



Colonoscopy and Sigmoidoscopy

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

This policy exclusively pertains to diagnostic colonoscopies and sigmoidoscopies. These procedures involve the direct visual examination of the lower gastrointestinal tract using an illuminated tube. They are conducted to identify polyps, tumors, and other intestinal abnormalities. It is imperative to maintain thorough documentation in the member's medical record to substantiate the medical necessity of these tests.

Diagnostic colonoscopies and sigmoidoscopies are medical procedures used to examine the inside of the colon (large intestine) and rectum. They are performed by medical professionals, typically gastroenterologists or colorectal surgeons, and serve different diagnostic purposes:

- **Colonoscopy**: This is a procedure in which a long, flexible tube with a camera on its tip (colonoscope) is inserted through the rectum into the colon. The camera allows the doctor to visualize the entire length of the colon, from the rectum to the cecum (the beginning of the large intestine). Colonoscopies are used to diagnose and screen for various conditions, including colorectal cancer, polyps, inflammatory bowel disease, and other gastrointestinal issues.
- **Sigmoidoscopy**: Sigmoidoscopy is a similar procedure, but it involves a shorter tube called a sigmoidoscope, which is used to examine the lower part of the colon and the rectum. Unlike colonoscopy, it does not visualize the entire colon. Sigmoidoscopies are often used for screening and diagnosing conditions like hemorrhoids, rectal bleeding, and inflammation in the lower part of the gastrointestinal tract.

Both procedures are valuable tools in diagnosing and monitoring various gastrointestinal conditions. The choice between a colonoscopy and a sigmoidoscopy depends on the specific clinical indications and the area of the colon or rectum that needs to be examined.

Reimbursement Guidelines

Molina Healthcare requires proper documentation of medical necessity and valid diagnosis codes for reimbursement of certain procedures. Charges submitted without supporting evidence of medical necessity or the correct diagnosis codes will not be included in the final claim payment calculation.

To understand the coverage guidelines, limitations, and medical necessity criteria, please refer to the referenced document: [LCD \(Local Coverage Determination\) - Colonoscopy and Sigmoidoscopy-Diagnostic \(L34614\) \(cms.gov\)](#).

To ensure reimbursement, you must bill the following procedure codes with one of the diagnosis codes listed in section 2.2 of the referenced document: [Article - Billing and Coding: Colonoscopy and Sigmoidoscopy-Diagnostic](#)



(A56394) ([cms.gov](https://www.cms.gov)). Claims that are not billed correctly may be denied or subject to potential recovery. Rates are determined based on the applicable fee schedule or the provider contract agreement.

Procedure Codes:

44388	44389	44390	44391	44392
44394	44401	44402	44403	44404
44405	44406	44407	44408	45330
45331	45332	45333	45334	45335
45337	45338	45340	45341	45342
45378	45379	45380	45381	45382
45384	45385	45386	45391	45392

Bill Types typically used for the service:

Code	Description
013X	Hospital Outpatient
014X	Hospital- Laboratory Services Provided to Non-patients
071X	Clinic- Rural Health
085X	Critical Access Hospital

Revenue Codes typically used for this service:

Code	Description
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	Freestanding Clinic- General Classification
0750	Gastro-Intestinal (GI) Services- General Classification
076X	Specialty Services- General Classification

Supplemental Information

Definitions

Term	Definition
Sigmoidoscopy	The examination of the entire rectum and sigmoid colon includes examination of a portion of the descending colon.
Colonoscopy	the examination of the entire colon, from the rectum to the cecum, and may include the examination of the terminal ileum.
LCD	Local Coverage Determination

Sate Exceptions

State	Exception
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Utah	Policy will not apply to Utah
Idaho	Policy will not apply to Idaho
Texas	Policy will not apply to Texas

Documentation History

Type	Date	Action
Effective Date	09/08/2023	New policy
Revised Date	12/12/2024	Updated Template

References

This policy was developed using.

- CMS
- State Medicaid Regulatory Guidance
- State Contracts

State/Agency	Document Name/Description	Link/Document
CMS	Billing and Coding: Colonoscopy and Sigmoidoscopy-Diagnostic	Article - Billing and Coding: Colonoscopy and Sigmoidoscopy-Diagnostic (A56394) (cms.gov)
CMS	Colonoscopy and Sigmoidoscopy-Diagnostic	LCD - Colonoscopy and Sigmoidoscopy-Diagnostic (L34614) (cms.gov)

CODING DISCLAIMER. Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.