



The following policy (L30304) has been archived by Alpha II. Many policies are part of a larger jurisdiction, than is indicated by the policy. This policy covers the following states:

- INDIANA
- MICHIGAN

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Local Coverage Determination (LCD): Colonoscopy and Sigmoidoscopy-Diagnostic (L30304)

Select the 'Print Record', 'Add to Basket' or 'Email Record' buttons to print the record, to add it to your basket or to email the record.

Section Navigation

- Contractor Information

Contractor Name	Contract Number	Contract Type
<u>Wisconsin Physicians Service Insurance Corporation</u>	08101	MAC - Part A

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- LCD Information

Document Information

LCD ID
L30304

Jurisdiction
Indiana

LCD Title
Colonoscopy and Sigmoidoscopy-Diagnostic

Original Effective Date
For services performed on or after
09/15/2009

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Revision Effective Date
For services performed on or after
12/01/2013

Revision Ending Date
N/A

Retirement Date
N/A

Notice Period Start Date
06/01/2012

Notice Period End Date
N/A

CMS National Coverage Policy

Jurisdiction "8" Notice:

Jurisdiction "8" comprises the states of Indiana and Michigan. WPS is responsible for claims payment and Local Coverage Determination (LCD) development for this jurisdiction. This LCD was created as a part of the legacy transition (7/16/2012 – 8/20/2012); and, is a consolidation of the previous legacy contractors' policies. Coverage of each LCD begins when the state/contract number combination officially is integrated into the Jurisdiction. On the CMS MCD, this date is known as either the **Original**

Effective Date or the **Revision Effective Date**. The following table details the official effective dates for each state/contract number combination.

ST	Legacy A Contractor & Contract Number	Legacy B Contractor & Contract Number	J "8" MAC A Contractor & Contract Number	J "8" MAC B Contractor & Contract Number	J "8" Effective Date
IN		NGS: 00630		WPS: 08102	08/20/12
MI		WPS: 00953		WPS: 08202	07/16/12
IN	NGS: 00130		WPS: 08101		07/23/12
MI	NGS: 00452		WPS: 08201		07/23/12

Title XVIII of the Social Security Act (SSA or the Act), Section 1862(a) (1) (A), explains that payment may be allowed only for those services that are considered to be 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 SSA, Section 1833(e), prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Title XVIII of the SSA, Section 1862(a)(7), states that Medicare will not cover any services or procedures associated with routine physical checkups.

42 Code of Federal Regulations, 410.32, Diagnostic X-Rays, diagnostic laboratory tests, and other diagnostic tests: Conditions. This section describes regulations that apply to performing these tests.

Pub 100-02, Benefit Policy Manual, Chapter 15, Section 80, describes the requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests

Pub 100-02 Benefit Manual, Chapter 15- Covered Medical and Other Health Services, Section 280.2 - Colorectal Cancer Screening

Pub.100-04 Medicare Claims Processing Manual -Chapter 18 Preventive and Screening Services, Section 60 - Colorectal Cancer Screening

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

This LCD only applies to **diagnostic** colonoscopies. Refer to the Medicare Internet Only Manuals (IOM) for coverage of colorectal cancer screening procedures.

Sigmoidoscopy and colonoscopy testing allows for the direct visualization of the lower gastrointestinal tract. Inspection is performed with an illuminated tube. These procedures are performed to detect polyps, tumors and other lesions of the intestines. The site of pathology can be identified during a colonoscopy and a biopsy can be obtained.

Definitions:

1. Sigmoidoscopy (CPT 45330-45335, 45337-45342, 45345) is the examination of the entire rectum and sigmoid colon, and includes examination of a portion of the descending colon.
2. Colonoscopy (CPT 44388-44397, 45355, 45378-45387, 45391, 45392) is the examination of the entire colon, from the rectum to the cecum, and may include the examination of the terminal ileum.

Indications and Limitations of Coverage and/or Medical Necessity

A. The following are Medicare-covered indications for Diagnostic Colonoscopy:

1. Evaluation of an abnormality on barium enema or other imaging study, which is likely to be clinically significant, such as filling a defect or stricture
2. Evaluation of unexplained gastrointestinal bleeding:
 - a. Hematochezia not thought to be from rectum or perianal source,
 - b. Melena of unknown origin; after an upper GI source has been excluded,
 - c. Presence of fecal occult blood.
3. Unexplained iron deficiency anemia.
4. Examination to evaluate entire colon for synchronous cancer or polyps in a patient with treatable cancer or polyp.
5. Chronic inflammatory bowel disease of the colon if more precise diagnosis or determination of the extent of activity of disease will influence immediate management.
6. Clinically significant diarrhea of unexplained origin with additional symptoms (e.g., with weight loss).
7. 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).
8. Treatment of bleeding from such lesions as vascular malformation, ulceration, neoplasm, and polypectomy site (e.g., electrocoagulation, heater probe, laser or injection therapy).
9. Removal of foreign body.
10. Excision of colonic polyps.
11. Decompression of acute nontoxic megacolon or sigmoid volvulus, pseudo obstruction of the colon (Ogilvie's syndrome).
12. Balloon dilatation of stenotic lesions (e.g., anastomotic strictures).
13. Palliative treatment of stenosing or bleeding neoplasm.
14. Marking a neoplasm for localization.
15. Evaluation of a patient with endocarditis due to streptococcus bovis or any bacterium of enteric origin;
16. Suspected disease of terminal ileum
17. Evaluation of acute colonic ischemia/ischemic bowel disease
18. 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:
 - a. Pancolitis of eight or more years duration; or
 - b. Left-sided colitis of 15 or more year's duration

19. Evaluation within 6 months of the removal of sessile polyps to determine and document total excision. If evaluation indicates that residual polyp is present, excision should be done with repeat colonoscopy within 6 months. After evidence of total excision without return of the polyp, repeat colonoscopy yearly
20. Patients undergoing curative resection for colon or rectal cancer should undergo a colonoscopy 1 year after the resection (or 1 year following the performance of the colonoscopy that was performed to clear the colon of synchronous disease).

B. A diagnostic colonoscopy is not considered medically necessary for the following conditions:

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 limited 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 colitis, chronic ulcerative colitis).
6. Routine examination of the colon in patients about to undergo elective abdominal surgery for non-colonic disease.
7. Upper GI bleeding or melena with a demonstrated upper GI source.

C. A diagnostic flexible sigmoidoscopy is covered for the following indications:

1. Evaluation of suspected distal colonic disease when there is no indication for a colonoscopy.
2. Evaluation for anastomotic recurrence in rectosigmoid carcinoma.
3. All of the covered indications listed for a diagnostic colonoscopy.

D. A diagnostic flexible sigmoidoscopy is not indicated when a colonoscopy is indicated.

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– **Coding Information**

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

013x	Hospital Outpatient
014x	Hospital - Laboratory Services Provided to Non-patients

071x	Clinic - Rural Health
085x	Critical Access Hospital

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

032X	Radiology - Diagnostic - General Classification
036X	Operating Room Services - General Classification
0450	Emergency Room - General Classification
049X	Ambulatory Surgical Care - General Classification
051X	Clinic - General Classification
052X	Free-Standing Clinic - General Classification
0750	Gastro-Intestinal (GI) Services - General Classification
076X	Specialty Services - General Classification

CPT/HCPCS Codes**Group 1 Paragraph:**

N/A

Group 1 Codes:

44388	Colonoscopy
44389	Colonoscopy with biopsy
44390	Colonoscopy for foreign body
44391	Colonoscopy for bleeding
44392	Colonoscopy & polypectomy
44393	Colonoscopy lesion removal
44394	Colonoscopy w/snare
44397	Colonoscopy w/stent
45330	Diagnostic sigmoidoscopy
45331	Sigmoidoscopy and biopsy

45332	Sigmoidoscopy w/fb removal
45333	Sigmoidoscopy & polypectomy
45334	Sigmoidoscopy for bleeding
45335	Sigmoidoscopy w/submuc inj
45337	Sigmoidoscopy & decompress
45338	Sigmoidoscopy w/tumr remove
45339	Sigmoidoscopy w/ablate tumr
45340	Sig w/balloon dilation
45341	Sigmoidoscopy w/ultrasound
45342	Sigmoidoscopy w/us guide bx
45345	Sigmoidoscopy w/stent
45355	Surgical colonoscopy
45378	Diagnostic colonoscopy
45379	Colonoscopy w/fb removal
45380	Colonoscopy and biopsy
45381	Colonoscopy submucous inj
45382	Colonoscopy/control bleeding
45383	Lesion removal colonoscopy
45384	Lesion remove colonoscopy
45385	Lesion removal colonoscopy
45386	Colonoscopy dilate stricture
45387	Colonoscopy w/stent
45391	Colonoscopy w/endoscope us
45392	Colonoscopy w/endoscopic fnb

ICD-9 Codes that Support Medical Necessity

Group 1 Paragraph:

Note: ICD-9 codes must be coded to the highest level of specificity

Group 1 Codes:

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006.1	CHRONIC INTESTINAL AMEBIASIS WITHOUT ABSCESS
006.2	AMEBIC NONDYSENTERIC COLITIS
006.9	AMEBIASIS UNSPECIFIED
008.04	INTESTINAL INFECTION DUE TO ENTEROHEMORRHAGIC E. COLI
008.43	INTESTINAL INFECTION DUE TO CAMPYLOBACTER
008.45	INTESTINAL INFECTION DUE TO CLOSTRIDIUM DIFFICILE
<u>009.0 - 009.3</u>	INFECTIOUS COLITIS ENTERITIS AND GASTROENTERITIS - DIARRHEA OF PRESUMED INFECTIOUS ORIGIN
<u>014.00 - 014.86</u>	TUBERCULOUS PERITONITIS UNSPECIFIED EXAMINATION - OTHER TUBERCULOSIS OF INTESTINES AND MESENTERIC GLANDS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
041.02	STREPTOCOCCUS INFECTION IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE STREPTOCOCCUS GROUP B
041.04	STREPTOCOCCUS INFECTION IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE STREPTOCOCCUS GROUP D [ENTEROCOCCUS]
042	HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE
<u>153.0 - 153.9</u>	MALIGNANT NEOPLASM OF HEPATIC FLEXURE - MALIGNANT NEOPLASM OF COLON UNSPECIFIED SITE
<u>154.0 - 154.8</u>	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION - MALIGNANT NEOPLASM OF OTHER SITES OF RECTUM RECTOSIGMOID JUNCTION AND ANUS
159.0	MALIGNANT NEOPLASM OF INTESTINAL TRACT PART UNSPECIFIED
159.8	MALIGNANT NEOPLASM OF OTHER SITES OF DIGESTIVE SYSTEM AND INTRA-ABDOMINAL ORGANS
195.3	MALIGNANT NEOPLASM OF PELVIS
196.2	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INTRA-ABDOMINAL LYMPH NODES
197.5	SECONDARY MALIGNANT NEOPLASM OF LARGE INTESTINE AND RECTUM
197.6	SECONDARY MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM
197.7	MALIGNANT NEOPLASM OF LIVER SECONDARY
199.0	DISSEMINATED MALIGNANT NEOPLASM
<u>209.10 - 209.17</u>	

	MALIGNANT CARCINOID TUMOR OF THE LARGE INTESTINE, UNSPECIFIED PORTION - MALIGNANT CARCINOID TUMOR OF THE RECTUM
<u>209.50 - 209.57</u>	BENIGN CARCINOID TUMOR OF THE LARGE INTESTINE, UNSPECIFIED PORTION - BENIGN CARCINOID TUMOR OF THE RECTUM
209.67	BENIGN CARCINOID TUMOR OF HINDGUT, NOT OTHERWISE SPECIFIED
211.3	BENIGN NEOPLASM OF COLON
211.4	BENIGN NEOPLASM OF RECTUM AND ANAL CANAL
<u>230.0 - 230.6</u>	CARCINOMA IN SITU OF LIP ORAL CAVITY AND PHARYNX - CARCINOMA IN SITU OF ANUS UNSPECIFIED
235.2	NEOPLASM OF UNCERTAIN BEHAVIOR OF STOMACH INTESTINES AND RECTUM
235.5	NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER AND UNSPECIFIED DIGESTIVE ORGANS
239.0	NEOPLASM OF UNSPECIFIED NATURE OF DIGESTIVE SYSTEM
280.0	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)
280.9	IRON DEFICIENCY ANEMIA UNSPECIFIED
421.0	ACUTE AND SUBACUTE BACTERIAL ENDOCARDITIS
448.0	HEREDITARY HEMORRHAGIC TELANGIECTASIA
538	GASTROINTESTINAL MUCOSITIS (ULCERATIVE)
<u>555.0 - 555.9</u>	REGIONAL ENTERITIS OF SMALL INTESTINE - REGIONAL ENTERITIS OF UNSPECIFIED SITE
<u>556.0 - 556.9</u>	ULCERATIVE (CHRONIC) ENTEROCOLITIS - ULCERATIVE COLITIS UNSPECIFIED
<u>557.0 - 557.9</u>	ACUTE VASCULAR INSUFFICIENCY OF INTESTINE - UNSPECIFIED VASCULAR INSUFFICIENCY OF INTESTINE
<u>558.1 - 558.3</u>	GASTROENTERITIS AND COLITIS DUE TO RADIATION - ALLERGIC GASTROENTERITIS AND COLITIS
558.42	EOSINOPHILIC COLITIS
558.9	OTHER AND UNSPECIFIED NONINFECTIOUS GASTROENTERITIS AND COLITIS
560.0	INTUSSUSCEPTION
560.1	PARALYTIC ILEUS
560.2	VOLVULUS
560.81	

	INTESTINAL OR PERITONEAL ADHESIONS WITH OBSTRUCTION (POSTOPERATIVE) (POSTINFECTION)
560.89	OTHER SPECIFIED INTESTINAL OBSTRUCTION
560.9	UNSPECIFIED INTESTINAL OBSTRUCTION
<u>562.10 - 562.13</u>	DIVERTICULOSIS OF COLON (WITHOUT HEMORRHAGE) - DIVERTICULITIS OF COLON WITH HEMORRHAGE
<u>564.4 - 564.89</u>	OTHER POSTOPERATIVE FUNCTIONAL DISORDERS - OTHER FUNCTIONAL DISORDERS OF INTESTINE
569.0	ANAL AND RECTAL POLYP
569.3	HEMORRHAGE OF RECTUM AND ANUS
<u>569.81 - 569.89</u>	FISTULA OF INTESTINE EXCLUDING RECTUM AND ANUS - OTHER SPECIFIED DISORDERS OF INTESTINES
578.1	BLOOD IN STOOL
578.9	HEMORRHAGE OF GASTROINTESTINAL TRACT UNSPECIFIED
596.1	INTESTINOVESICAL FISTULA
619.1	DIGESTIVE-GENITAL TRACT FISTULA FEMALE
701.2	ACQUIRED ACANTHOSIS NIGRICANS
759.6	OTHER CONGENITAL HAMARTOSES NOT ELSEWHERE CLASSIFIED
787.91	DIARRHEA
787.99	OTHER SYMPTOMS INVOLVING DIGESTIVE SYSTEM
792.1	NONSPECIFIC ABNORMAL FINDINGS IN STOOL CONTENTS
793.4	NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF GASTROINTESTINAL TRACT
936	FOREIGN BODY IN INTESTINE AND COLON
937	FOREIGN BODY IN ANUS AND RECTUM
V10.00	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF UNSPECIFIED SITE IN GASTROINTESTINAL TRACT
<u>V10.03 - V10.07</u>	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF ESOPHAGUS - PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LIVER
V12.70	PERSONAL HISTORY OF UNSPECIFIED DIGESTIVE DISEASE
V12.72	PERSONAL HISTORY OF COLONIC POLYPS

ICD-9 Codes that DO NOT Support Medical Necessity

Paragraph: Any ICD code that is not listed above as covered

N/A

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General Information

Associated Information

Documentation Requirements

The medical record should support the medical reasonableness, necessity and frequency of the diagnostic test performed. This documentation should be made available to the Contractor upon request

Documentation must indicate the precise areas scoped and the depth reached during colonoscopy.

Utilization Guidelines

It is expected that these services would be performed as indicated by current medical literature and/or standards of practice

Sources of Information and Basis for Decision

American Society for Gastrointestinal Endoscopy (ASGE):

ASGE. "Appropriate Use of Gastrointestinal Endoscopy." Gastrointestinal Endoscopy 2000; 52:831-837

ASGE. "The Role of Endoscopy in The Patient With Lower Gastrointestinal Bleeding." Gastrointestinal Endoscopy 1988; 34 (Suppl): 235-255.

ASGE. "The Role of Colonoscopy in The Management of Patients With Inflammatory Bowel Disease." Gastrointestinal Endoscopy 1988; 34 (Suppl): 105-115.

ASGE. "Colorectal Cancer Screening and Surveillance." Gastrointestinal Endoscopy 2000; 51: 777-782.

Blijlevens NM. Current Opinion Support Palliative Care. 2007 April: 1(1):16-22

Douglas K. Rex, MD; Charles J. Kahi, MD et. al. "Guidelines for Colonoscopy Surveillance after Cancer Resection: A Consensus Update by the American Cancer Society and US Multi-Society" Task Force on Colorectal Cancer, CA Cancer J Clin 2006; 56; 160-167

Fernandes ER, PagiliariC, Tuon FF, de Andrade Junior HF, Averbach M, Duarte MI. "Chronic colitis associated with HIV infection can be related to intraepithelial infiltration of the colon by CD8+ T lymphocytes." International Journal of STD and AIDS. 2008, August; 19 (8):524-8

Hanauer, S.B, Sandborn, W. "Management of Crohn's Disease in Adults." American Journal of Gastroenterology March 2001, Volume 96, Number 3 pp 635-643.

Stollman, N.H., Raskin, J.B. "Diagnosis and Management of Diverticular Disease of the Colon in Adults." American Journal of Gastroenterology Nov 1999, Volume 92, Number 11, pp 3110-3121.

Vaska VL, Faoagali JL. "Streptococcus bovis bacteraemia: Identification within organism complex and association with endocarditis and colonic malignancy", Pathology, 2008 October 29:1-4

Winawer, Zauber, Fletcher et al. Guidelines for Colonoscopy Surveillance after Polypectomy: A Consensus Update by the US Multi-Society Task Force on Colorectal Cancer and the American Cancer Society. CA Cancer J Clin 2006; May-Jun.; 56(3):143-59

Carrier Medical Directors Workgroup,
Other Contractors Medicare Policies

Advisory Committee Meeting Notes

Meeting Date:

Wisconsin: 01/16/2009

Illinois: 01/28/2009

Michigan: 01/07/2009

Minnesota: 01/22/2009

J-5 MAC (IA,KS,MO, NE 02/12/2009

Jurisdictional Open meeting

12/17/08

Any Carrier Advisory Committee (CAC) related information, including Start Date and End Date of Comment Period, reflects the last time this LCD passed through the Comment and Notice process. Formal comment is not required for LCDs being adopted as part of the MAC transition.

Start Date of Comment Period

02/12/09

End Date of Comment Period

07/05/09

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- Revision History Information

Please note: The Revision History information included in this LCD prior to 1/24/2013 will now display with a Revision History Number of "R1" at the bottom of this table. All new Revision History information entries completed on or after 1/24/2013 will display as a row in the Revision History section of the LCD and numbering will begin with "R2".

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
12/01/2013	R5	04/01/2014- Annual Review, no change to coverage.	<ul style="list-style-type: none"> Other (Annual Review)
12/01/2013	R4	12/01/2013- Short CPT descriptions added; CAC info added back in that was inadvertently removed; no changes to coverage;	<ul style="list-style-type: none"> Other
09/07/2013	R3	The WPS Carrier Contract Numbers 00951(WI), 00952(IL), and 00954(MN) were removed from this LCD. Effective 09/07/2013, the Jurisdiction 6 Part B MAC contractor for Illinois, Wisconsin, and Minnesota is National Government Services (NGS).	<ul style="list-style-type: none"> Change in Assigned States or Affiliated Contract Numbers
10/22/2012	R2	03/01/2013- Annual Review, no change to coverage	<ul style="list-style-type: none"> Other

10/22/2012	R1	<p>10/22/2012: In accordance with Section 911 of the Medicare Modernization Act of 2003 and CMS Change Request 8059, contractor numbers in this LCD policy were updated due to the transition from WPS Fiscal Intermediary Contract Number 52280 to WPS Part A MAC Contractor Number 05901. No other changes were made to this LCD policy.</p> <p>08/20/2012: This LCD was revised to add the Jurisdiction 8 (J-8) Indiana Part B MAC Contract Number 08102. The CMS Statement of Work for the J8 Medicare Administrative Contract (MAC) requires that the contractor retain the most clinically appropriate LCD within the jurisdiction. This WPS policy is being promulgated to the J8 MAC as the most clinically appropriate LCD within this jurisdiction. No coverage changes were made to this LCD for this revision.</p> <p>07/23/2012: This LCD was revised to add the Jurisdiction 8 (J-8) Indiana and Michigan Part A MAC Contract Numbers 08101 and 08201. The CMS Statement of Work for the J8 Medicare Administrative Contract (MAC) requires that the contractor retain the most clinically appropriate LCD within the jurisdiction. This WPS policy is being promulgated to the J8 MAC as the most clinically appropriate LCD within this jurisdiction. No coverage changes were made to this LCD for this revision.</p> <p>07/16/2012: This LCD was revised to add the Jurisdiction 8 (J-8) Michigan Part B MAC Contract Number 08202 and remove the legacy Michigan Part B Carrier Contract Number 00953. The CMS Statement of Work for the J8 Medicare Administrative Contract (MAC) requires that the contractor retain the most clinically appropriate LCD within the jurisdiction. This WPS policy is being promulgated to the J8 MAC as the most clinically appropriate LCD within this jurisdiction. No coverage changes were made to</p>	<ul style="list-style-type: none"> • Other
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this LCD for this revision.

09/16/2009 Changed title from "Diagnostic Sigmoidoscopy and Colonoscopy" to "Colonoscopy and Sigmoidoscopy-Diagnostic".

08/12/2009 Revised order of items in Indications and Limitations section.

07/25/2009 Final revisions to draft. Released to Final. Replaces L26644, L19702, L19703, L19704, L19705

8/1/09 as revision effective date because contractor number that was removed, 05392, terminates and joins with W MO on that date.

08/08/2009 - This policy was updated by the ICD-9 2009-2010 Annual Update.

8/10/2009 - The description for Revenue code 0760 was changed
8/10/2009 - The description for Revenue code 0761 was changed
8/10/2009 - The description for Revenue code 0762 was changed
8/10/2009 - The description for Revenue code 0769 was changed

04/19/2010—In accordance with Section 911 of the Medicare Modernization Act of 2003, the states of American Samoa, California, Guam, Hawaii, Nevada and Northern Mariana Islands were removed from this LCD because claims processing for those states are transitioning from FI Contractor Wisconsin Physician Services (WPS - 52280) to MAC Part A Contractor Palmetto.

8/1/2010 - The description for Bill Type Code 13 was changed
8/1/2010 - The description for Bill Type Code 14 was changed
8/1/2010 - The description for Bill Type Code 71 was changed
8/1/2010 - The description for Bill Type Code 85 was changed

8/1/2010 - The description for Revenue code 0320 was changed
8/1/2010 - The description for Revenue code 0321 was changed
8/1/2010 - The description for Revenue code 0322 was changed

8/1/2010 - The description for Revenue code 0323 was changed
8/1/2010 - The description for Revenue code 0324 was changed
8/1/2010 - The description for Revenue code 0329 was changed
8/1/2010 - The description for Revenue code 0360 was changed
8/1/2010 - The description for Revenue code 0361 was changed
8/1/2010 - The description for Revenue code 0362 was changed
8/1/2010 - The description for Revenue code 0367 was changed
8/1/2010 - The description for Revenue code 0369 was changed
8/1/2010 - The description for Revenue code 0450 was changed
8/1/2010 - The description for Revenue code 0490 was changed
8/1/2010 - The description for Revenue code 0499 was changed
8/1/2010 - The description for Revenue code 0510 was changed
8/1/2010 - The description for Revenue code 0511 was changed
8/1/2010 - The description for Revenue code 0512 was changed
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8/1/2010 - The description for Revenue code 0528 was changed
8/1/2010 - The description for Revenue code 0529 was changed
8/1/2010 - The description for Revenue code 0750 was changed
8/1/2010 - The description for

		<p>Revenue code 0760 was changed 8/1/2010 - The description for Revenue code 0761 was changed 8/1/2010 - The description for Revenue code 0762 was changed 8/1/2010 - The description for Revenue code 0769 was changed</p> <p>8/1/2010 - Revenue code 0759 was deleted</p> <p>10/18/2010 - In accordance with Section 911 of the Medicare Modernization Act of 2003, the states of Colorado, New Mexico, Oklahoma and Texas were removed from this LCD because claims processing for those states are transitioning from FI Wisconsin Physicians Service (52280) to MAC Part A Trailblazer (04901).</p> <p>11/21/2010 - For the following CPT/HCPCS codes either the short description and/or the long description was changed. Depending on which description is used in this LCD, there may not be any change in how the code displays in the document: 44393 descriptor was changed in Group 1 45381 descriptor was changed in Group 1</p> <p>01/14/2011 Annual review no change in coverage.</p> <p>02/21/2011 — In accordance with Section 911 of the Medicare Modernization Act of 2003, the states of Delaware, District of Columbia, Maryland, New Jersey and Pennsylvania were removed from this LCD because claims processing for these states are transitioning from FI Wisconsin Physician Service (WPS 52280) to MAC Part A contractor Highmark (12901).</p> <p>03/01/2012- Annual review, no change to the LCD;</p>	
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– **Associated Documents**

Attachments

N/A

Related Local Coverage Documents

N/A

Related National Coverage Documents

N/A

Public Version(s)

Updated on 03/18/2014 with effective dates 12/01/2013 - N/A

Updated on 11/18/2013 with effective dates 12/01/2013 - N/A

Updated on 08/26/2013 with effective dates 09/07/2013 - 11/30/2013

Updated on 02/20/2013 with effective dates 10/22/2012 - 09/06/2013

Updated on 10/09/2012 with effective dates 10/22/2012 - N/A

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