

UPMC Health Plan POLICY AND PROCEDURE MANUAL

POLICY NUMBER: PAY.055
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SUBJECT: Computed Tomographic (CT) Colonography (Virtual Colonoscopy)
INDEX TITLE: Medical Management
ORIGINAL DATE: August 2008

This policy applies to the following lines of business: (Check those that apply.)

| | | | | |
|-----------------------|-------------------------|--------------------------|------------|-------------------|
| Commercial: | | | | |
| HMO () | POS () | PPO () | OOA () | |
| Fully Insured () | Self-funded/ASO () | HSA () | All (X) | |
| Medicare Select () | Medicare Supplement () | | | |
| DPW-MA: | | | | |
| Health Choices () | Voluntary () | | | All () |
| CMS-MA: | | | | |
| OH () | WV () | PA () | All (X) | Other () |
| HMO (X) | PPO (X) | Specialty Needs Plan (X) | Part D () | PFFS (X) All () |
| PID-CHIP: | | | | |
| Free () | Sub () | Full () | All (X) | |
| APPLICABLE TO: | | | | |
| Community Care () | Work Partners () | | | |

I. POLICY

It is the policy of UPMC Health Plan to recognize Computed Tomographic (CT) Colonography, also known as Virtual Colonoscopy, as appropriate and consistent with good medical practice when performed for the indications listed in this policy. Coverage for this service is based upon medical necessity as detailed in this policy and according to the individual member's benefit plan.

II. DEFINITIONS

CT Colonography is a new, lesser invasive imaging technique that combines the use of multislice CT scanning and computer software that permits visualization of the entire colon.

III. PURPOSE

The purpose of this policy is to define the appropriate indications for coverage of CT Colonography.

IV. SCOPE

This policy applies to various UPMC Health Plan departments as indicated by the Benefit and Reimbursement Committee. These include but are not limited to: Medical Management, Benefit Configuration and Claims departments.

V. PROCEDURE

A. Medical Description/Background

Colorectal cancer is the second leading cause of cancer deaths in the United States among men and women. Preventive screening is recommended for everyone over 50 years of age but only half of the population is screened. Screening can save lives by finding growths before they turn cancerous. Approximately 8-12 % of untreated polyps become cancerous tumors. CT colonography is a recently developed imaging technique that uses a multislice CT scanner and computer virtual reality software to produce three-dimensional images of the colon. These images are displayed on a screen which radiologists use to view the bowel in a way similar to the standard endoscopic colonoscopy in that it simulates traveling down the bowel from the lower end of the small intestine to the rectum. It can be performed with computed tomography (CT) or with magnetic resonance imaging (MRI). CT Colonography avoids some of the disadvantages of the standard colonoscopy such as the need for patient sedation and has been promoted as a way to increase patient compliance with colorectal cancer screening.

Standard (conventional) endoscopic colonoscopy is presently known as the “gold standard” for colorectal screening by many groups but not by others. Those that endorse it as the standard do so because it permits visualization of the entire colon and also permits diagnostic biopsies or therapeutic removal of polyps.

Although the technology for CT Colonography has undergone major advances in recent years - the test still requires the standard bowel prep as required for the endoscopic colonoscopy. Air /carbon dioxide is pumped into the rectum through a small rectal tube to distend the colon. Biopsies can not be taken. The test takes about 10 minutes. One of the controversies to the CT Colonography versus endoscopic colonoscopy is the size of the polyp it can identify which is usually 5-10 mm and above (1 cm is the size of a polyp that places a patient at risk for cancer). Polyps as small as 2-3mm can be detected but the accuracy rate at those extremely small sizes begins to drop off. Because of the reported low rate of malignancy in diminutive polyps less than 5mm some regard these polyps as not clinically relevant and also feel that the standard conventional colonoscopy increases costs and the risk of adverse events without significantly reducing the incidence of colorectal cancer.

CT Colonography can also be used as a screening tool for colorectal cancer for follow-up after surgery for colorectal cancer – it can be effective for surveillance after curative surgery because it enables simultaneous evaluation for metastasis and recurrence. It is also being used in the follow- up of patients with diverticulitis. Studies are currently

ongoing to develop an effective method to eliminate the need for the standard colon prep (for the CT Colonography) which is still a drawback for more people undergoing this screening test.

B. Indications

CT Colonography will be covered for any of the following **diagnostic** indications:

- Preoperative cancer staging and determination of colonic wall invasion
- Patients in whom a standard colonoscopy of the entire colon is incomplete due to an inability to pass the colonoscope proximally

C. Limitations

CT Colonography is not reimbursable when used as a **screening** alternative to standard endoscopic colonoscopy **except** in the following circumstances:

- Patients for whom a conventional colonoscopy is a contraindication due to coagulopathy, lifetime anticoagulation or long-term anticoagulation therapy with increased risk if discontinued
- Patients with increased sedation risk (COPD, previous adverse reaction to anesthesia)
- Patients with diverticular disease with an increased risk for perforation
- Patients with complications from previous standard colonoscopy
- Patients with known obstruction (such as cancer, diverticulitis, radiation scarring, adhesions)

E. Variations

N/A

F. Audit

Quality Audit may monitor policy compliance or billing accuracy at the request of the UPMC Health Plan's Technology Assessment Committee or the Benefits Reimbursement Committee.

G. References

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6. Centers for Medicare & Medicaid Services, L23350 and L22245, *Virtual Colonoscopy (CT colonography)*, 11/30/2006 and 10/01/2006
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 8. National Cancer Institute, Volume 4, Issue 2, 03/22/04, *Virtual Colonoscopy: Are We There Yet?*
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 12. Diagnostic Imaging, *Virtual colonoscopy performs well in large new study*, 2007
 13. HealthDay, '*Virtual*' *Colonoscopy an Effective Option: Study*, 10/2007
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 19. Gastroenterology, Issue: June 2007, *Virtual Colonoscopy Most Cost- Effective for Colon Cancer Screening*
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 22. American Gastroenterological Association, August/September 2007, *The Cost Effectiveness of Virtual Colonoscopy and the Importance of Small Polyps*

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