Virtual Colonoscopy
MPM 22.0

Disclaimer
Refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description
Virtual Colonoscopy or CTC (Computed Tomography Colonography) is a non-invasive diagnostic procedure producing simulation of the colon and rectum seen during standard colonoscopy. The procedure produces three-dimensional computer images of the cleansed and inflated colon and rectum. Further testing by conventional colonoscopy may be necessary if lesions are detected. The procedure requires no sedation.

Coverage Determination
Prior Authorization is required.

The Presbyterian Medical Policy for this procedure has been retired. Presbyterian now uses MCG (formerly Milliman) Criteria # A-0030. Due to contractual restrictions providers may not access the MCG website but may obtain a copy of the criteria from the Prior Authorization staff. Effective 10/1/16 this will change to NIA Magellan. This criteria will be available on the Rad MD website http://www1.radmd.com/media/377496/_____2016-master-nia-clinical-guidelines.pdf

Approval Signatures:
Clinical Quality Committee: __ Thomas Rothfeld MD
Medical Director: __ Norman White MD

Date:
July 26, 2017

Publication History:
Effective Date: January 2005
Review Date: March 2006, May/June 2007
Revision Date: March 2006, June 2007
06-25-08: Transitioned to Medical Policy, Annual Review
09-23-09: Annual Review
09-22-10: Annual Review
01-18-12: Annual Review
01-30-13: Annual Review
01-29-14: Presbyterian Policy Retired
01-29-14: Presbyterian now uses MCG Criteria A-0030
7/27/16: Added language about change to NIA Magellan criteria in Oct 2016.
7-26-17: Annual Review. Continue to use NIA Magellan criteria available on their website.
Virtual Colonoscopy

MPM 22.0

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available on the Internet at:
http://www.phs.org/phs/healthplans/providers/healthservices/Medical/index.htm