HEALTHHELP®

A WNS COMPANY

Diagnostic and Therapeutic Colonoscopy

L36868

P_11175

Original Effective Date: 07/17/2017

Revision Effective Date: 10/01/2019

HEALTHHELP®

A WNS COMPANY

Table of Contents

Diagnostic and Therapeutic Colonoscopy

L36868

Coverage Indications

1. 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:
        i. Hematochezia that is not from the rectum or a perianal source,
        ii. 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,
        iii. Presence of fecal occult blood, or
        iv. 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:
        i. Evaluation of the entire colon for a cancer with polyps noted on an earlier colonoscopy in accordance with the established national guidelines.

ii. 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.

2. 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

1. 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),Routine examination of the colon in patients about to undergo elective abdominal surgery for noncolonic disease,

f. Upper GI bleeding or melena with a demonstrated upper GI source and absence of findings suggestive of a lower GI bleeding site,

g. 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,

h. 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.

2. 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 36868 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 36868 Diagnostic and Therapeutic Colonoscopy Coverage Areas

Service Level	Covered States
Inpatient	AK, ID, OR, WA, AZ, MT, ND, SD, UT, WY
Outpatient	AK, ID, OR, WA, AZ, MT, ND, SD, UT, WY

Table 2. LCD 36868 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 07/17/2017

References

[1] Centers for Medicare and Medicaid Services. (2019). Local Coverage Determination (LCD) Diagnostic and Therapeutic Colonoscopy L36868 . Retrieved: January 2023. https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=36868&ver=16&

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.
Colon polyp is a small clump of cells that form on the lining of the colon or rectum that are mostly harmless but can develop into cancer.
Colonic ischemia is a disorder that develops when blood flow to the colon is partially or completely blocked. The blockage usually occurs in one or more arteries that supply the large intestine with blood. Colonic ischemia can be acute or chronic.
Colonoscopy is a procedure in which a flexible fiber-optic instrument is inserted through the anus in order to examine the colon.
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 gastrointestinaltract, 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.

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.
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.

Disclaimer & Legal Notice

Purpose

The purpose of the HealthHelp's clinical guidelines is to assist healthcare professionals in selecting the medical service that may be appropriate and supported by evidence to safely improve outcomes. Medical information is constantly evolving, and HealthHelp reserves the right to review and update these clinical guidelines periodically. HealthHelp reserves the right to include in these guidelines the clinical indications as appropriate for the organization's program objectives. Therefore the guidelines are not a list of all the clinical indications for a stated procedure, and associated Procedure Code Tables may not represent all codes available for that state procedure or that are managed by a specific client-organization.

Clinician Review

These clinical guidelines neither preempt clinical judgment of trained professionals nor advise anyone on how to practice medicine. Healthcare professionals using these clinical guidelines are responsible for all clinical decisions based on their assessment. All Clinical Reviewers are instructed to apply clinical indications based on individual patient assessment and documentation, within the scope of their clinical license.

Payment

The use of these clinical guidelines does not provide authorization, certification, explanation of benefits, or guarantee of payment; nor do the guidelines substitute for, or constitute, medical advice. Federal and State law, as well as member benefit contract language (including definitions and specific contract provisions/exclusions) take precedence over clinical guidelines and must be

considered first when determining eligibility for coverage. All final determinations on coverage and payment are the responsibility of the health plan. Nothing contained within this document can be interpreted to mean otherwise.

Registered Trademarks (®/™) and Copyright (©)