

Local Coverage Determination (LCD): Diagnostic and Therapeutic Colonoscopy (L34213)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	01111 - MAC A	J - E	California - Entire State
Noridian Healthcare Solutions, LLC	A and B MAC	01112 - MAC B	J - E	California - Northern
Noridian Healthcare Solutions, LLC	A and B MAC	01182 - MAC B	J - E	California - Southern
Noridian Healthcare Solutions, LLC	A and B MAC	01211 - MAC A	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01212 - MAC B	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01311 - MAC A	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01312 - MAC B	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01911 - MAC A	J - E	American Samoa California - Entire State Guam Hawaii Nevada Northern Mariana Islands

LCD Information

Document Information

LCD ID

Original Effective Date

L34213

For services performed on or after 10/01/2015

LCD Title

Diagnostic and Therapeutic Colonoscopy

Revision Effective Date

For services performed on or after 10/01/2019

Proposed LCD in Comment Period

N/A

Revision Ending Date

N/A

Source Proposed LCD

DL34213

Retirement Date

N/A

AMA CPT / ADA CDT / AHA NUBC Copyright Statement

CPT codes, descriptions and other data only are copyright 2019 American Medical Association. All Rights Reserved. Applicable FARS/HHSARS apply.

Notice Period Start Date

06/01/2017

Notice Period End Date

07/16/2017

Current Dental Terminology © 2019 American Dental Association. All rights reserved.

Copyright © 2019, the American Hospital Association, Chicago, Illinois. Reproduced with permission. No portion of the AHA copyrighted materials contained within this publication may be copied without the express written consent of the AHA. AHA copyrighted materials including the UB-04 codes and descriptions may not be removed, copied, or utilized within any software, product, service, solution or derivative work without the written consent of the AHA. If an entity wishes to utilize any AHA materials, please contact the AHA at 312-893-6816. Making copies or utilizing the content of the UB-04 Manual, including the codes and/or descriptions, for internal purposes, resale and/or to be used in any product or publication; creating any modified or derivative work of the UB-04 Manual and/or codes and descriptions; and/or making any commercial use of UB-04 Manual or any portion thereof, including the codes and/or descriptions, is only authorized with an express license from the American Hospital Association. To license the electronic data file of UB-04 Data Specifications, contact Tim Carlson at (312) 893-6816 or Laryssa Marshall at (312) 893-6814. You may also contact us at ub04@healthforum.com.

CMS National Coverage Policy

Title XVIII of the Social Security Act (SSA), §1862(a)(1)(A) states that no Medicare payment shall be made for items

or services that “are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.”

Title XVIII of the Social Security Act, §1862(a)(7) and 42 Code of Federal Regulations, §411.15 et seq. exclude routine physical examinations.

Title XVIII of the Social Security Act, §1833(e) prohibits Medicare payment for any claim lacking the necessary documentation to process the claim.

Title XVIII of the Social Security Act, §1862(a)(1)(H) and Balanced Budget Act '97', Chapter V, Subtitle B, §4104 provides coverage for colorectal cancer screening tests.

CMS Manual System, Publication 100-04, *Medicare Claims Processing Manual*, Chapter 12, §30.1B, addresses incomplete colonoscopies.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Colonoscopy is a visual examination of the lining of the large intestine using a rigid or flexible video or fiberoptic endoscope. The procedure includes inspection of the entire colon, from the rectum to the cecum, and may include the examination of the terminal ileum. A colonoscopy, by definition, must examine the colon proximal to the splenic flexure. The colonoscope is inserted via the anus or stoma, and then advanced under direct vision or video image. A rigid sigmoidoscope may be used for an intraoperative transcolotomy approach.

A colonoscopy requires the use of a flexible fiberoptic instrument that has the potential to examine the entire colon, and must potentially reach the entire colon (i.e. the cecum) when inserted through the anus.

Coverage for screening colonoscopy and other modalities for colorectal cancer is covered by CMS national policy [NCD Chapter 1 Section 210.3](#) and in the [Internet Only Manual 100-04, Chapter 18 Section 60](#).

A **diagnostic** colonoscopy is indicated for the following:

- 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,
- An abnormal oncology colorectal screening or stool based DNA test as described in the CMS Colorectal Cancer screening Preventive Services requirements,
- Evaluation of unexplained gastrointestinal bleeding:
 - Hematochezia that is not from the rectum or a perianal source,
 - 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,
 - Presence of fecal occult blood, or
 - Unexplained iron deficiency anemia.
- Clinically significant diarrhea of unexplained origin, after other appropriate workup,
- Evaluation of acute colonic ischemia/ischemic bowel disease,
- Evaluation of patients with streptococcus bovis endocarditis when a source is determined to likely to be of colonic origin (e.g. streptococcus bovis),
- 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,
- Known chronic inflammatory bowel disease of the colon when a more precise determination of the extent of

disease will influence clinical management,

- 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
- Surveillance of colonic neoplasia:
 - Evaluation of the entire colon for a cancer with polyps noted on an earlier colonoscopy in accordance with the established national guidelines.
 - This includes patients with known polyps from a previous colonoscopy or imaging study who have a known genetic predisposition for colon cancer.
- 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.

Diagnostic colonoscopy is **not covered** for evaluation of the following:

- Chronic, stable irritable bowel syndrome,
- Acute limited diarrhea,
- Hemorrhoids,
- Metastatic adenocarcinoma of unknown primary site when a colonic origin is strongly suspected based on history and physical and imaging findings or biopsy reports,
- 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,
- Upper GI bleeding or melena with a demonstrated upper GI source and absence of findings suggestive of a lower GI bleeding site,
- 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,
- 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.

A **therapeutic** colonoscopy is indicated for:

- Treatment of bleeding from such lesions as vascular anomalies, ulceration, and neoplasia,
- Balloon dilation of a stenotic lesion,
- Decompression of a sigmoid volvulus and/or an acute non-toxic megacolon or pseudo-obstruction associated with Ogilvie's Syndrome
- Removal of foreign body,
- Excision of colonic polyps.
- 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)

Colonoscopy is **contraindicated** if the patient has:

- Fulminant colitis,
- Acute severe diverticulitis, or
- 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.

Summary of Evidence

NA

Analysis of Evidence (Rationale for Determination)

NA

General Information

Associated Information

Documentation Requirement

Supportive clinical documentation evidencing the condition and treatment is expected to be documented in the clinical notes or procedure note and be made available upon request from the MAC or other authorized CMS auditor.

Medical records need not be submitted with the claim, unless the procedure was more complex than expected. However, they must be furnished to Medicare upon request.

The medical records must support the medical reasonableness, necessity, and frequency of each diagnostic service supplied.

The medical record must substantiate the diagnosis listed on the claim form.

The colonoscopy report must describe the following:

- The maximum depth of penetration;
- A description of any abnormal findings; and
- Any procedures performed as the result of such findings (e.g., biopsy).

For a colonoscopy performed in the office, the provider shall maintain on file the make, model number, and serial number of the colonoscope and provide this information to the contractor upon request.

The patient's medical record must be legible and clearly indicate the medical need for the colonoscopy. In addition, the medical record must include the test result and document its impact on treatment.

If the only indication is abdominal pain, the documentation must show the chronic nature of the pain, the medical therapy tried, and the response.

Typically, the initial follow-up for colorectal cancer, adenomatous or neoplastic polyps is a colonoscopy in 1 year, then 3-5 year intervals following resection.

Sources of Information

1. Medical Consultants
2. [Anthem Guidelines for Colonoscopy](#) (Accessed 08/10/2016): The role of endoscopy in the patient with lower GI bleeding; *Gastrointestinal Endoscopy* 2014 Vol. 79, No. 6, pp 875-885.
3. C42 CFR Ch IV Section 410.37
4. Colonoscopy surveillance after colorectal cancer resection: recommendations of the US multi-society task force on colorectal cancer; *Gastrointestinal Endoscopy* 2016 Vol.83, No. 3, pp 489-498e10.
5. Colorectal Cancer Screening and Surveillance; *American Family Physician* January 15, 2015, pp 93-100.
6. Management of Crohn's Disease in Adults *American Journal of Gastroenterology Practice Guidelines* January 6, 2009.
7. American Society for Gastrointestinal Endoscopy:
8. Guidelines for Colonoscopy Surveillance After Screening and Polypectomy: A Consensus Update by the US Multi-Society Task Force on Colorectal Cancer *GASTROENTEROLOGY* 2012;143:844-857.
9. The role of endoscopy in inflammatory bowel disease; *Gastrointestinal Endoscopy* 2015 Vol. 81, No. 5, pp 1101-1121e13.
10. The role of endoscopy in the management of patients with known or suspected colonic obstruction or pseudo-obstruction; *Gastrointestinal Endoscopy* 2010 Vol. 71, No.4, pp 669-679.
11. Other contractor's local medical review policies.

NOTE: Some of the websites used to create this policy may no longer be available.

Bibliography

NA

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
10/01/2019	R13	<p>The LCD is revised to remove CPT/HCPCS codes in the Keyword Section of the LCD.</p> <p>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy</p>	<ul style="list-style-type: none"> • Other (The LCD is revised to remove CPT/HCPCS codes in the Keyword Section of the LCD.)
10/01/2019	R12	<p>As required by CR 10901, all billing and coding information has been moved to the companion article, this article is linked to the LCD.</p> <p>10/01/2019: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage</p>	<ul style="list-style-type: none"> • Revisions Due To Code Removal

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		<p>which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	
10/01/2019	R11	<p>08/22/2019: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p> <p>Effective 8/9/19 -In Sources of Information section #7- American Society for Gastrointestinal Endoscopy: Diagnostic and Therapeutic Procedures had a broken link. The link has been removed.</p> <p>Effective 10/01/2019 added Z86.004 per the 2019-2020 ICD-10 updates</p>	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes • Other (Broken hyperlink)
10/01/2017	R10	<p>In Revision History number 9 the added code K56.999 should be K56.699</p>	<ul style="list-style-type: none"> • Typographical Error
10/01/2017	R9	<p>08/24/2017: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p> <p>Effective 10/01/2017 the following ICD-10-CM codes were added per the annual ICD-10-CM updates</p> <ul style="list-style-type: none"> • A04.71 • A04.72 • K56.50 • K56.51 • K56.52 • K56.690 • K56.691 • K56.999 <p>Effective 10/01/2017 the following ICD-10 codes were</p>	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		deleted from the ICD-10 Codes that Support Medical Necessity field: A04.7 K56.5 K56.69	
07/17/2017	R8	Updated the indications for diagnostic and therapeutic colonoscopies and when a diagnostic colonoscopy evaluation is not covered in the Coverage Indications, Limitations and/or Medical Necessity section. Added 2017 ICD-10-CM codes C49.A4, C49.A9, K52.21, K52.22, K52.29, K52.3, K52.831, K52.832, K52.838, K55.031, K55.032, K55.039, K55.041. ICD-10-CM codes K52.2, K55.0 & K59.3 were deleted effective 10/01/2016.	<ul style="list-style-type: none"> • Creation of Uniform LCDs Within a MAC Jurisdiction • Revisions Due To ICD-10-CM Code Changes
10/01/2016	R7	Inadvertently deleted K55.8 with last revision and added back in.	<ul style="list-style-type: none"> • Typographical Error
10/01/2016	R6	Effective 10/01/2016, LCD revised to add C49.A4, C49.A9, K52.21, K52.22, K52.29, K52.3, K52.831, K52.832, K52.838, K55.031, K55.032, K55.039, K55.041, K55.042, K55.049 and K59.31 and fixed typographical errors. Deleted K52.2, K55.0, K59.3 effective 10/01/2016.	<ul style="list-style-type: none"> • Typographical Error • Revisions Due To ICD-10-CM Code Changes
01/01/2016	R5	R5 Revised to add ICD-10-CM codes D50.9, K92.2 & R71.0.	<ul style="list-style-type: none"> • Reconsideration Request
01/01/2016	R4	R4 Deleted the statement "44401 and 45388 - Use these codes for ASC billing only in 2015 and G6019 and G6024 - Use these codes for Physician billing only in 2015" from the CPT/HCPCS section under Group 1 paragraph. Effective 1/1/2016 physicians must bill 44401 instead of G6019 and 45883 instead of G6024 and the ASC should continue using 44401 and 45883 as instructed in 2015.	<ul style="list-style-type: none"> • Revisions Due To CPT/HCPCS Code Changes
01/01/2016	R3	R3 LCD revised to delete G6019 and G6024 and replace them with CPT codes 44401 and 45388 in Group 1 of the CPT/HCPCS Code section	<ul style="list-style-type: none"> • Revisions Due To CPT/HCPCS Code Changes
10/01/2015	R2	The LCD is revised to add the following notes in the	<ul style="list-style-type: none"> • Revisions Due To

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		<p>CPT/HCPCS codes section:</p> <p>44401 and 45388 - Use these codes for ASC billing only in 2015.</p> <p>G6019 and G6024 - Use these codes for Physician billing only in 2015.</p> <p>CPT code 45399 removed from the LCD effective 1/1/2015.</p>	CPT/HCPCS Code Changes
10/01/2015	R1	The LCD is revised due to the Annual CPT/HCPCS code update. CPT codes 44393, 45355 and 45383 was deleted and replaced with 44401, 45388 and 45399.	<ul style="list-style-type: none"> Revisions Due To CPT/HCPCS Code Changes

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)

A57342 - Billing and Coding: Diagnostic and Therapeutic Colonoscopy

A55555 - Response to Comments: Diagnostic and Therapeutic Colonoscopy

LCD(s)

DL34213

- (MCD Archive Site)

Related National Coverage Documents

N/A

Public Version(s)

Updated on 01/27/2020 with effective dates 10/01/2019 - N/A

Updated on 10/03/2019 with effective dates 10/01/2019 - N/A

Updated on 08/29/2019 with effective dates 10/01/2019 - N/A

Updated on 09/01/2017 with effective dates 10/01/2017 - 09/30/2019

Updated on 08/24/2017 with effective dates 10/01/2017 - N/A

Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

Keywords

- Diagnostic

- Therapeutic
- Colonoscopy