



UM-CDG-009 Computed Tomographic Colonography

Approved By:
Director, Health Services

Effective Date:
11/10/2025

This Policy applies to all SECUR affiliates, associates, and subsidiaries.

Approved by Courtney Gonzales, Director of Health Services on behalf of the Utilization Management Committee.

PURPOSE

This coverage determination guideline serves to address computed tomographic colonography (CT colonography), also referred to as virtual colonoscopy, which is a technique used for the detection of colorectal polyps. Presently, there are two approaches, one using two dimensional images with three dimensional reconstruction for problematic areas and a second utilizing three dimensional endoscopic navigation of the color with the two dimensional images used for confirmation and problem solving.

For SECUR Health Plan members, National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) will be applied to requests when applicable. SECUR Health Plan Coverage Determination Guidelines (CDG) will be utilized in the absence of an appropriate NCD and/or LCD.

DEFINITIONS

None

POLICY

SECUR Health Plan considers CT colonography medically necessary for the following:

1. Instrument colonoscopy of the entire colon is incomplete due to an obstructing lesion suspected of being an obstructing neoplasm
2. The intent of the study is lesion identification for a suspected obstructing neoplasm, even if the final diagnosis suggests that the lesion is due to scarring from a previous surgery, compression aberrant anatomy, or unsuspected diverticulitis.
3. Member has uncorrectable coagulopathy or is on anticoagulant therapy that cannot be safely discontinued or the treating physician and colonographer agree that there is increased risk for the member. *For this indication, the previous two indications must also be documented.*
4. Utilization of equipment that will provide optimal performance such as a CT scanner that includes a multidetector scanner with a maximum collimation of 5 mm, 2.5 reconstruction interval, and a scan time that should not product a breath hold interval exceeding 25 seconds.
5. Performed only by providers of gastroenterology and radiology services or other providers who have specialized training and expertise in performing CT colonography.

SECUR Health Plan considers CT colonography not medically necessary for the following:

1. CT colonography is performed without a prior incomplete colonoscopy due to the indications outlined in this coverage determination guideline.
2. Used as an alternative to fiberoptic colonoscopy for screening or in the presence or absence of signs and

symptoms of disease.

3. Used for screening in the absence of signs and symptoms of disease regardless of a family history or other risk factors for the development of colonic disease.

Supporting documentation should include the results of a fiberoptic colonoscopy performed prior to the CT colonography, that was incomplete due to obstruction and should clearly indicate the cause of the obstruction.

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19. Local Coverage Determination (LCD) L33562, Computed Tomographic (CT) Colonography for Diagnostic Uses <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33562>