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# 2025 Computed Tomography (CT) Colonography

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## *Diagnostic Imaging*

CT-Colon-HH

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## Computed Tomography (CT) Colonography

**NCD 220.1**

See also, **NCD 220.1**: Computed Tomography at <https://www.cms.gov/medicare-coverage-database/search.aspx> if applicable to individual's healthplan membership.

### Preamble: Pediatric Diagnostic Imaging

HealthHelp's clinical guidelines for the Diagnostic Imaging program, are intended to apply to both adults and pediatrics (21 years of age or younger), unless otherwise specified within the criteria.

### CT General Contraindications

Computed tomography (CT) is contraindicated (relative) for **ANY** of the following:

1. Allergy/idiosyncratic reaction to contrast material (if intravascular contrast material is used)
2. Pregnancy
3. Renal impairment (glomerular filtration rate [GFR] is less than 30 ml/min/1.73 m<sup>2</sup>.)

**References:** [1]

### CT Colonography Contraindications

CT Colonography is contraindicated for colonoscopy alternative for screening, and **ANY** of the following:

1. Colonic inflammation is acute.
2. Colorectal surgery is recent (within the last 6 months).

**References:** [5]

### CT Colonography Guideline

Computed tomography colonography (CTC) is considered medically appropriate when the documentation demonstrates **ANY** of the following:

1. CT colonography is an alternative for diagnosis, when an individual is symptomatic (eg, abdominal pain, blood in stool, bowel pattern changes) and **ANY** of the following:
  - a. Colonoscopy **FAILED** or is incomplete.

- b. Colonoscopy is medically **contraindicated** (eg, bleeding disorder, recent colonic surgery, recent myocardial infarction, sedation is contraindicated, severe lung or heart disease).
- c. Colorectal cancer is obstructive.
- d. CTC demonstrates 1 or more polyp(s) of at least 6 mm in diameter; follow-up evaluation in 3 years if **NO** polypectomy **OR** is unable or unwilling to undergo colonoscopy.

**References:** [5] [2]

- 2. CT colonography is an alternative for screening and **ALL** of the following:
  - a. Asymptomatic
  - b. Risk is average (See **Colorectal Cancer Risk Assessment** in the **Definitions** section) or increased (eg, personal history of large adenoma or carcinoma [greater than or equal to 10mm], or first-degree relative with history of adenoma or carcinoma) and **ANY** of the following:
    - i. Age is 45 to 75 years old, for initial screening and follow-up every 5 years after an initial negative screen.
    - ii. Age over 75 years old , **NO** complicating predisposing conditions and **NO** prior study was completed.
    - iii. Colonoscopy is medically **contraindicated** (eg, bleeding disorder, recent colonic surgery, recent myocardial infarction, sedation is contraindicated, severe lung or heart disease).
    - iv. Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) is positive.

**References:** [5] [2] [3] [6] [4]

## CT Colonography Summary of Changes

CT Colonography guideline had the following version changes from 2024 to 2025:

- Added the following to keep in line with current evidence:
  - "Glomerular filtration rate" to "Renal impairment" under Contraindications
  - Under CT colonography contraindications:
    - "Colonic inflammation is acute." per national standards
    - "Colorectal surgery is recent (within the last 6 months)." per national standards

- Removed the following as current evidence no longer supports the indication:
  - Under CT colonography contraindications, per national standards:
    - Age parameters
    - "Asymptomatic"
    - Family history of genetic disorders (eg, attenuated familial adenomatous polyposis, Lynch syndrome, polyposis syndromes) is known and are predisposing to high lifetime risk of colorectal cancer.
    - Personal history of inflammatory bowel disease
  - Under "CT colonography is an alternative for screening," per national standards
    - "Risk is above average"
    - Under "Risk is average"
      - "Age is 50 to 75 years old"

## CT Colonography Procedure Codes

**Table 1. CT Colonography Associated Procedure Codes**

CODE	DESCRIPTION
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed
74263	Computed tomographic (CT) colonography, screening, including image postprocessing

## CT Colonography Definitions

**Acute** refers to initial diagnosis, up to 4 weeks.

**Adenoma** is a benign tumor formed from glandular structures in epithelial tissue.

**Asymptomatic** means without symptoms. In medical terms, it refers to a condition or disease that does not present with any noticeable signs or symptoms.

**Carcinoma** a cancer that begins in the skin or in tissues that line or cover internal organs.

**Colonoscopy** is a nonsurgical procedure used to examine the entire large intestine using a flexible fiberoptic endoscope, typically performed with sedation after adequate bowel preparation.

**Colorectal Cancer Risk Assessment:**

Low risk:

- Age is less than 45 years old.

- **NO** personal history or history in 1st degree family member (child, parent, sibling) of adenoma or sessile serrated polyp/sessile serrated lesion (SSP/SSL) or colorectal cancer (CRC)
- **NO** personal history of inflammatory bowel disease.
- **NO** personal history of radiation therapy to abdomen or pelvis

Average risk:

- Age is 45 to 75 years old.
- **NO** personal history of adenoma or sessile serrated polyp/sessile serrated lesion (SSP/SSL) or colorectal cancer (CRC)
- **NO** personal history of inflammatory bowel disease.
- **NO** personal history of high-risk CRC genetic syndromes (eg, Cowden syndrome, hereditary nonpolyposis CRC, Li-Fraumeni syndrome, polyposis)
- **NO** personal history of cystic fibrosis
- **NO** personal history of childhood cancer
- **NO** family history of advanced adenoma
- **NO** family history for CRC

**Computed tomography (CT) colonography**, also known as a virtual colonoscopy, is a procedure that uses X-rays to examine the colon and rectum. It's a minimally invasive way to screen for cancer and other conditions in the gastrointestinal tract.

**Contrast material** is a substance that enhances the visibility of internal organs, blood vessels or tissues during imaging tests. It's also known as contrast agents or dye.

**Fecal immunochemical test (FIT)** is used as a screening test for colon cancer. It tests for hidden blood in the stool, which can be an early sign of cancer.

**Fecal occult blood test (FOBT)** is a lab test that looks for blood in stool samples that can't be seen with the naked eye.

**Glomerular filtration rate (GFR)** is a blood test used to check how well the kidneys are working by estimating how much blood passes through the glomeruli (tiny filters in the kidneys that filter waste from the blood) each minute.

**Inflammation** is a biological response to harmful stimuli such as pathogens, damaged cells, or irritants, characterized by redness, swelling, heat, and pain, and is not dependent on the patient's weight in pounds.

**Myocardial infarction (MI)** is an acute episode of coronary heart disease marked by the death or damage of heart muscle due to insufficient blood supply to the heart, usually as a result of a coronary artery becoming blocked by a blood clot formed in response to a ruptured or torn fatty arterial deposit.

**Pediatric approximate ages** are defined by the US Department of Health (USDH), the Food and Drug Administration (FDA), and the American Academy of Pediatrics (AAP) as the following:

- Infancy, between birth and 2 years of age
- Childhood, from 2 to 12 years of age
- Adolescence, from 12 to 21 years of age, further defined by the AAP into:
  1. Early (ages 11–14 years)
  2. Middle (ages 15–17 years),
  3. Late (ages 18–21 years)
  4. Older ages may be appropriate for children with special healthcare needs.

**Polypectomy** is the surgical removal of a polyp.

**Polyyps** are mucosal or submucosal abnormal tissue growths.

**Renal insufficiency** is poor function of the kidneys that may be due to a reduction in blood-flow to the kidneys caused by renal artery disease.

## CT Colonography References

- [1] American College of Radiology. (2023). ACR Manual on Contrast Media. *American College of Radiology*. Retrieved: March 2024. [https://www.acr.org/-/media/ACR/Files/Clinical-Resources/Contrast\\_Media.pdf](https://www.acr.org/-/media/ACR/Files/Clinical-Resources/Contrast_Media.pdf)
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- [3] Moreno, C., Kim, D.H., . . . Carucci, L.R. (2018). ACR Appropriateness Criteria Colorectal Cancer Screening. *Journal of the American College of Radiology*, 15(5S), S56-S68.
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- [5] Spada, C., Hassan, C., . . . Regge, D. (2021). Imaging alternatives to colonoscopy: CT colonography and colon capsule. European Society of Gastrointestinal Endoscopy (ESGE) and European Society of Gastrointestinal and Abdominal Radiology (ESGAR) Guideline – Update 2020. *European Radiology*, 31, 2967-2982.
- [6] U.S. Preventative Services Task Force (USPSTF). (2021). Colorectal Cancer: Screening. *U. S. Preventative Services Task Force*. Retrieved: March 2025. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening#bootstrap-panel--10>

## Disclaimer section

### Purpose

The purpose of the HealthHelp's clinical guidelines is to assist healthcare professionals in selecting the medical service that may be appropriate and supported by evidence to safely improve outcomes. Medical information is constantly evolving, and HealthHelp reserves the right to review and update these clinical guidelines periodically. HealthHelp reserves the right to include in these guidelines the clinical indications as appropriate for the organization's program objectives. Therefore the guidelines are not a list of all the clinical indications for a stated procedure, and associated Procedure Code Tables may not represent all codes available for that state procedure or that are managed by a specific client-organization.

### Clinician Review

These clinical guidelines neither preempt clinical judgment of trained professionals nor advise anyone on how to practice medicine. Healthcare professionals using these clinical guidelines are responsible for all clinical decisions based on their assessment. All Clinical Reviewers are instructed to apply clinical indications based on individual patient assessment and documentation, within the scope of their clinical license.

### Payment

The use of these clinical guidelines does not provide authorization, certification, explanation of benefits, or guarantee of payment; nor do the guidelines substitute for, or constitute, medical advice. Federal and State law, as well as member benefit contract language (including definitions and specific contract provisions/exclusions) take precedence over clinical guidelines and must be considered first when determining eligibility for coverage. All final determinations on coverage and payment are the responsibility of the health plan. Nothing contained within this document can be interpreted to mean otherwise.

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## National and Local Coverage Determination (NCD and LCD)



### NOTICE

To ensure appropriate review occurs to the most current NCD and/or LCD, always defer to <https://www.cms.gov/medicare-coverage-database/search.aspx>.

## Background

National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) are payment policy documents outlined by the Centers for Medicare and Medicaid Services (CMS) and the government's delegated Medicare Audit Contractors (MACs) that operate regionally in jurisdictions.

CMS introduced variation between different jurisdictions/Medicare Audit Contractors (MACs) and their associated covered code lists with the transition to ICD 10. The variation resulted in jurisdictions independently defining how codes are applied for exclusions, limitations, groupings, ranges, etc. for the medical necessity indications outlined in the NCD and LCD. Due to this variation, there is an inconsistent use/application of codes and coverage determinations across the United States between the different MACs.

In addition, **WITHOUT** notice, CMS can change the codes that indicate medical necessity and the format of the coverage determinations/associated documents (eg, Articles). This is an additional challenge for organizations to keep up with ongoing, unplanned changes in covered codes and medical necessity indications.

## Medical Necessity Codes

Due to the variation in code application between jurisdictions/MACs and that updates can happen without notification, HealthHelp is not able to guarantee full accuracy of the codes listed for any Coverage Determination, and advises that prior to use, the associated Coverage Determination Articles are reviewed to ensure applicability to HealthHelp's programs and any associated NCDs and LCDs.

## For Internal Use Only:

11248 11249 11253 11282 11325 11328 11333 11349 11350 11351 11352 11354 11355 11356  
11358 11359 11360 11361 11362 11365 11366 11367 11368 11369 11370 11374 11375 11394  
11395 11396 11565