helical computed tomography is used to produce high-resolution two-dimensional axial images. These images are reconstructed to produce computer-generated three-dimensional images, which are interpreted by a gastrointestinal radiologist. The approximate radiation dose is estimated to be twice that of a plain abdominal x-ray. Magnetic resonance imaging (MRI) can also be used to perform virtual colonoscopy; however, this is less common.

Medica Coverage Policy



FDA Approval

Several CT scanners, CT workstations, MRI systems, and imaging software systems have received FDA 510(k) approval as Class II devices. They are approved for general diagnostic use or for specified parts of the body, rather than for specific disease indications.

Prior Authorization

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes:

- **74261** - Computed tomographic (CT) colonography, diagnostic, including image post processing, without contrast material
- **74262** - Computed tomographic (CT) colonography, diagnostic, including image post processing; with contrast material(s) including non-contrast images, if performed
- **74263** - Computed tomographic (CT) colonography, screening, including image post processing

Original Effective Date: 3/1/2003

Re-Review Date(s): 9/27/2005
9/23/2008
10/25/2011
11/19/2014
12/21/2016
12/18/2019
2/10/2020 – administrative update; format
10/19/2022
05/01/2024 – Administrative update; policy applies to Mayo Medical Plan members only

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