

Screening Colonoscopy Procedures – Site of Service

Guideline Number: URG-15.02
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[➔ Instructions for Use](#)

Table of Contents	Page
Coverage Rationale	1
Documentation Requirements	2
Definitions	2
Applicable Codes	2
References	3
Guideline History/Revision Information	4
Instructions for Use	4

Related Commercial Policies
• Colorectal Cancer Screening State Mandate Coding
• Outpatient Surgical Procedures – Site of Service
• Preventive Care Services

Coverage Rationale

UnitedHealthcare members may choose to receive a screening colonoscopy in an ambulatory surgical center (ASC) or other locations. We are conducting site of service medical necessity reviews, however, to determine whether the outpatient hospital department is medically necessary, in accordance with the terms of the member’s benefit plan. If the outpatient hospital department is not considered medically necessary, this location will not be covered under the member’s plan.

Note: When a planned colonoscopy is done for diagnostic purposes it will be considered under the applicable non-preventive medical benefit. Refer to the Utilization Review Guideline titled [Outpatient Surgical Procedures – Site of Service](#).

Planned preventive screening colonoscopies performed in a hospital outpatient department are considered medically necessary for an individual who meets any of the following criteria:

- Advanced liver disease (MELD Score > 8)
- Anticipated need for transfusion
- Bleeding disorder requiring replacement factor or blood products or special infusion products to correct a coagulation defect
- Cardiac arrhythmia (symptomatic arrhythmia despite medication)
- Chronic obstructive pulmonary disease (COPD) (FEV1 <50%)
- Coronary artery disease ([CAD]/peripheral vascular disease [PVD]) (ongoing cardiac ischemia requiring medical management or recently placed [within 1 year] drug eluting stent)
- Developmental stage or cognitive status warranting use of a hospital outpatient department
- End stage renal disease ([hyperkalemia above reference range] receiving peritoneal or hemodialysis)
- History of cerebrovascular accident (CVA) or transient ischemic attack (TIA) (recent event [< 3 months])
- History of myocardial infarction (MI) (recent event [< 3 months])
- Individuals with drug eluting stents (DES) placed within one year or bare metal stents (BMS) or plain angioplasty within 90 days unless acetylsalicylic acid and antiplatelet drugs will be continued by agreement of surgeon, cardiologist and anesthesia
- Ongoing evidence of myocardial ischemia
- Poorly Controlled asthma (FEV1 < 80% despite medical management)
- Resistant hypertension (Poorly Controlled)
- Severe valvular heart disease
- Sleep apnea (moderate to severe Obstructive Sleep Apnea (OSA))

- Uncompensated chronic heart failure (CHF) (NYHA class III or IV)
- Uncontrolled diabetes with recurrent diabetic ketoacidosis (DKA) or severe hypoglycemia

A planned preventive screening colonoscopy performed in a hospital outpatient department is considered medically necessary if there is an inability to access an ambulatory surgical center for the procedure due to any one of the following:

- There is no geographically accessible ambulatory surgical center that has the necessary equipment for the procedure; or
- An ASC’s specific guideline regarding the individual’s weight or health conditions that prevents the use of an ASC

Site of service medical necessity reviews will be conducted for planned preventive screening colonoscopies on the [Applicable Codes List](#) only when performed in an outpatient hospital setting.

Documentation Requirements

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The documentation requirements outlined below are used to assess whether the member meets the clinical criteria for coverage but do not guarantee coverage of the service requested.

CPT/HCPCS Codes*	Required Clinical Information
Screening Colonoscopy – Site of Service	
45378, 45380, 45381, 45384, 45385, G0105, G0121	<p>If the location being requested is an outpatient hospital, provide medical notes documenting of the following:</p> <ul style="list-style-type: none"> • History relevant to procedure • Co-morbidities necessitating outpatient hospital setting • Physical examination, including patient weight • Planned procedure

*For code descriptions, see the [Applicable Codes](#) section.

Definitions

ASA Physical Status Classification System Risk Scoring Tool: The American Society of Anesthesiologists (ASA) physical status classification system was developed to offer clinicians a simple categorization of a patient’s physiological status that can be helpful in predicting operative risk. The ASA score is a subjective assessment of a patient’s overall health that is based on five classes (ASA).

Obstructive Sleep Apnea (OSA):

The American Academy of Sleep Medicine (AASM) defines OSA as a sleep related breathing disorder that involves a decrease or complete halt in airflow despite an ongoing effort to breathe. OSA severity is defined as:

- Mild for AHI or RDI ≥ 5 and < 15
- Moderate for AHI or RDI ≥ 15 and ≤ 30
- Severe for AHI or RDI > 30 /hr.

(AASM, 2021)

Poorly Controlled: Requiring three or more drugs to control blood pressure (Sheppard, 2017).

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT 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
45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique

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HCPCS Code	Description
G0105	Colorectal cancer screening; colonoscopy on individual at high risk
G0121	Colorectal cancer screening: colonoscopy on individual not meeting criteria for high risk

Diagnosis Code	Description
Z00.00	Encounter for general adult medical examination without abnormal findings
Z00.01	Encounter for general adult medical examination with abnormal findings
Z12.10	Encounter for screening for malignant neoplasm of intestinal tract, unspecified
Z12.11	Encounter for screening for malignant neoplasm of colon
Z12.12	Encounter for screening for malignant neoplasm of rectum
Z80.0	Family history of malignant neoplasm of digestive organs
Z83.71	Family history of colonic polyps
Z83.79	Family history of other diseases of the digestive system

References

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Guideline History/Revision Information

Date	Summary of Changes
10/01/2021	<p>Related Policies</p> <ul style="list-style-type: none">Removed reference link to the Coverage Determination Guideline titled <i>Private Duty Nursing (PDN) Services</i> <p>Coverage Rationale</p> <ul style="list-style-type: none">Revised list of medically necessary indications for planned preventive screening colonoscopies performed in a hospital outpatient department; replaced “brittle diabetes” with “uncontrolled diabetes with recurrent diabetic ketoacidosis (DKA) or severe hypoglycemia” <p>Definitions</p> <ul style="list-style-type: none">Removed definition of “Brittle Diabetes”Updated definition of “Obstructive Sleep Apnea (OSA)” <p>Supporting Information</p> <ul style="list-style-type: none">Updated <i>References</i> section to reflect the most current informationArchived previous policy version URG-15.01

Instructions for Use

This Utilization Review Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this guideline, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Utilization Review Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. UnitedHealthcare Utilization Review Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.