

# LCD - Virtual Colonoscopy (CT Colonography) (L34055)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
<a href="#">CGS Administrators, LLC</a>	MAC - Part A	15101 - MAC A	J - 15	Kentucky
<a href="#">CGS Administrators, LLC</a>	MAC - Part B	15102 - MAC B	J - 15	Kentucky
<a href="#">CGS Administrators, LLC</a>	MAC - Part A	15201 - MAC A	J - 15	Ohio
<a href="#">CGS Administrators, LLC</a>	MAC - Part B	15202 - MAC B	J - 15	Ohio

## LCD Information

### Document Information

**LCD ID**

L34055

**LCD Title**

Virtual Colonoscopy (CT Colonography)

**Source Proposed LCD**

N/A

**Original Effective Date**

For services performed on or after 10/01/2015

**Revision Effective Date**

For services performed on or after 09/26/2019

**Revision Ending Date**

09/29/2021

**Retirement Date**

N/A

**Notice Period Start Date**

N/A

**Notice Period End Date****AMA CPT / ADA CDT / AHA NUBC Copyright Statement**

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**CMS National Coverage Policy**

N/A

**Coverage Guidance**

**Coverage Indications, Limitations, and/or Medical Necessity**

**Indications**

CT colonography, also known as virtual colonoscopy utilizes helical computed tomography of the abdomen and pelvis along with 2D or 3D reconstruction to visualize the colon lumen. The test requires colonic preparation similar to that required for instrument (fiberoptic, video) colonoscopy, as well as air insufflation to achieve colonic distention.

Virtual colonoscopy is only indicated in those patients in whom a diagnostic or surveillance instrument colonoscopy of the entire colon is incomplete due to an inability to fully pass the colonoscope proximally, and a repeat attempt is not indicated. Virtual colonoscopy is intended for use in pre-operative planning only when imaging of the non-visualized colon proximal to the obstruction is medically necessary in making decisions involving the approach to the patient.

Incomplete colonoscopy must be due to one of the following:

1. An obstructing neoplasm,
2. Intrinsic scarring, stricture, aberrant anatomy, or obstruction from prior surgery, radiation, or diverticular disease.
3. Extrinsic compression.
4. Patient safety. There are few absolute contraindications to instrument colonoscopy. Relative contraindications do not create medical necessity for using virtual colonoscopy as a screening procedure, and the above indications must still be met.

The following relative contraindications to instrument colonoscopy may be indications for virtual colonoscopy if well documented in the medical record and the patient's primary physician and the colonoscopist agree on the increased risk to the patient:

- Severe coagulopathy
- Long-term anticoagulation

- Increased sedation risk (such as from severe COPD or previous anesthesia adverse reaction)

### **Limitations**

Virtual colonoscopy is not covered when used for screening, or in the absence of signs or symptoms of disease, regardless of family history or other risk factors for the development of colonic disease.

Virtual colonoscopy is not covered when used as an alternative to instrument colonoscopy for screening or in the absence of signs or symptoms of disease.

Virtual colonoscopy is not covered following incomplete colonoscopy if the reason for the colonoscopy is other than one of those described above.

### **Summary of Evidence**

N/A

### **Analysis of Evidence (Rationale for Determination)**

N/A

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## **General Information**

### **Associated Information**

The patient's medical record must document the medical necessity of services performed for each date of service submitted on a claim, and documentation must be available to Medicare on request.

1. The results of an incomplete instrument colonoscopy that resulted in the order for the CT colonography (virtual colonoscopy) must be retained in the patient's medical record. Similarly, documentation of the presence and severity of a relative contraindication as justification for a CT colonographic examination must be retained in the medical record.
2. The order/prescription from the referring physician must be retained in the patient's medical record.

Services performed for excessive frequency are not medically necessary. Frequency is considered excessive when services are performed more frequently than generally accepted by peers and the reason for additional services is not justified by documentation.

### **Sources of Information**

The development and coverage guidelines in this policy were based on a review of pertinent medical literature, policies from other Medicare contractors, and discussions with appropriate specialists.

Blue Cross Blue Shield Association Technology Evaluation Center. CT Colonography ("Virtual Colonoscopy") for Colon Cancer Screening. Assessment Program Volume 19, No.6 July 2004.

Cotton P et al. Computed Tomographic Colonography (Virtual Colonoscopy): A Multicenter Comparison with Standard Colonoscopy for Detection of Colorectal Neoplasia. *JAMA* 2004; 291:1713-9.

Fenlon H et al. Occlusive Colon Carcinoma: Virtual Colonoscopy in the Preoperative Evaluation of the Proximal Colon. *Radiology* 1999; 210: 423-8.

Gluecker T et al. Colorectal Cancer Screening with CT Colonography, Colonoscopy, and Double-Contrast Barium Enema Examination: Prospective Assessment of Patient Perception and Preferences. *Radiology* 2003; 227(2):378-84.

Isenberg G et al. Virtual colonoscopy. *Gastrointest Endosc* 2003; 57: 451-4.

Laghi A et al. Computed Tomographic Colonography (Virtual Colonoscopy): Blinded Prospective Comparison with Conventional Colonoscopy for the Detection of Colorectal Neoplasia. *Endoscopy* 2002; 34:441-6.

Laghi A et al. Detection of Colorectal Lesions with Virtual Computed Tomographic Colonography. *Am J Surgery* 2002;183:124-31.

Macari M et al. Colorectal Neoplasms: Prospective Comparison of Thin-Section Low Dose Multi-Detector Row CT Colonography and Conventional Colonoscopy for Detection. *Radiology* 2002;224(2):383-92.

Morrin M et al. Endoluminal CT Colonography After an Incomplete Endoscopic Colonoscopy. *AJR* 1999;172:913-8.

Mulhall B et al. Meta-Analysis: Computed Tomographic Colonography. *Ann Intern Med* 2005;142:635-50.

Neri E et al. Colorectal Cancer: Role of CT Colonography in Preoperative Evaluation after Incomplete Colonoscopy. *Radiology* 2002;223(3):615-19.

Pickhardt P et al. Computed Tomographic Virtual Colonoscopy to Screen for Colorectal Neoplasia in Asymptomatic Adults. *N Engl J Med* 2003;349(23):2191-200.

Pickhardt P. Three-Dimensional Endolumenal CT Colonography (Virtual Colonoscopy): Comparison of Three Commercially Available Systems. *AJR* 2003;181(6):1599-606.

Ransohoff D. Virtual Colonoscopy - What It Can Do vs What It Will Do. *JAMA* 2004;291:1772-74.

Sun C et al. Assessment of Spiral CT Pneumocolon in Preoperative Colorectal Carcinoma. *World J Gastroenterol* 2005;11:3866-870.

## **Bibliography**

N/A

# Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
09/26/2019	R9	<p>R10</p> <p>Revision Effective: N/A</p> <p>Revision Explanation: Annual Review, no changes made</p> <p>09/15/2020: <i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> <li>Other (Annual Review)</li> </ul>
09/26/2019	R8	<p>R9</p> <p>Revision Effective: 09/26/2019</p> <p>Revision Explanation: Annual Review, no changes made</p> <p>09/26/2019: <i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> <li>Other (annual review, no changes)</li> </ul>
09/19/2019	R7	<p>R8</p> <p>Revision Effective: 09/19/2019 Revision Explanation: Converted policy into new policy template that no longer includes coding section based on CR 10901. For Approval, no changes.</p> <p>09/13/2019: <i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> <li>Revisions Due To Code Removal</li> </ul>
09/19/2019	R6	<p>R7</p>	<ul style="list-style-type: none"> <li>Revisions Due To Code Removal</li> </ul>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
		<p>Revision Effective: 09/19/2019 Revision Explanation: Converted policy into new policy template that no longer includes coding section based on CR 10901.</p> <p>09/12/2019: <i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	
10/01/2017	R5	<p>R6</p> <p>Revision Effective: 8-5-2019</p> <p>Revision Explanation: Removed all billing and coding details from policy into related Billing and Coding article. Coding information was removed based on CR10901.</p> <p>08/05/2019- <i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> <li>Other (Removed billing and coding based on CR10901)</li> </ul>
10/01/2017	R4	<p>R5</p> <p>Revision Effective: N/A</p> <p>Revision Explanation: annual review no changes made.</p> <p>09/27/2018- <i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p> <p>R4</p> <p>Revision Effective: N/A</p> <p>Revision Explanation: Annual review no changes made.</p>	<ul style="list-style-type: none"> <li>Other (Annual Review)</li> </ul>
10/01/2017	R3	<p>R3</p> <p>Revision Effective: 10/01/2017</p>	<ul style="list-style-type: none"> <li>Revisions Due To ICD-10-CM Code</li> </ul>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
		<p>Revision Explanation: during ICD-10 annual update codes K56.5, K56.60, and K56.69 were deleted and replaced with the following: K56.50, K56.51, K56.52, K56.600, K56.601, K56.609, K56.690, K56.691, K56.699.</p> <p><i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	Changes
10/01/2015	R2	<p>R2</p> <p>Revision Effective: N/A</p> <p>Revision Explanation: Annual review no changes made.</p>	<ul style="list-style-type: none"> <li>Other (Annual review)</li> </ul>
10/01/2015	R1	<p>R1</p> <p>Revision Effective: N/A</p> <p>Revision Explanation: Annual review no changes made.</p>	<ul style="list-style-type: none"> <li>Other (Annual Review)</li> </ul>

## Associated Documents

### Attachments

There are no attachments for this LCD.

### Related Local Coverage Documents

### Articles

[A56800 - Billing and Coding: Virtual Colonoscopy \(CT Colonography\) \(MCD\)](#)

### Related National Coverage Documents

This LCD version has no Related National Coverage Documents.

### Public Versions

UPDATED ON	EFFECTIVE DATES	STATUS
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09/15/2020	09/26/2019 - 09/29/2021	Superseded (This Version)
09/26/2019	09/26/2019 - N/A	Superseded
09/13/2019	09/19/2019 - 09/25/2019	Superseded
09/12/2019	09/19/2019 - N/A	Superseded
08/05/2019	10/01/2017 - 09/18/2019	Superseded

UPDATED ON	EFFECTIVE DATES	STATUS
09/27/2018	10/01/2017 - N/A	Superseded
09/14/2017	10/01/2017 - N/A	Superseded
09/29/2016	10/01/2015 - 09/30/2017	Superseded
09/28/2015	10/01/2015 - N/A	Superseded
03/18/2014	10/01/2015 - N/A	Superseded

## Keywords

N/A