Diagnostic Colonoscopy

L38812

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Diagnostic Colonoscopy

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Covered Indications

A diagnostic colonoscopy will be considered medically reasonable and necessary under any of the following circumstances:

1. Evaluation of an abnormality (e.g. barium enema), which is likely to be clinically significant, such as a filling defect or stricture.
2. Evaluation and excision of polyps detected by barium enema or flexible sigmoidoscopy, computed tomography (CT), ultrasound, magnetic resonance imaging (MRI), and positron emission tomography (PET).
3. Evaluation of unexplained gastrointestinal bleeding; hematochezia not thought to be from rectum or perianal source, melena of unknown origin, or presence of fecal occult blood.
4. Unexplained iron deficiency anemia.
5. Examination to evaluate the entire colon for simultaneous cancer or neoplastic polyps in a patient with a treatable cancer or neoplastic polyp. The term treatable cancer may include not only curative intent, but also procedures done to prolong survival, progression free disease, and quality of life/palliative care.
6. Evaluation of a patient with carcinoma of the colon before bowel resection.
    - Post-surgical colonoscopy should be conducted at 1 year, if normal then subsequent examination should be at 3 years, if normal then subsequent examination should be at 5 years
7. Yearly evaluation with multiple biopsies for detection of cancer and dysplasia in patients with chronic ulcerative colitis who have had pancolitis of greater than seven years duration.
8. Yearly evaluation with multiple biopsies for detection of cancer and dysplasia in patients with chronic ulcerative colitis who have had left-sided colitis of over 15 years duration
9. Evaluation in patients with chronic inflammatory bowel disease of the colon when more precise diagnosis or determination of the extent of activity of disease will influence immediate management.
10. Evaluation of clinically significant diarrhea of unexplained origin.

11. Evaluation and treatment of bleeding from lesions such as vascular anomalies, ulceration, neoplasia, and polypectomy site (e.g., electrocoagulation, heater probe, laser or injection therapy).
12. Detection and removal of foreign bodies.
13. Evaluation and decompression treatment of acute non-toxic megacolon.
14. Evaluation and balloon dilation treatment of stenotic lesions (e.g., anastomotic strictures).
15. Evaluation and decompression of colonic volvulus.
16. Examination and evaluation when a change in management is probable or is being suspected based on results of the colonoscopy.
17. Evaluation within 6 months of the removal of sessile polyps to determine and document total excision.
    a. If evaluation indicates that residual polyp is present, excision should be done with repeat colonoscopy within 6 months.
    b. After evidence of total excision without return of the polyp.
18. Unsuccessful colonoscopy preoperatively due to obstructive cancer,
    - Repeat colonoscopy 3-6 months post-operatively unless unresectable metastases are found at surgery.
19. Evaluation to differentiate between ulcerative and Crohn's colitis.1
20. Evaluation 3 years after resection of newly diagnosed small (< 5mm diameter) adenomatous polyps when only a single polyp was detected.
    - After 1 negative 3-year follow-up examination subsequent surveillance intervals may be increased to 5 years.4
21. Evaluation at 1 and 4 year intervals after resection of multiple or large (> 10mm) adenomatous polyps.
    - Subsequent surveillance intervals may then be increased to every 5 years.42
22. Evaluation in 1 year after the removal of multiple adenomas..
    a. If examination proves negative then repeat in 3 years
    b. After 1 negative 3-year follow-up examination, repeat exam every 5 years.
23. Evaluation of a patient presenting with signs/symptoms (e.g., rectal bleeding, abdominal pain) of a disorder that appears to be related to the colon.

Limitations

Diagnostic colonoscopy is **NOT** indicated in patients with chronic ulcerative colitis who have had left-sided colitis of over 15 years duration when disease is limited to the rectosigmoid colon.

Procedure Code Table

Table 1. LCD 38812 Diagnostic 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 38812 Diagnostic Colonoscopy Coverage Areas

Service Level	Covered States
Inpatient	CO, NM, OK, TX, AR, LA, MS, DE, DC, MD, NJ, PA
Outpatient	CO, NM, OK, TX, AR, LA, MS, DE, DC, MD, NJ, PA

Table 2. LCD 38812 Diagnostic Colonoscopy Tracking Information

Information	Description
Revision Effective Date	N/A
Original Effective Date	For services performed on or after 03/21/2021

References

[1] Centers for Medicare and Medicaid Services. (2021). Local Coverage Determination (LCD) Diagnostic Colonoscopy L38812 . Retrieved: January 2023. https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=38812

Definitions

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.

Colitis is inflammation of the large intestine.
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.
Colonoscopy is a procedure in which a flexible fiber-optic instrument is inserted through the anus in order to examine the colon.
Fecal occult blood (FOB) is blood in the feces that is not visibly apparent.
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.
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.
Polypectomy is the surgical removal of a polyp.
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.

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