

LCD for Colonoscopy and Sigmoidoscopy-Diagnostic (L30304)

Contractor Information

Contractor Name

Wisconsin Physicians Service Insurance Corporation

Contractor Number

00951, 00952, 00953, 00954, 52280, 05101, 05201, 05301, 05401, 05102, 05202, 05302, 05402

Contractor Type

CARRIER – MAC – FI

LCD Information

LCD ID Number

L30304

LCD Title

Colonoscopy and Sigmoidoscopy-Diagnostic

Contractor's Determination Number

GI-006

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CMS National Coverage Policy

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

Oversight Region

Region V

Original Determination Effective Date

For services performed on or after 09/15/2009

Original Determination Ending Date

Revision Effective Date

For services performed on or after 09/15/2009

Revision Ending Date

Indications and Limitations of Coverage and/or Medical Necessity

Indications and Limitations of Coverage 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.

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.

13x	Hospital-outpatient (HHA-A also) (under OPPS 13X must be used for ASC claims submitted for OPPS payment -- eff. 7/00)
14x	Non-Patient Laboratory Specimens
71x	Clinic-rural health
85x	Special facility or ASC surgery-rural primary care hospital (eff 10/94)

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.

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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
075X	Gastro-intestinal services-general classification
076X	Specialty Services - General Classification (effective 08/10/09)

CPT/HCPCS Codes

COLONOSCOPY THROUGH STOMA; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)

44389 COLONOSCOPY THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE

44390 COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF FOREIGN BODY

44391 COLONOSCOPY THROUGH STOMA; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR CAUTERY, UNIPOLAR CAUTERY, LASER, HEATER PROBE, STAPLER, PLASMA COAGULATOR)

44392 COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY

44393 COLONOSCOPY THROUGH STOMA; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE

44394 COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE

44397 COLONOSCOPY THROUGH STOMA; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION)

45330 SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)

45331 SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE

45332 SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY

45333 SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY

45334 SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR CAUTERY, UNIPOLAR CAUTERY, LASER, HEATER PROBE, STAPLER, PLASMA COAGULATOR)

45335 SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE

45337 SIGMOIDOSCOPY, FLEXIBLE; WITH DECOMPRESSION OF VOLVULUS, ANY METHOD

45338

SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE

45339 SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE

45340 SIGMOIDOSCOPY, FLEXIBLE; WITH DILATION BY BALLOON, 1 OR MORE STRICTURES

45341 SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION

45342 SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR TRANSMURAL FINE NEEDLE ASPIRATION/BIOPSY(S)

45345 SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION)

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 COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF FOREIGN BODY

45380 COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH BIOPSY, SINGLE OR MULTIPLE

45381 COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE

45382 COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR CAUTERY, UNIPOLAR CAUTERY, LASER, HEATER PROBE, STAPLER, PLASMA COAGULATOR)

45383 COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE

45384

	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY
45385	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE
45386	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DILATION BY BALLOON, 1 OR MORE STRICTURES
45387	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION)
45391	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION
45392	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR TRANSMURAL FINE NEEDLE ASPIRATION/BIOPSY(S)

ICD-9 Codes that Support Medical Necessity

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

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
009.0 - 009.3	INFECTIOUS COLITIS ENTERITIS AND GASTROENTERITIS - DIARRHEA OF PRESUMED INFECTIOUS ORIGIN
014.00 - 014.86	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
153.0 - 153.9	MALIGNANT NEOPLASM OF HEPATIC FLEXURE - MALIGNANT NEOPLASM OF COLON UNSPECIFIED SITE
154.0 - 154.8	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
209.10 - 209.17	MALIGNANT CARCINOID TUMOR OF THE LARGE INTESTINE, UNSPECIFIED PORTION - MALIGNANT CARCINOID TUMOR OF THE RECTUM
209.50 - 209.57	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
230.0 - 230.6	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)
555.0 - 555.9	REGIONAL ENTERITIS OF SMALL INTESTINE - REGIONAL ENTERITIS OF UNSPECIFIED SITE
556.0 - 556.9	ULCERATIVE (CHRONIC) ENTEROCOLITIS - ULCERATIVE COLITIS UNSPECIFIED
557.0 - 557.9	ACUTE VASCULAR INSUFFICIENCY OF INTESTINE - UNSPECIFIED VASCULAR INSUFFICIENCY OF INTESTINE
558.1 - 558.3	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
562.10 - 562.13	DIVERTICULOSIS OF COLON (WITHOUT HEMORRHAGE) - DIVERTICULITIS OF COLON WITH HEMORRHAGE
564.4 - 564.89	OTHER POSTOPERATIVE FUNCTIONAL DISORDERS - OTHER FUNCTIONAL DISORDERS OF INTESTINE
569.0	ANAL AND RECTAL POLYP
569.3	HEMORRHAGE OF RECTUM AND ANUS
569.81 - 569.89	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
V10.03 - V10.07	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

Diagnoses that Support Medical Necessity

ICD-9 Codes that DO NOT Support Medical Necessity

NA

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

General 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.

Appendices

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, Pagiliari C, 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

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

Start Date of Comment Period

02/12/2009

End Date of Comment Period

07/05/2009

Start Date of Notice Period

08/01/2009

Revision History Number

6

Revision History Explanation

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

Reason for Change

Last Reviewed On Date

07/01/2009

Related Documents

This LCD has no Related Documents.

LCD Attachments**All Versions**

Updated on 09/16/2009 with effective dates 09/15/2009 - N/A

Updated on 08/13/2009 with effective dates 09/15/2009 - N/A

Updated on 07/24/2009 with effective dates 09/15/2009 - N/A