Local Coverage Determination (LCD): Computed Tomographic Colonography (L33283)

**Contractor Information**

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<th>Contractor Name</th>
<th>Contract Type</th>
<th>Contract Number</th>
<th>Jurisdiction</th>
<th>State(s)</th>
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<td>A and B MAC</td>
<td>09101 - MAC A</td>
<td>J - N</td>
<td>Florida</td>
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<td>09302 - MAC B</td>
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**LCD Information**

**Document Information**

- **LCD ID**
  - L33283

- **Original ICD-9 LCD ID**
  - L28770

- **LCD Title**
  - Computed Tomographic Colonography

- **Proposed LCD in Comment Period**
  - N/A

- **Source Proposed LCD**
  - N/A

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CMS National Coverage Policy

Language quoted from CMS National Coverage Determination (NCDs) and coverage provisions in interpretive manuals are italicized throughout the Local Coverage Determination (LCD). NCDs and coverage provisions in interpretive manuals are not subject to the LCD Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See §1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, italicized text represents quotation from one or more of the following CMS sources:

Title XVIII of the Social Security Act, Section 1862(a)(7). Excludes routine physical examinations.

Title XVIII of the Social Security Act, Section 1862(a)(1)(A). Allows coverage and payment for only those services considered medically reasonable and necessary.

Title XVIII of the Social Security Act, Section 1833(e). This section prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Code of Federal Regulations (CFR), Title 42, part 410.37, subpart B. This section designates the tests approved for coverage of colorectal cancer screening.

Change Request (CR) 3586. January 2005 Update to the Hospital Outpatient Perspective Payment System (OPPS).

CMS Manual System, Pub. 100-08, Program Integrity Manual, Chapter 13, Section 5.1

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Computed tomographic colonography (CT colonography) also known as virtual colonoscopy is a technique used for the detection of colorectal polyps. There are two approaches currently utilized for CT colonography. The first approach uses 2-D images with direct 3-D reconstruction for problem areas. The second approach utilizes 3-D endoscopic navigation of the colon with the 2-D images used for confirmation and problem solving.

CT colonography will be considered medically reasonable and necessary:

- When an instrument colonoscopy of the entire colon is incomplete due to an obstructing lesion suspected of being an obstructing neoplasm;
- When the intent of the study is to identify a lesion suspected of being an obstructing neoplasm, even if the final diagnosis suggests that the lesion is due to scarring from previous surgery, extrinsic compression aberrant anatomy, or unsuspected diverticulitis;
- When the patient has an uncorrectable coagulopathy or is on anticoagulant therapy that cannot be safely discontinued and the primary physician and the colonographer agree that there is an increased risk. When performing CT colonography for this indication, one of the previous two indications must also be documented.
- When utilizing equipment which will provide optimal performance such as a CT scanner which includes a multi-detector scanner with a maximum collimation of 5mm, 2.5mm reconstruction interval and a scan time that should not produce a breath hold interval over 25 seconds.
- When performed only by providers of gastroenterology and radiology services or other providers who have specialized training and expertise in performing CT colonography.
The CMS Manual System, Pub. 100-08, Program Integrity Manual, Chapter 13, Section 5.1 (http://www.cms.hhs.gov/manuals/downloads/pim83c13.pdf outlines that "reasonable and necessary" services are "ordered and/or furnished by qualified personnel."

A qualified physician for this service/procedure is defined as follows: A) Physician is properly enrolled in Medicare. B) Training and expertise must have been acquired within the framework of an accredited residency and/or fellowship program in the applicable specialty/subspecialty in the United States or must reflect equivalent education, training, and expertise endorsed by an academic institution in the United States and/or by the applicable specialty/subspecialty society in the United States.

CT colonography will not be covered for the following:

- When CT colonography is performed without a prior incomplete colonoscopy due to the indications as outlined in this LCD;
- When used as an alternative to fiberoptic colonoscopy, for screening or in the absence of signs or symptoms of disease;
- When used as an alternative to fiberoptic colonoscopy, even though performed for signs or symptoms of disease; or
- 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.

Summary of Evidence
N/A

Analysis of Evidence
(Rationale for Determination)
N/A

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.

013x Hospital Outpatient
085x Critical Access Hospital

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.

032X Radiology - Diagnostic - General Classification

CPT/HCPCS Codes

Group 1 Paragraph: N/A
Group 1 Codes:

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<th>Code</th>
<th>Description</th>
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<tr>
<td>74261</td>
<td>COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITHOUT CONTRAST MATERIAL</td>
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<tr>
<td>74262</td>
<td>COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITH CONTRAST MATERIAL(S) INCLUDING NON-CONTRAST IMAGES, IF PERFORMED</td>
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ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph: N/A

Group 1 Codes:

ICD-10 Code | Description                                                                 |
------------|-----------------------------------------------------------------------------|
C18.2       | Malignant neoplasm of ascending colon                                       |
C18.3       | Malignant neoplasm of hepatic flexure                                       |
C18.4       | Malignant neoplasm of transverse colon                                      |
C18.6       | Malignant neoplasm of descending colon                                      |
C18.7       | Malignant neoplasm of sigmoid colon                                        |
C18.8       | Malignant neoplasm of overlapping sites of colon                            |
C19         | Malignant neoplasm of rectosigmoid junction                                |
C20         | Malignant neoplasm of rectum                                               |
C21.0 - C21.8 | Malignant neoplasm of anus, unspecified - Malignant neoplasm of overlapping sites of rectum, anus and anal canal |
D12.0 - D12.9 | Benign neoplasm of cecum - Benign neoplasm of anus and anal canal           |
K50.012     | Crohn's disease of small intestine with intestinal obstruction              |
K50.112     | Crohn's disease of large intestine with intestinal obstruction              |
K50.812     | Crohn's disease of both small and large intestine with intestinal obstruction|
K50.912     | Crohn's disease, unspecified, with intestinal obstruction                   |
K51.012     | Ulcerative (chronic) pancolitis with intestinal obstruction                 |
K51.212     | Ulcerative (chronic) proctitis with intestinal obstruction                  |
K51.312     | Ulcerative (chronic) rectosigmoiditis with intestinal obstruction           |
K51.412     | Inflammatory polyps of colon with intestinal obstruction                    |
K51.512     | Left sided colitis with intestinal obstruction                              |
K51.812     | Other ulcerative colitis with intestinal obstruction                        |
K51.912     | Ulcerative colitis, unspecified with intestinal obstruction                 |
K56.1       | Intussusception                                                             |
K56.2       | Volvulus                                                                    |
K56.50 - K56.52 | Intestinal adhesions [bands], unspecified as to partial versus complete obstruction - Intestinal adhesions [bands] with complete obstruction |
K56.600 - K56.609 | Partial intestinal obstruction, unspecified as to cause - Unspecified intestinal obstruction, unspecified as to partial versus complete obstruction |
K56.690 - K56.699 | Other partial intestinal obstruction - Other intestinal obstruction unspecified as to partial versus complete obstruction |
K63.5       | Polyp of colon                                                              |

ICD-10 Codes that DO NOT Support Medical

Necessity Additional ICD-10 Information

N/A

General Information
Associated Information

Documentation Requirements

The documentation of the study requires a formal written report, with clear identifying demographics, the name of the interpreting provider, reason for the test, and interpretive report and copies of all images obtained. The computerized data with image reconstruction should also be maintained.

The medical record must contain documentation, including a written or electronic request for the procedure which fully supports the medical necessity of the procedure performed. This documentation includes, but is not limited to relevant medical history, physical examination, diagnosis (if known), pertinent signs and symptoms and results of pertinent diagnostic tests and/or procedures. This entire documentation—not just the test report or the findings/diagnosis on the order, must be made available upon request.

- The order/prescription form of the referring physician must be retained in the medical record.
- The results of a fiberoptic colonoscopy performed prior to the CT colonography, which was incomplete due to obstruction must be retained in the medical record.
- Documentation should clearly indicate cause of obstruction.
- Documentation should support the technology used to perform the CT colonography.
- When performing CT colonoscopy in lieu of conventional colonoscopy due to an uncorrectable coagulopathy or anticoagulant therapy that cannot be safely discontinued, documentation must clearly support that one of the indications as outlined in bullets #1 or #2 in the “Indications and Limitations of Coverage and/or Medical Necessity” section of this LCD.

Utilization Guidelines

It is expected that the physician who performed the failed colonoscopy will order the CT colonography.

It is expected that these services would be performed as indicated by current medical literature and/or standards of practice. When services are performed in excess of established parameters, they may be subject to review for medical necessity.

It is expected that only trained qualified physicians, as defined in the Indications and Limitations section of this LCD, will perform CT colonography.

CT colonography is never covered for screening.

Sources of Information

First Coast Service Options, Inc. reference LCD number(s) – L28771, L29118, L29136


Bibliography

N/A

Revision History Information

<table>
<thead>
<tr>
<th>Revision History Date</th>
<th>Revision History Number</th>
<th>Revision History Explanation</th>
<th>Reason(s) for Change</th>
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<tr>
<td>10/01/2017</td>
<td>R3</td>
<td>Revision Number: 1 Publication: September 2017 Connection LCR A/B2017-038</td>
<td>• Revisions Due To ICD-10-CM Code Changes</td>
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<td>Explanation of Revision: Based on CR 10153 (Annual 2018 ICD-10-CM Update) the LCD was revised. Added ICD-10-CM diagnosis codes K56.50 – K56.52, K56.600 – K56.609, K56.690 – K56.699. Deleted ICD-10-CM diagnosis codes K56.5, K56.60, K56.69. The effective date of this revision is based on date of service. 10/01/2017: 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.</td>
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<td>10/01/2015</td>
<td>R2</td>
<td>The language and/or ICD-10-CM diagnoses were updated to be consistent with the current ICD-9-CM LCD’s language and coding.</td>
<td>• Provider Education/Guidance</td>
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<td>• Provider Education/Guidance</td>
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Associated Documents

Attachments
N/A

Related Local Coverage Documents
Article(s)
A54885 - Computed Tomographic Colonography coding guidelines

Related National Coverage Documents
N/A

Keywords
N/A