



**KAISER PERMANENTE**  
Mid-Atlantic States

**CT Colonography (Virtual Colonoscopy)  
for Virginia, Federal and District of Columbia  
(D.C.) Jurisdictions  
Medical Coverage Policy**

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**UTILIZATION \* ALERT\***

- Prior to use of this MCP for evaluation of medical necessity, benefit coverage **MUST** be verified in the member's EOC or benefit document.
- For Medicare members, please refer to the Medicare Coverage Database.
- Note: After searching the Medicare Coverage Database, if no NCD/LCD/LCA is found, then use the policy referenced above for coverage guidelines

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**I. Procedure: CT Colonography (Virtual Colonoscopy)**

**II. Diagnoses:** Screening for Colorectal Disease

**III. Specialties:** Gastroenterology, Radiology

**IV. Clinical indications for referral**

Kaiser Permanente Mid-Atlantic States (KPMAS) considers CT colonography (CTC) medically necessary for any of the following:

- A. Colonic evaluation of symptomatic members with a known partial (not complete) colonic obstruction or stenosis ordered by a GI specialist or after discussion with and approval by Gastroenterology or General Surgery. This procedure should be deemed necessary for the gathering of information and the benefit exceeds the risks of this procedure.
- B. Colonic evaluation of members who have failed colonoscopy or undergone an incomplete colonoscopy due to partial obstructive or stenotic colonic lesions. Or members who have failed colonoscopy or undergone an incomplete colonoscopy due to technical reasons and are felt to be candidates for virtual colonoscopy to achieve full colonic visualization. These cases will require order by GI specialist or approval by Gastroenterology or General Surgery service chief and it must be found that this procedure is deemed necessary for the gathering of information and the benefit exceeds the risks of this procedure.
- C. When criteria for conventional colonoscopy have been met and conventional colonoscopy is medically contraindicated (i.e., prophylactic anticoagulation which cannot be stopped, contraindications to sedation).

**V. Cautions and Exclusions**

- A. For the CTC virtual colonoscopy, all patients should be informed of radiation exposure for this procedure and long-term cumulative effects of radiation exposure.



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- B.** KPMAS considers the use of CTC in all other situations to be experimental and investigational at this time.
- C.** Virtual colonoscopy using magnetic resonance imaging (MRI) (also known as MRI colonography) is considered experimental and investigational for the screening or diagnosis of colorectal cancer, diverticulitis, inflammatory bowel disease, or other indications because its value for these indications has not been established.

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**Approval History**

Effective June 01, 2016, state filing is no longer required per Maryland House Bill [HB 798](#) – Health Insurance – Reporting

<b>Date approved by RUMC</b>	<b>Date of Implementation</b>
03/18/2011	03/18/2011
03/20/2012	03/20/2012
03/11/2013	03/11/2013
02/26/2014	03/09/2014
02/25/2015	03/10/2015
02/25/2016	02/29/2016
02/27/2017	02/27/2017
02/28/2018	02/28/2018
01/29/2019	01/29/2019
01/14/2020	01/14/2020
01/20/2021	01/20/2021
01/24/2022	01/24/2022
01/26/2023	01/26/2023
01/24/2024	01/24/2024

\*The Regional Utilization Management Committee received delegated authority in 2011 to review and approve designated Utilization Management and Medical Coverage Policies by the Regional Quality Improvement Committee.

Note: Kaiser Permanente Mid-Atlantic States (KPMAS) include referral and authorization criteria to support primary care and specialty care practitioners, as appropriate, in caring for members with selected conditions. Medical Coverage Policies are not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by a practitioner in any particular set of circumstances for an individual member.

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