

# Diagnostic and Therapeutic Colonoscopy

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***L34213***

P\_11173

Original Effective Date: 10/01/2015

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Revision Effective Date: 10/01/2019





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## Diagnostic and Therapeutic Colonoscopy

**L34213**

### Coverage Indications

- I. A diagnostic colonoscopy is indicated for the following:
  - A. Evaluation of an abnormality discovered by a radiology examination wherein the findings of the study are consistent with a colonic lesion that is likely to be clinically significant,
  - B. An abnormal oncology colorectal screening or stool based DNA test as described in the CMS Colorectal Cancer screening Preventive Services requirements,
  - C. Evaluation of unexplained gastrointestinal bleeding:
    1. Hematochezia that is not from the rectum or a perianal source,
    2. Melena of unknown origin after an upper GI source has been ruled out or when clinical findings indicate that a lower GI source may also be present,
    3. Presence of fecal occult blood, or
    4. Unexplained iron deficiency anemia.
  - D. Clinically significant diarrhea of unexplained origin, after other appropriate workup,
  - E. Evaluation of acute colonic ischemia/ischemic bowel disease,
  - F. Evaluation of patients with streptococcus bovis endocarditis when a source is determined to likely to be of colonic origin (e.g. streptococcus bovis),
  - G. Clinical suspicion of inflammatory bowel disease which may be manifested by abdominal pain, fever, diarrhea, bloody diarrhea, elevated erythrocyte sedimentation rate or other pertinent findings
  - H. Known chronic inflammatory bowel disease of the colon when a more precise determination of the extent of disease will influence clinical management,
  - I. Surveillance of selected patients with Crohn's colitis, or chronic ulcerative colitis for the purpose of ruling out colorectal cancer is considered high risk screening and should follow the requirements set forth in the CMS Internet Only Manual 100-04 Chapter 18 Section 60
  - J. Surveillance of colonic neoplasia:
    1. Evaluation of the entire colon for a cancer with polyps noted on an earlier colonoscopy in accordance with the established national guidelines.

2. This includes patients with known polyps from a previous colonoscopy or imaging study who have a known genetic predisposition for colon cancer.
  - K. Intraoperative identification of the site of a lesion for findings that are suspected but that cannot be confirmed/detected by palpation or gross inspection at surgery.
- II. A therapeutic colonoscopy is indicated for:
- A. Treatment of bleeding from such lesions as vascular anomalies, ulceration, and neoplasia,
  - B. Balloon dilation of a stenotic lesion,
  - C. Decompression of a sigmoid volvulus and/or an acute non-toxic megacolon or pseudo-obstruction associated with Ogilvie's Syndrome
  - D. Removal of foreign body,
  - E. Excision of colonic polyps.
  - F. Repair of a perforation when it is expected that such repair will most likely avoid further surgical intervention and further surgical intervention is not needed (for example to drain an abscess at which time the perforation could be corrected by the surgeon)

## Limitations

- I. Diagnostic colonoscopy is **NOT** covered for evaluation of the following:
- A. Chronic, stable irritable bowel syndrome,
  - B. Acute limited diarrhea,
  - C. Hemorrhoids,
  - D. Metastatic adenocarcinoma of unknown primary site when a colonic origin is strongly suspected based on history and physical and imaging findings or biopsy reports,
  - E. Routine follow-up of inflammatory bowel disease (except as indicated above in this section),
  - F. Routine examination of the colon in patients about to undergo elective abdominal surgery for noncolonic disease,
  - G. Upper GI bleeding or melena with a demonstrated upper GI source and absence of findings suggestive of a lower GI bleeding site,

- H. Bright red rectal bleeding in patients with a convincing anorectal source via direct examination, anoscopy, or sigmoidoscopy and no other symptoms suggestive of a more proximal bleeding source,
- I. Patients with a family history of colon cancer without a personal history of symptoms. These patients may be covered by the CMS Colorectal Screening coverage.
- II. Colonoscopy is contraindicated if the patient has:
  - A. Fulminant colitis,
  - B. Acute severe diverticulitis, or
  - C. Suspected perforated viscus. A therapeutic colonoscopy by a trained endoscopist capable of repairing a perforation site may be allowed when the clinical findings and imaging studies strongly indicate that a perforation has occurred and the suspected site of the perforation allows for endoscopic repair.

## Procedure Code Table

**Table 1. LCD 34213 Diagnostic and Therapeutic Colonoscopy Associated Procedure Codes**

Code	Description
45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
45380	Colonoscopy, flexible; with biopsy, single or multiple

## Coverage and Tracking Information

**Table 1. LCD 34213 Diagnostic and Therapeutic Colonoscopy Coverage Areas**

Service Level	Covered States
Inpatient	American Samoa, CA (entire state), , Guam, HI, Northern Mariana Islands, NV
Outpatient	American Samoa, CA (Northern & Southern), Guam, HI, Northern Mariana Islands, NV

**Table 2. LCD 34213 Diagnostic and Therapeutic Colonoscopy Tracking Information**

Information	Description
Revision Effective Date	For services performed on or after 10/01/2019
Original Effective Date	For services performed on or after 10/01/2015

## References

- [1] Centers for Medicare and Medicaid Services. (2019). Local Coverage Determination (LCD) Diagnostic and Therapeutic Colonoscopy L34213 . Retrieved: January, 2023. <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=34213>

## Definitions

**Acute colonic pseudo-obstruction (Ogilvie's syndrome)** is a disorder characterized by acute dilatation of the colon in the absence of an anatomic lesion that obstructs the flow of intestinal contents. It is characterized by signs and symptoms of a mechanical obstruction of the small or large bowel in the absence of a mechanical cause. Pseudo-obstruction may be acute or chronic and is characterized by the presence of dilation of the bowel on imaging.

**Anoscopy** is the insertion of an anoscope into the anus for examination of the anal canal.

**Crohn's disease** is an inflammatory bowel disease (IBD) that causes inflammation of the digestive tract. Symptoms include abdominal pain, severe diarrhea, fatigue, weight loss and malnutrition.

**Diverticulitis** is inflammation of one or more pouches or sacs that bulge out from the wall of a hollow organ, such as the colon. Symptoms may include muscle spasms and cramps in the abdomen.

**Fecal occult blood (FOB)** is blood in the feces that is not visibly apparent.

**Fulminant colitis** is a somewhat rare but serious form of ulcerative colitis which inflames and damages the walls of the colon.

**Hematochezia** is bright red blood in the stool, usually from the lower gastrointestinal tract, the colon or rectum.

**Hemorrhoids** are swollen veins in your anus and lower rectum, similar to varicose veins. Hemorrhoids can develop inside the rectum (internal hemorrhoids) or under the skin around the anus (external hemorrhoids).

**Inflammatory bowel disease (IBD)** is the name for a group of conditions that cause the digestive system to become inflamed (red, swollen, and sometimes painful). The most common types of IBD are ulcerative colitis and Crohn's disease all causing similar symptoms, including diarrhea, abdominal pain and fever.

**Iron deficiency anemia** is the most common type of anemia occurring when the body doesn't have enough iron, which the body needs to make hemoglobin.

**Irritable bowel syndrome** is a problem that affects the large intestine. It can cause abdominal cramping, bloating, and a change in bowel habits.

**Megacolon** is an abnormal dilation of the colon, not caused by mechanical obstruction. It is usually accompanied by symptoms such as abdominal discomfort. Megacolon can result in serious complications (colonic perforation, peritonitis, and/or sepsis) if left untreated.



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**Melena** is the passage of dark tarry stools containing decomposing blood that is usually an indication of bleeding in the upper part of the digestive tract and especially the esophagus, stomach, and duodenum.

**Perforated viscus** or GI perforation is a condition in which the integrity of the gastrointestinal wall is lost with subsequent leakage of enteric contents into the peritoneal cavity, resulting in peritonitis.

**Sigmoid volvulus** is the most common type of colonic volvulus and occurs when a portion of the intestine twists around its blood supply. In sigmoid volvulus, this occurs at the base of the mesentery.

**Sigmoidoscopy** is an examination of the sigmoid colon by means of a flexible tube inserted through the anus.

**Ulcerative colitis** is a chronic inflammatory bowel disease (IBD) in which abnormal reactions of the immune system cause inflammation and ulcers on the inner lining of the large intestine.

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