

# MARYLAND MEDICARE PART A

**Policy No.** 00-07

**Topic:** **DIAGNOSTIC AND THERAPEUTIC COLONOSCOPY**

**Beginning Effective Date**

June 26, 2000.

**Ending Effective Date**

Not applicable at this time.

**Description**

Colonoscopy is a visual examination of the lining of the large intestine with a flexible endoscope. The colonoscope is inserted anally or through the stoma and is advanced through the large intestine under direct vision, using the scope's viewing system.

**Policy Type**

Local Medical Review

**Indications and Limitations of Coverage and/or Medical Necessity**

The following are Medicare covered indications:

- Evaluation of an abnormality on barium enema that is likely to be clinically significant, such as a filling defect, stricture or polyps,
- Evaluation of an unexplained gastrointestinal bleeding:
  - § Hematochezia not thought to be from rectum or perianal source,
  - § Melena of unknown origin, or;
  - § Presence of fecal occult blood.
- Unexplained iron deficiency anemia,
- Evaluation of abdominal pain suggestive of colonic origin,
- Evaluation of symptoms of colonic obstruction,
- Surveillance of colonic neoplasia
  - § Examination to evaluate entire colon for synchronous cancer or polyps in a patient with treatable cancer or polyp,
  - § Follow-up in one year, then three- to five-year intervals following resection of

colorectal cancer or neoplastic polyp, or in less than one year if polyp is large or sessile or has carcinoma in situ,

§ 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).
- Chronic inflammatory bowel disease of the colon if more precise diagnosis or determination of the extent of activity of disease will influence immediate management,
- Clinically significant diarrhea or recent change in bowel habits of unexplained origin,
- Preoperative endoscopic marking for surgical location and intraoperative identification of the site of a lesion that cannot be detected by palpation or gross inspection at surgery (e.g., polypectomy site or location of a bleeding source),
- Evaluation of acute colonic ischemia/ischemic bowel disease,
- Evaluation of patient with *Streptococcus Bovis* endocarditis,
- Treatment of bleeding from such lesions as vascular anomalies, ulceration and neoplasia,
- Removal of foreign body,
- Excision of colonic polyps, decompression of megacolon,
- Treatment of sigmoid volvulus, or;
- Treatment stenotic lesions.

**Colonoscopy is generally not covered for treating the following symptoms or diagnoses. The patient's medical records must have additional documentation indicating the medical necessity of the procedure for Medicare's review as needed.**

- Chronic, stable, irritable bowel syndrome or chronic abdominal pain. There are unusual exceptions in which colonoscopy may be done once to rule out organic disease, especially if symptoms are unresponsive to therapy,
- Acute limited diarrhea,
- Hemorrhoids,
- Metastatic adenocarcinoma of unknown primary site in the absence of colonic symptoms when it will not influence management,

- Routine follow-up of inflammatory bowel disease (except for cancer surveillance in chronic ulcerative colitis and Crohn's colitis,
- Routine examination of the colon in patients about to undergo elective abdominal surgery for non-colonic disease,
- Upper GI bleeding or melena with demonstrated upper GI source, or;
- Bright red rectal bleeding in patients with a convincing anorectal source on sigmoidoscopy and no other symptoms suggestive of a more proximal bleeding source.

**Colonoscopy is not indicated for:**

- Fulminant colitis,
- Possible perforated viscus, and;
- Acute severe diverticulitis

**HCPCS Section(s) &  
Benefit Category**

Surgery/Digestive System

**Type(s) of Bill**

11X, 18X, 21X (HCPCS not required)

13X, 83X, 85X (HCPCS required)

**Revenue Code(s)**

36, 45X, 49X, 75X

**HCPCS Code(s)**

44388© Colonoscopy through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)

44389© with biopsy, single or multiple

44390© with removal of foreign body

44391© with control of bleeding, any method

44392© with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery

44393© with ablation of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery

44394© with removal of tumor(s), polyp(s), or other

- lesion(s) by snare technique
- 45355© Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple
- 45378© Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)
- 45379© with removal of foreign body
- 45380© with biopsy, single or multiple
- 45382© with control of bleeding, any method
- 45383© with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps or bipolar cautery
- 45384© with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
- 45385© with removal of tumor(s), polyp(s), or other lesions(s) by snare technique

### ICD-9-CM Codes That Support Medical Necessity

Medicare is establishing the following limited coverage for codes 44388-44394, 45355, 45378-45380, and 45382-45385.

#### Covered for:

- 006.9 Amebiasis, unspecified
- 009.1-009.3 Infectious colitis, enteritis, and gastroenteritis, infectious diarrhea and diarrhea of presumed infectious origin
- 014.02-014.06 Tuberculous peritonitis
- 014.82-014.86
- 153.0-153.9 Malignant neoplasm of hepatic flexure
- 154.0-154.3 Malignant neoplasm of rectum, rectosigmoid junction and anus
- 154.8 Malignant neoplasm of other gastrointestinal site
- 196.2 Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes
- 197.5 Secondary malignant neoplasm of large intestine and rectum
- 197.7 Secondary malignant neoplasm of liver, specified as secondary
- 213.3 Benign neoplasm of colon

211.4	Benign neoplasm of rectum and anal canal
230.3-230.5	Carcinoma in situ of colon, rectum and anal canal
230.6	Carcinoma in situ of anus, unspecified
235.2	Neoplasm of uncertain behavior of stomach, intestine, and rectum
235.5	Neoplasm of uncertain behavior of other and unspecified digestive organs
280.0 (chronic)	Iron deficiency anemia secondary to blood loss
280.9	Iron deficiency anemia, unspecified
421.0	Acute and subacute bacterial endocarditis
448.0	Hereditary hemorrhagic telangiectasia
555.0-555.2	Regional enteritis
555.9	
556.0-556.6	Ulcerative colitis
556.8-556.9	Other and unspecified ulcerative colitis
557.0-557.1	Acute and chronic vascular insufficiency of intestine
557.9	Unspecified vascular insufficiency of intestine
558.1-558.2	Gastroenteritis and colitis due to radiation and toxic gastroenteritis and colitis due to radiation
558.3	Allergic gastroenteritis and colitis
558.9	Other and unspecified non-infectious gastroenteritis and colitis
560.0-560.2	Intestinal obstruction without mention of hernia
560.81	Intestinal or peritoneal adhesions with obstruction (post-operative) (post-infection)
560.89	Other specified intestinal obstruction
560.9	Unspecified intestinal obstruction
562.10-562.13	Diverticulosis of colon
564.4-564.5	Other post-operative functional disorders
564.7	
564.81	Neurogenic bowel
564.89	Other functional disorders of intestine
	<b>Note:</b> Use this code for atony of colon.
569.81-569.85	Other specified disorder of intestine
569.89	

578.1	Blood in stool
578.9	Hemorrhage of gastrointestinal tract, unspecified
596.1	Intestinovesical fistula
759.6	Other hamartoses, not elsewhere classified
<b>Note:</b> Use this code for Peutz-Jeghers syndrome, Sturge-Weber (-Dimitri) syndrome, and von Hippel-Lindau syndrome.	
789.00-789.07	Abdominal pain
789.09	
.	<b>Note:</b> Use these codes to indicate colonic pain or abdominal pain of suspected colonic origin.
789.30-789.34	Abdominal or pelvic swelling, mass, or lump
792.1	Non-specific abnormal findings in other body substances, stool contents
793.4	Non-specific abnormal findings on radiological and other examination of gastrointestinal tract
936	Foreign body in intestine and colon
V10.00	Personal history of malignant neoplasm, gastrointestinal tract unspecified
V10.05	Personal history of malignant neoplasm, large intestine
V10.06	Personal history of malignant neoplasm, rectum, rectosigmoid junction, and anus
V10.07	Personal history of malignant neoplasm, liver
V12.70	Personal history of unspecified digestive disease
V12.72	Personal history of colonic polyps

### **Non-covered ICD-9-CM Code(s)**

All diagnoses not listed in the “ICD-9-CM Codes That Support Medical Necessity” section of this policy.

### **HCFA National Policy**

- Establishment of national policy supercedes all previous contractor policy statements, including Local Medical Policy coverage guidelines.
- Title XVIII of the Social Security Act, section 1862 (a) (7). This section excludes routine physical examinations.

- Title XVIII of the Social Security Act, section 1862 (a) (1) (A). This section allows coverage and payment for only those services that are considered to be medically reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

## **Reasons for Denial**

- The service does not follow the guidelines of this policy.
- The medical record does not verify that the service described by the HCPCS code was provided.
- Screening tests in the absence of signs, symptoms, or complaints are denied under §1862 (a) (7) of the Social Security Act.
- This service will not be covered in any place of service not identified under “Indications and Limitations of Coverage.”
- Lack of supporting documentation in the medical record to reflect the medical necessity for the performance of this study will result in denial of the service.

## **Sources of Information**

TrailBlazer Health Enterprises, LLC • Medicare Part B Newsletter No. 00-001, October 11, 1999.

Maryland Medicare Part A Local Medical Review Policy, September 12, 1996.  
Coverage Issues Manual 35-59.

## **Coding Guidelines**

- To report this service use the appropriate HCPCS code.
- Diagnosis(es) must be present on any claim submitted, and must be coded to the highest level of specificity.
- An incomplete colonoscopy is the inability to examine proximal to the splenic flexure. Modifier –73 or –74 should be used when a colonoscopy is performed in an outpatient hospital or ambulatory surgery center setting and is terminated prior to completion of the procedure. Incomplete colonoscopies should be billed as HCPCS code 45378 using either modifier –73 or –74.

## **Documentation Requirements**

- Documentation supporting the medical necessity **and the frequency** for this procedure should be legible, maintained in the patient’s medical record, and available to Medicare upon request.

- To report these services, use the appropriate HCPCS code.
- An appropriate diagnosis code must be submitted on the claim. The patient's medical record should indicate the signs/symptoms supporting the diagnosis and functional impairment.
- Infectious colitis is an acceptable indication in its general form. Further specificity in ICD-9-CM coding is not needed, but the clinical necessity of doing colonoscopy in these instances should be documented and maintained in the patient's medical records.

### **Other Comments**

This policy does not address or apply to HCFA's national policy on colorectal cancer screening, which became effective for services on or after January 1, 1998. Please refer to the Intermediary News December 1997 and June 1998 issues for a description of Medicare coverage for colorectal cancer screening.

This policy does not reflect the sole opinion of the intermediary, carrier, or Intermediary/Carrier Medical Directors. Although the final decision rests with the intermediary/carrier, this policy was developed in cooperation with the Carrier Advisory Committee (CAC), which includes representatives from the appropriate specialties.

### **Start Date of Comment Period**

April 5, 2000

### **Start Date of Notice Period**

May 26, 2000.

### **Revision Date**

### **Revision Number**

**THIS BULLETIN SHOULD BE SHARED WITH ALL HEALTH CARE PRACTITIONERS AND MANAGERIAL MEMBERS OF THE PROVIDER/SUPPLIER STAFF. BULLETINS ISSUED**

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