

CT Colonography

Also known as	<div>1. Computed tomographic colonography</div> <div>2. CTC</div> <div>3. Virtual colonoscopy</div>						
Description	CT colonography is used to look for signs of pre-cancerous growths, called polyps, cancer, and other diseases of the large intestine. Images of the large intestine are taken using computerized tomography (CT). A computer puts the images together to create an animated, three-dimensional view of the inside of the large intestine.						
See also	<div>Similar, related, or easily confused documents.</div> <div><div>• Colonoscopy and Sigmoidoscopy - An internal exam of the entire or lower section of the large intestine using a colonoscope or sigmoidoscope.</div><div>• CT Upper GI Endoscopy - A noninvasive procedure that uses computed tomography (CT) to capture pictures of the inside surfaces of the organs of the gastrointestinal (GI) tract.</div><div>• MR Colonography - MRI used to look for signs of pre-cancerous growths, called polyps, cancer, and other diseases of the large intestine.</div></div>						
Table of Contents	<div>The following topics are included in this document:</div> <div><div>• Commercial</div><div>• Government Programs</div><div>• Individual and Family Business (IFB)</div></div>						
Document history	<div>The document history for the past 12 months is outlined below.</div> <table><tr><th>Date</th><th>Description</th></tr><tr><td>4.16.24</td><td><i>Split CT Colonography and MR Colonography into separate docs.</i></td></tr><tr><td>4.16.24</td><td><i>See also</i> - Updated links for the split of <i>CT- Colonography</i> and <i>MR Colonography</i> into separate docs.</td></tr></table>	Date	Description	4.16.24	<i>Split CT Colonography and MR Colonography into separate docs.</i>	4.16.24	<i>See also</i> - Updated links for the split of <i>CT- Colonography</i> and <i>MR Colonography</i> into separate docs.
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4.16.24	<i>See also</i> - Updated links for the split of <i>CT- Colonography</i> and <i>MR Colonography</i> into separate docs.						

Commercial

Introduction This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).

Dean (DHP, Prevea360) **Requires prior authorization.**

- See [Radiology Prior Authorizations](#) for details.
 - Some providers and POS are excluded from PA.
- If approved, coverage depends on the reason.
- **Routine screening:** Quote routine cancer screening benefits.
 - **Alert:** Check plan for age limit. If done outside of age limit, covered as diagnostic.
- **Diagnostic:** Quote MRI, CT, PET scan benefits. If section doesn’t exist, quote X-Ray/imaging benefits. Include facility benefits.

Mayo Medical Plan (MMP) Medica’s Coverage Policy, *CT Colonography, MR Colonography, and CT Upper GI Endoscopy - Mayo Medical Plan Only*, applies.

Tip: For instructions on locating policies, see [Coverage and Prior Authorization Guidelines](#).

- Covered indications are listed under *Coverage Policy*.
 - **Important:** Check policy for limits or exclusions.
- If eligible, coverage depends on the reason.
- **Routine screening:** Quote routine cancer screening benefits.
 - **Alert:** Check plan for age limit. If done outside of age limit, covered as diagnostic.
- **Diagnostic:** Quote MRI, CT, PET scan benefits. If section doesn’t exist, quote X-Ray/imaging benefits. Include facility benefits.
- For investigative indications, not covered.

Medica
(including
MHPS)

Coverage depends on the date of service.

DOS	Coverage
Prior to 5.1.24	<ul style="list-style-type: none">• Medica’s Coverage Policy, <i>CT Colonography, MR Colonography, and CT Upper GI Endoscopy</i>, applies.• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, coverage depends on the reason.• Routine screening: Quote routine cancer screening benefits.<ul style="list-style-type: none">– Alert: Check plan for age limit. If done outside of age limit, covered as diagnostic.• Diagnostic: Quote MRI, CT, PET scan benefits. If section doesn’t exist, quote X-Ray/imaging benefits. Include facility benefits.• For investigative indications, not covered.
After 5.1.24	<ul style="list-style-type: none">• Requires prior authorization.• See Radiology Prior Authorizations for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, coverage depends on the reason.• Routine screening: Quote routine cancer screening benefits.<ul style="list-style-type: none">– Alert: Check plan for age limit. If done outside of age limit, covered as diagnostic.• Diagnostic: Quote MRI, CT, PET scan benefits. If section doesn’t exist, quote X-Ray/imaging benefits. Include facility benefits.

Document history

The document history for the past 12 months is outlined below.

Date	Description
5.2.24	<i>Mayo Medical Plan (MMP)</i> - Changed from depends on DOS to just CP; updated CP name to new title.
5.2.24	Minor formatting updates throughout section.
4.16.24	Updated for Medica policy change.

Government Programs

Introduction

This section applies to all Medicaid and Medicare products.

AccessAbility (SNBC),

Minnesota Senior Care Plus (MSC+)

Medicaid only groups:

• See Medicaid below.

Medicare eligible groups:

• Coverage depends on the reason.

• Routine screening: Quote routine cancer screening benefits.

• Diagnostic: Quote X-ray/imaging benefits.

• Follows Medicare guidelines.

• Medicare is the primary payer.

• If no Medicare eligibility, Medicaid applies. See Medicaid below.

AccessAbility Enhanced (I-SNBC),

DUAL (MSHO)

Coverage depends on the date of service.

DOS	Coverage
Prior to 5.1.24	<div><div>• Medica’s Coverage Policy, CT Colonography, MR Colonography, and CT Upper GI Endoscopy, applies.</div><div>• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</div><div>• Covered indications are listed under Coverage Policy.<div>– Important: Check policy for limits or exclusions.</div></div><div>• If eligible, coverage depends on the reason.</div><div>• Routine screening: Quote routine cancer screening benefits.</div><div>• Diagnostic: Quote X-Ray/imaging benefits.</div><div>• Medica is the only payer.</div></div>
After 5.1.24	<div><div>• Requires prior authorization.</div><div>• See Radiology Prior Authorizations for details.<div>– Some providers and POS are excluded from PA.</div></div><div>• If approved, coverage depends on the reason.</div><div>• Routine screening: Quote routine cancer screening benefits.</div><div>• Diagnostic: Quote X-Ray/imaging benefits.</div><div>• Medica is the only payer.</div></div>

Cost (Prime)

Coverage depends on the date of service.

DOS	Coverage
Prior to 5.1.24	<div><div>• Check for an LCD or NCD. If one does not exist, Medica’s Coverage Policy, CT Colonography, MR Colonography, and CT Upper GI Endoscopy, applies.</div><div>• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</div><div>• Covered indications are listed under Coverage Policy.<div>– Important: Check policy for limits or exclusions.</div></div><div>• If eligible, coverage depends on the reason.</div><div>• Routine screening: Quote routine cancer screening benefits.</div><div>• Diagnostic: Quote outpatient diagnostic tests and therapeutic services and supplies.</div><div>• Follows Medicare guidelines.</div></div>
After 5.1.24	<div><div>• Coverage depends on the reason.</div><div>• Routine screening: Quote routine cancer screening benefits.</div><div>• Diagnostic: Quote outpatient diagnostic tests and therapeutic services and supplies.</div><div>• Does NOT require prior authorization (PA) through Medica.</div><div>• Follows Medicare guidelines.</div></div>

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Med Advantage Coverage depends on the date of service.

DOS	Coverage
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After 5.1.24	<ul style="list-style-type: none">• Requires prior authorization.• See Radiology Prior Authorizations for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, coverage depends on the reason.• Routine screening: Quote routine cancer screening benefits.• Diagnostic: Quote outpatient diagnostic tests and therapeutic services and supplies.• Follows Medicare guidelines.• Medica is the only payer.

Med Supp
(Select,
Signature)

Coverage depends on the reason.

- **Routine screening:** Quote routine cancer screening benefits.
- **Diagnostic:** Quote X-ray/imaging benefits.
- Follows Medicare guidelines.
- Medicare supplement.
- Medicare is the primary payer.

Medicaid Coverage depends on the date of service.

DOS	Coverage
Prior to 5.1.24	<ul style="list-style-type: none">• Medica’s Coverage Policy, <i>CT Colonography, MR Colonography, and CT Upper GI Endoscopy</i>, applies.• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, coverage depends on the reason.• Routine screening: Quote routine cancer screening benefits.• Diagnostic: Quote X-Ray/imaging benefits. Include facility benefits.
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history

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Date	Description
5.2.24	Minor formatting updates throughout section.
4.16.24	Updated for Medica policy change.

Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.</p>						
Dean (DHP, Medica formerly WellFirst, Prevea360)	<p>Requires prior authorization.</p> <ul style="list-style-type: none">• See Radiology Prior Authorizations for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, coverage depends on the reason.• Routine screening: Quote routine cancer screening benefits.• Diagnostic: Quote MRI, CT, PET scan benefits. If section doesn’t exist, quote X-Ray/imaging benefits. Include facility benefits.						
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