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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 one of the following:

- A. Maryland mandates coverage per the American Cancer Society screening guidelines for colon cancer which recognizes virtual colonoscopy as a screening technique in the detection of colon cancer. See Cancer.org
- B. For Maryland jurisdiction members, a CT colonography (virtual colonoscopy) screening for colorectal cancer in average risk, asymptomatic members aged 50 years and older, every five years, is a covered benefit for members per Maryland mandate.
- C. Colonic evaluation of symptomatic members with a known partial (not complete) colonic obstruction or stenosis after discussion with and approval by Gastroenterology or General Surgery. It must be found that this procedure is deemed necessary for gathering information, and the benefit exceeds the risks of this procedure.
- D. Colonic evaluation of members who have failed colonoscopy or undergone an incomplete colonoscopy. This can be due to partially obstructive or stenosing colonic lesions or due to technical reasons. These members are also 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. It must be found that this procedure is deemed necessary for gathering information, and the benefit exceeds the risks of this procedure.

- E. When criteria for conventional colonoscopy have been met and conventional colonoscopy is medically contraindicated such as chronic anticoagulation, which cannot safely be stopped, or contraindications to sedation.

**V. Cautions and Exclusions**

- A. For the CTC virtual colonoscopy, all patients should be informed of radiation exposure procedure and long-term cumulative effects of radiation exposure.
- B. KPMAS considers the use of CTC in all other situations experimental and investigational.
- 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**

<b>Date approved by RUMC*</b>	<b>Date filed with the State of Maryland</b>	<b>Date of Implementation (Ten days after filing)</b>
03/18/2011	03/21/2011	04/01/2011
03/20/2012	03/21/2012	04/01/2012
02/27/2013	02/27/2013	03/10/2013
02/26/2014	02/27/2014	03/09/2014
09/17/2014 <sup>1</sup>	09/18/2014 <sup>1</sup>	09/29/2014
02/25/2015	02/27/2015	03/10/2015
02/25/2016	02/29/2016	03/11/2016

<sup>1</sup> Reapproved by RUMC on 9/17/2014 and refiled with MIA on 09/18/2014 with correction to apply MCP only to Maryland members  
\*The Regional Utilization Management Committee received **delegated authority** to review and approve designated Utilization Management and Medical Coverage Policies by the Regional Quality Improvement Committee in 2011.



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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>
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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