

**Affected Programs:** BadgerCare Plus, Medicaid

**To:** Ambulatory Surgery Centers, Hospital Providers, Nurse Practitioners, Physician Assistants, Physician Clinics, Physicians, HMOs and Other Managed Care Programs

## Limited Coverage of Screening Computed Tomographic Colonography

Effective for dates of service on and after December 6, 2010, screening computed tomographic (CT) colonography will be a covered service in a limited number of circumstances with prior authorization for members enrolled in BadgerCare Plus and Medicaid.

This *ForwardHealth Update* describes coverage criteria for this procedure.

### Coverage for Screening Computed Tomographic Colonography

Effective for dates of service on and after December 6, 2010, screening computed tomographic (CT) colonography, *Current Procedural Terminology* (CPT) code 74263 (Computed tomographic [CT] colonography, screening, including image postprocessing), will be a covered service in a limited number of circumstances with prior authorization (PA) for members enrolled in BadgerCare Plus and Medicaid. Screening CT colonography uses CT scanning to screen for polyps or cancers in the large intestine without using invasive techniques.

Screening CT colonography will be covered with PA under the following circumstances:

- Once every five years for members 50 years of age or older who are unable, due to an accompanying medical condition, to undergo screening optical colonoscopy or who have failed optical colonoscopy.

- Once every five years for members younger than 50 years of age who are unable, due to an accompanying medical condition, to undergo screening optical colonoscopy or have had a failed optical colonoscopy and are at increased risk for colorectal cancer or polyps due to one of the following:
  - ✓ Strong family history of colorectal cancer or polyps in a first-degree relative younger than 60 years of age.
  - ✓ Two or more first-degree relatives of any age with a history of colorectal cancer.
  - ✓ Known family history of colorectal cancer syndromes such as familial adenomatous polyposis (FAP) or hereditary nonpolyposis colon cancer (HNPCC).

The following are accompanying medical conditions:

- An optical colonoscopy is incomplete due to an inability to pass the colonoscope because of an obstructing rectal or colon lesion, stricture, scarring from previous surgery, tortuosity, redundancy, or severe diverticulitis.
- If the member is receiving chronic anti-coagulation that cannot be interrupted.
- If the member is unable to tolerate optical colonoscopy, associated sedation, or specified bowel prep due to cardiac, pulmonary, neuromuscular, or metabolic comorbidities.

## Submitting Prior Authorization Requests

All PA requests for screening CT colonography will be adjudicated and processed by MedSolutions as described in the October 2010 *ForwardHealth Update* (2010-92), titled “New Prior Authorization Requirements for Advanced Imaging Services.” MedSolutions is a private radiology benefits manager authorized to administer PA for advanced imaging services on behalf of ForwardHealth. Providers are required to work directly with MedSolutions to submit PA requests for screening CT colonography.

Providers may submit PA requests beginning November 29, 2010, for dates of service on and after December 6, 2010.

Claims for screening CT colonography should be submitted to ForwardHealth using normal procedures and claim completion instructions.

## Reimbursement

Providers will be reimbursed for services provided to members enrolled in BadgerCare Plus and Wisconsin Medicaid as indicated in the maximum allowable fee schedules available on the ForwardHealth Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

## Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

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