

# Colonoscopy • Sigmoidoscopy • Proctosigmoidoscopy

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***L34005***

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# Colonoscopy • Sigmoidoscopy • Proctosigmoidoscopy

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## Indications

The following are Medicare-covered indications:

1. Evaluation of an abnormality discovered on barium enema and/or other imaging technique that is likely to be clinically significant, such as a filling defect or stricture or an inadequate examination;
2. Evaluation of unexplained gastrointestinal bleeding:
  - a. Hematochezia not thought to be from rectum or perianal source
  - b. Melena of unknown origin;
  - c. Presence of fecal occult blood
3. Unexplained iron deficiency anemia;
4. Surveillance of colonic neoplasia. When the patient has a history of colorectal cancer or polyps and is being followed for this indication;
  - a. Examination to evaluate entire colon for synchronous cancer or polyps in a patient with treatable cancer or polyp;
  - b. Follow-up in one year after surgery for treatment of colorectal cancer;
    - This patient is identified as being at high-risk for colon cancer and is eligible for continued screening at 24-month intervals.
  - c. Follow-up for removal of neoplastic polyp (follow-up at least three to six months to verify removal of large sessile adenoma [i.e., greater than 2 cm in greatest dimension] after colonoscopic removal);
    - This patient is identified as being at high-risk for colon cancer and is eligible for continued screening at 24-month intervals.
  - d. In patients with Crohn's colitis and chronic ulcerative colitis: colonoscopy every one or two years with multiple biopsies for detection of cancer and dysplasia in patients with:
    - Pancolitis of greater than seven years duration; or,
    - Left-sided colitis of over 15 years duration (no surveillance needed for disease limited to rectosigmoid);

5. Chronic inflammatory bowel disease of the colon if a more precise diagnosis or if a determination of the extent of activity of disease will influence immediate management;
6. Clinically significant diarrhea of unexplained origin with additional findings (e.g., with weight loss or negative stool cultures persisting for more than 3 weeks);
7. Intraoperative identification of the site of a lesion that can not be detected by palpation or gross inspection at surgery (e.g., polypectomy site or location of a bleeding source);
8. Evaluation of acute colonic ischemia/ischemic bowel disease;
9. Evaluation of patient with Streptococcus bovis endocarditis;
10. Treatment of bleeding from such lesions as vascular anomalies, ulceration and neoplasia;
11. Removal of foreign body;
12. Excision of colonic polyps; Decompression of pseudo-obstruction of the colon (Ogilvie's syndrome);
13. Treatment of sigmoid volvulus or stricture;
14. Evaluation of unexplained, new onset constipation, refractory to medical therapy;
15. Evaluation of anorectal polyp (adenomatous polyp only); or,
16. Palliative treatment of stenosing, bleeding neoplasms (e.g., laser, electrocoagulation, stenting).

## Limitations

- A. Endoscopy is generally **NOT** covered for treating the following, and records must have additional documentation indicating the medical necessity of the procedure for review as needed:
  1. Chronic, stable, irritable bowel syndrome, or chronic abdominal pain, There are unusual exceptions in which colonoscopy may be done to rule out organic disease, especially if symptoms are unresponsive to therapy;
  2. Acute diarrhea;
  3. Hemorrhoids
  4. Metastatic adenocarcinoma of unknown primary site in the absence of colonic symptoms when it will not influence management;
  5. Routine follow-up of inflammatory bowel disease (except for cancer surveillance in Crohn's disease and chronic ulcerative colitis);
  6. Routine examination of the colon in patients about to undergo elective abdominal surgery for non-colonic disease;

7. Upper gastrointestinal (GI) bleeding or melena with a demonstrated upper GI source; or,
  8. Bright red rectal bleeding with a convincing anorectal source on sigmoidoscopy and no other symptoms suggestive of a more proximal bleeding source;
- B. Colonoscopy/Sigmoidoscopy/Proctosigmoidoscopy is generally **NOT** covered for:
1. Fulminant colitis;
  2. Possible perforated viscus;
  3. Acute severe diverticulitis; or,
  4. Diverticulosis. This condition is not usually considered an indication for diagnostic or therapeutic colonoscopy, sigmoidoscopy or proctosigmoidoscopy, but may be reported on the claim when this condition is found to be the final diagnosis.

## Procedure Code Table

**Table 1. LCD 34005 Colonoscopy/Sigmoidoscopy/Proctosigmoidoscopy 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 34005 Colonoscopy/Sigmoidoscopy/Proctosigmoidoscopy Coverage Areas**

Service Level	Covered States
Inpatient	KY, OH
Outpatient	KY, OH

**Table 2. LCD 34005 Colonoscopy/Sigmoidoscopy/Proctosigmoidoscopy Tracking Information**

Information	Description
Revision Effective Date	For services performed on or after 02/03/2022
Original Effective Date	For services performed on or after 10/01/2015

## References

- [1] Centers for Medicare and Medicaid Services. (2022). Local Coverage Determination (LCD) Colonoscopy/Sigmoidoscopy/Proctosigmoidoscopy L34005 . Retrieved: January 2023. <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=34005&ver=30&>

## 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.

**Adenomatous polyp** is a polyp that consists of benign neoplastic tissue derived from the glandular epithelium.

**Barium enema** is a procedure in which a liquid that contains barium sulfate is put through the anus into the rectum and colon which helps show pictures of the colon, rectum and anus on an x-ray.

**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.

**Diverticulosis** is the presence of one or more pockets or bulges that form in the wall of the colon.

**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).

**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.

**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.



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**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.

**Polypectomy** is the surgical removal of a polyp.

**Proctosigmoidoscopy** is an examination of the lower colon using a sigmoidoscope, inserted into the rectum. A sigmoidoscope is a thin, tube-like instrument with a light and a lens for viewing. It may also have a tool to remove tissue to be checked under a microscope for signs of disease.

**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

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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.

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