Screening Colonoscopy Procedures – Site of Service

Guideline Number: URG-15.01
Effective Date: January 1, 2021

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
- Brittle Diabetes
- 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 anestheisa
- Ongoing evidence of myocardial ischemia
- Poorly Controlled asthma (FEV1 < 80% despite medical management)
- Resistant hypertension (Poorly Controlled)
- Severe valvular heart disease

Related Commercial Policies

- Outpatient Surgical Procedures – Site of Service
- Preventive Care Services
- Private Duty Nursing (PDN) Services
- Sleep apnea (moderate to severe Obstructive Sleep Apnea (OSA))
- Uncompensated chronic heart failure (CHF) (NYHA class III or IV)

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.

<table>
<thead>
<tr>
<th>CPT/HCPCS Codes*</th>
<th>Required Clinical Information</th>
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</table>
| 45378, 45380, 45381, 45384, 45385, G0105, G0121 | If the location being requested is an outpatient hospital, provide medical notes documenting of the following:  
  - 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.

Brittle Diabetes: Diabetes that is difficult to control due to symptoms such as (1) predominant hyperglycemia with recurrent ketoacidosis, (2) predominant hypoglycemia, and (3) mixed hyper- and hypoglycemia.

Obstructive Sleep Apnea (OSA): Severity is defined as: Moderate for AHI or RDI ≥ 15 and ≤ 30. Severe for AHI or RDI > 30/hr.

Poorly Controlled: Requiring three or more drugs to control blood pressure.

**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.
<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>45378</td>
<td>Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)</td>
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<tr>
<td>45380</td>
<td>Colonoscopy, flexible; with biopsy, single or multiple</td>
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<tr>
<td>45381</td>
<td>Colonoscopy, flexible; with directed submucosal injection(s), any substance</td>
</tr>
<tr>
<td>45384</td>
<td>Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps</td>
</tr>
<tr>
<td>45385</td>
<td>Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique</td>
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<tr>
<th>HCPCS Code</th>
<th>Description</th>
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<tr>
<td>G0105</td>
<td>Colorectal cancer screening; colonoscopy on individual at high risk</td>
</tr>
<tr>
<td>G0121</td>
<td>Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk</td>
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<tr>
<th>Diagnosis Code</th>
<th>Description</th>
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<tr>
<td>Z00.00</td>
<td>Encounter for general adult medical examination without abnormal findings</td>
</tr>
<tr>
<td>Z00.01</td>
<td>Encounter for general adult medical examination with abnormal findings</td>
</tr>
<tr>
<td>Z12.10</td>
<td>Encounter for screening for malignant neoplasm of intestinal tract, unspecified</td>
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<tr>
<td>Z12.11</td>
<td>Encounter for screening for malignant neoplasm of colon</td>
</tr>
<tr>
<td>Z12.12</td>
<td>Encounter for screening for malignant neoplasm of rectum</td>
</tr>
<tr>
<td>Z80.0</td>
<td>Family history of malignant neoplasm of digestive organs</td>
</tr>
<tr>
<td>Z83.71</td>
<td>Family history of colonic polyps</td>
</tr>
<tr>
<td>Z83.79</td>
<td>Family history of other diseases of the digestive system</td>
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References

American Heart Association. Classes of Heart Failure. Available at: [http://www.heart.org/HEARTORG/Conditions/HeartFailure/AboutHeartFailure/Classes-of-Heart-Failure_UCM_306328_Article.jsp](http://www.heart.org/HEARTORG/Conditions/HeartFailure/AboutHeartFailure/Classes-of-Heart-Failure_UCM_306328_Article.jsp), Accessed July 24, 2020.

American Society of Anesthesiologists (ASA) Physical Status Classification System.


Guideline History/Revision Information

<table>
<thead>
<tr>
<th>Date</th>
<th>Summary of Changes</th>
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<tr>
<td>04/26/2021</td>
<td>Template Update</td>
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<tr>
<td></td>
<td>• Replaced reference to “MCG™ Care Guidelines” with “InterQual” criteria in Instructions for Use</td>
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<tr>
<td>01/01/2021</td>
<td>• New Utilization Review Guideline</td>
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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.