

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202259 JULY 28, 2022

IHCP adds coverage for CT colonography screenings

Effective Aug. 30, 2022, the Indiana Health Coverage Programs (IHCP) will add coverage for Current Procedural Terminology (CPT^{®1}) code 74263 – *Computed tomographic (CT) colonography, screening, including image postprocessing* for colorectal cancer screenings. This newly covered colorectal screening tool will not require prior authorization (PA) for fee-for-service (FFS) Medicaid coverage.

Colorectal screening tests include any of the following procedures furnished to an individual for the purpose of early detection of colorectal cancer:

- High-sensitivity guaiac fecal occult blood test (HSgFOBT) or fecal immunochemical test (FIT) every year
- Stool DNA-FIT once every three years
- Computed tomography colonography every five years
- Flexible sigmoidoscopy every five years
- Flexible sigmoidoscopy every 10 years + annual FIT
- Colonoscopy screening every 10 years

The following reimbursement information applies:

- Professional claims reimburse based on the resource-based relative value scale (RBRVS). Outpatient claims reimburse at 15% of the billed amount.
- Prior authorization (PA): None required.
- Billing guidance: Providers should append the appropriate modifiers to the procedure code when billing specifically for the technical (TC) or professional (26) component of the procedure.

CPT code 74263 follows the same medical necessity criteria for colorectal screening strategies as published in *IHCP Banner Page [BR202139](#)*. Coverage is limited to once every three years for individuals ages 45 through 75.

Additionally, one of the following medical necessity criteria must be met:

- Standard colonoscopy failed or is incomplete, as indicated by one or more of the following:
 - Altered anatomy or scarring from previous surgery
 - Extrinsic compression
 - Obstructing mass
 - Redundant colon
 - Spasm
 - Stricture



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- Standard colonoscopy is contraindicated, as indicated by one or more of the following:
 - Adhesions or strictures likely (for example, patient who has undergone peritoneal dialysis)
 - Anticoagulation therapy with increased patient risk if discontinued
 - Complication from previous colonoscopy
 - Contraindication to conscious sedation
 - Diverticular disease and high risk for perforation
 - Patient refusal
- Positive fecal blood or immunochemical test, when colonoscopy has failed, is incomplete or is contraindicated.
- Symptoms suggestive of colorectal cancer, when colonoscopy has failed, is incomplete or is contraindicated.



The main risks of CT colonography are colonic perforation and radiation exposure.

The patient must be aware that any CT colonography abnormality that is detected will require follow-up with colonoscopy or other invasive technique.

This information will be reflected in the next regular update to the Professional Fee Schedule and Outpatient Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.

PA, reimbursement and billing information applies to services delivered under the FFS delivery system. Individual managed care entities (MCEs) establish and publish PA, reimbursement, and billing information within the managed care delivery system. Questions about managed care reimbursement, PA and billing should be directed to the MCE with which the member is enrolled.

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