

**Clinical Medical Policy  
Computed Tomography Colonography,  
“Virtual Colonoscopy”**

**Benefit Coverage:**

Covered benefit with conditional criteria that must be met.

**Description:**

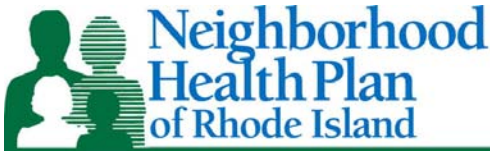
Computed Tomography (CT) Colonography, often referred to as “virtual colonoscopy,” is a CT scan x-ray test designed to simulate colonoscopy to screen for large colon polyps and cancers.

**Caveats:**

1. CT colonography is not as sensitive as colonoscopy at discovering colon lesions (polyps) less than 10 mm (1 cm). It is nearly as accurate in sensitivity and specificity for the larger lesions.
2. When CT colonography is used for screening for colon cancer, no biopsy can be done with CT colonography; if a lesion is discovered, colonoscopy will be required for biopsy and/or removal.
3. CT colonography, as does colonoscopy, requires bowel cleanout with liquid diet and strong laxatives.
4. CT colonography may discover extra-colonic lesions and other findings in the process of its imaging; it has not been determined whether the discovery of these extra finding is of benefit or harm to patients.
5. Unlike colonoscopy, CT colonography requires ionizing radiation for imaging. There may be harmful effects of this amount of radiation, especially if it is repeated in five years intervals as per most screening recommendations.
6. Although CT colonography requires no instrument insertion, it does require insufflations of the bowl. The insufflation is very uncomfortable for many patients and can occasionally lead to perforation of the bowel. No sedation is used with CT colonography.
7. CT colonography may include injection of a dye to improve imaging. The dye adds a risk that colonoscopy does not have.

**Coverage Determination:**

Neighborhood Health Plan of Rhode Island (NHPRI) covers CT Colonography when medical necessity criteria are met. Prior authorization is required.



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**Criteria:**

CT Colonography is an alternative to colonoscopy or barium enema in limited specific circumstances:

- a. When it is to be done for screening:
  1. The patient must understand the above caveats.
  2. A barium enema should be considered as an alternative.
  3. The patient must be unable to undergo colonoscopy for medical reasons. Since screening is hardly ever urgent, a delay in timing may eliminate the medical reason for CT colonography; for example, a patient who cannot be taken off an anti-coagulant when the procedure is first proposed, may be able to be taken off it six months later when a traditional colonoscopy could be performed.
- b. When it is to be done as a diagnostic procedure:
  1. Conventional colonoscopy was performed but was incomplete and CT colonoscopy is needed to complete the study.
  2. An imaging study is needed and colonoscopy and barium enema are not able to be performed.

*References: <http://www.cms.gov/determinationprocess/downloads/id58TA.pdf>;  
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[www.cms.hhs.gov/determinationsprocess/downloads/id58TA.pdf](http://www.cms.hhs.gov/determinationsprocess/downloads/id58TA.pdf)*

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