



UM-CDG-070  
Colonoscopy/Sigmoidoscopy/Proctosigmoidoscopy

Approved By:  
Director, Health Services

Effective Date:  
10/20/2025

***This Policy applies to all SECUR affiliates, associates, and subsidiaries.***

Approved by Courtney Gonzales, Director of Health Services on behalf of the Utilization Management Committee.

## PURPOSE

This coverage determination guideline serves to address colonoscopy, sigmoidoscopy, and proctosigmoidoscopy, examinations that include the rectum, sigmoid colon, and other surrounding areas.

For SECUR Health Plan members, National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) will be applied to requests when applicable. SECUR Health Plan Coverage Determination Guidelines (CDG) will be utilized in the absence of an appropriate NCD and/or LCD.

## DEFINITIONS

**Proctosigmoidoscopy:** examination of the rectum and sigmoid colon.

**Sigmoidoscopy:** examination of the entire rectum, sigmoid colon, and may include examination of a portion of the descending colon.

**Colonoscopy:** examination of the entire colon, from the rectum to the cecum, and may include examination of the terminal ileum or small intestine proximal to an anastomosis.

## POLICY

SECUR Health Plan considers colonoscopy, sigmoidoscopy, and/or proctosigmoidoscopy as medically necessary for the following clinical indications:

1. Evaluation of an abnormality discovered on barium enema and/or other imaging technique that is likely to be clinically significant
2. Evaluation of an unexplained gastrointestinal (GI) bleed:
  - Hematochezia not thought to be from rectum or perianal source
  - Melena of unknown origin
  - Presence of fecal occult blood
3. Unexplained iron deficiency anemia
4. Surveillance of colonic neoplasia:
  - Examination to evaluate the entire colon for synchronous cancer or polyps in a member with treatable cancer or polyps
  - Follow up one (1) year after surgery for treatment of colorectal cancer when the member is identified as being high risk for colon cancer and is eligible for continued screenings at 24 month intervals
  - Follow up at least three (3) to six (6) months following colonoscopic removal of a large sessile adenoma (greater than 2 cm in greatest dimension)
  - Members with Chron's disease, chronic ulcerative colitis (UC), pancolitis of greater than seven (7) years duration, or left-sided colitis over fifteen (15) years duration, may have colonoscopy every one

(1) to two (2) years for multiple biopsies to detect cancer and/or dysplasia. No surveillance is needed for disease limited to the rectosigmoid.

5. Chronic inflammatory bowel disease (IBD) of the colon
6. Clinically significant diarrhea of unexplained origin with additional findings
7. Intraoperative identification of the site of a lesion that cannot be detected by palpation or gross inspection at surgery
8. Evaluation of acute colonic ischemia/ischemic bowel disease
9. Evaluation of a member with *Streptococcus bovis* (*S. bovis*) endocarditis or bacteremia
10. Treatment of bleeding from such lesions as vascular anomalies, ulceration, and neoplasia
11. Removal of a foreign body
12. Excision of colonic polyps
13. Decompression of pseudo-obstruction of the colon (Ogilvie's Syndrome) following a trial of neostigmine or cathartics or a documented reason that this would be either unsafe or inappropriate for the member
14. Treatment of colonic volvulus or stricture
15. Evaluation of unexplained, new-onset constipation, refractive to medical therapy
16. Evaluation of anorectal polyp
17. Palliative treatment of stenosing, bleeding neoplasms

Endoscopy is generally not considered medically necessary for treatment of the below indications:

- Chronic, stable, IBS or chronic abdominal pain
- Acute diarrhea
- Hemorrhoids
- Metastatic adenocarcinoma of unknown primary site in the absence of colonic symptoms when it will not influence management
- Routine follow up for IBD (except for cancer surveillance in Chron's disease and chronic UC)
- Routine examination of the colon in members about to undergo elective abdominal surgery for non-colonic disease
- Bright red, rectal bleeding with a convincing anorectal source on sigmoidoscopy and no other symptoms suggestive of a more proximal bleeding source

Colonoscopy, Sigmoidoscopy, and/or Proctosigmoidoscopy are generally not considered medically necessary for the below indications:

- Fulminant colitis
- Possible perforated viscus
- Acute severe diverticulitis
- Diverticulosis

References:

1. Edmonson JM. History of the instruments for gastrointestinal endoscopy. *Gastrointestinal Endoscopy*. 1991;37(2):S27-S56.
2. Hirschowitz BI. A personal history of the fiberscope. *Gastroenterology*. 1979;76(4):864-869.
3. Wolff WI, Shinya H. Colonofiberoscopy. *Jama*. 1971;217(11):1509-1512.
4. Wolff WI, Shinya H. Polypectomy via the fiberoptic colonoscope: Removal of neoplasms beyond reach of the sigmoidoscope. *New England Journal of Medicine*. 1973;288(7):329-332.
5. Nivatvongs S, Forde KA. Diagnostic Evaluations Endoscopy: Rigid, Flexible Complications. In: Wolff B.G. et al. (eds) *The ASCRS Textbook of Colon and Rectal Surgery*. Springer, New York, NY; 2007:57-68.
6. Piscatelli N, Hyman N, Osler T. Localizing colorectal cancer by colonoscopy. *Archives of Surgery*.

2005;140(10):932-935.

7. Schoellhammer HF, Gregorian AC, Sarkisyan GG, Petrie BA. How important is rigid proctosigmoidoscopy in localizing rectal cancer? *The American Journal of Surgery*. 2008;196(6):904-908.
8. Loose HW, Williams CB. Barium enema versus colonoscopy. *Proc R Soc Med*. 1974; 67(10):1033-1036.
9. Hunt RH, Teague RH, Swarbrick ET, Williams CB. Colonoscopy in management of colonic strictures. *Br Med J*. 1975;3:360-361.
10. Yee J, Akerkar GA, Hung RK, Steinauer-Gebauer AM, Wall SD, McQuaid KR. Colorectal neoplasia: Performance characteristics of CT colonography for detection in 300 patients. *Radiology*. 2001;219(3):685-692.
11. Kim DH, Pickhardt PJ, Taylor AJ, et al. CT colonography versus colonoscopy for the detection of advanced neoplasia. *New England Journal of Medicine*. 2007;357(14):1403-1412.
12. Jensen DM, Machicado GA. Diagnosis and treatment of severe hematochezia: The role of urgent colonoscopy after purge. *Gastroenterology*. 1988;95(6):1569-1574.
13. Green BT, Rockey DC, Portwood G, et al. Urgent colonoscopy for evaluation and management of acute lower gastrointestinal hemorrhage: A randomized controlled trial. *The American Journal of Gastroenterology*. 2005;100(11):2395-2402.
14. Jensen DM, Machicado GA, Jutabha R, Kovacs TO. Urgent colonoscopy for the diagnosis and treatment of severe diverticular hemorrhage. *New England Journal of Medicine*. 2000;342(2):78-82.
15. Rockey DC, Cello JP. Evaluation of the gastrointestinal tract in patients with iron-deficiency anemia. *New England Journal of Medicine*. 1993;329(23):1691-1695.
16. Rockey DC, Koch J, Cello JP, Sanders LL, McQuaid K. Relative frequency of upper gastrointestinal and colonic lesions in patients with positive fecal occult-blood tests. *New England Journal of Medicine*. 1998;339(3):153-159.
17. Hoppes WL, Lerner PI. Nonenterococcal group-d streptococcal endocarditis caused by streptococcus bovis. *Annals of Internal Medicine*. 1974;81(5):588-593.
18. Klein RS, Catalano MT, Edberg SC, Casey JI, Steigbigel NH. Streptococcus bovis septicemia and carcinoma of the colon. *Annals of Internal Medicine*. 1979;91(4):560-562.
19. Reynolds JG, Silva E, McCormack WM. Association of streptococcus bovis bacteremia with bowel disease. *Journal of Clinical Microbiology*. 1983;17(4):696-697.
20. Gold JS, Bayar S, Salem RR. Association of streptococcus bovis bacteremia with colonic neoplasia and extracolonic malignancy. *Archives of Surgery*. 2004;139(7):760-765.
21. Selivanov V, Sheldon GF, Cello JP, Crass RA. Management of foreign body ingestion. *Annals of Surgery*. 1984;199(2):187-191.
22. Barone JE, Sohn N, Nealon TF. Perforations and foreign bodies of the rectum: Report of 28 cases. *Annals of Surgery*. 1976;184(5):601-604.
23. Lake JP, Essani R, Petrone P, Kaiser AM, Asensio J, Beart RW Jr. Management of retained colorectal foreign bodies: Predictors of operative intervention. *Diseases of the Colon & Rectum*. 2004;47(10):1694-1698.
24. Anderson KL, Dean AJ. Foreign bodies in the gastrointestinal tract and anorectal emergencies. *Emergency Medicine Clinics*. 2011;29(2):369-400.
25. Goldberg JE, Steele SR. Rectal foreign bodies. *Surgical Clinics*. 2010;90(1):173-184.
26. Kann BR, Hicks TC. Anorectal foreign bodies: Evaluation and treatment. *Seminars in Colon & Rectal Surgery*. 2004;15(2):119-124.
27. Kukora JS, Dent TL. Colonoscopic decompression of massive nonobstructive cecal dilation. *Arch Surg*. 1977;112(4):512-517.
28. Nivatvongs S, Vermeulen FD, Fang DT. Colonoscopic decompression of acute pseudo-obstruction of the colon. *Annals of Surgery*. 1982;196(5):598-600.
29. Ponc R, Saunders MD, Kimmey MB. Neostigmine for the treatment of acute colonic pseudo-

- obstruction. *New England Journal of Medicine*. 1999;341(3):137-141.
30. Ballantyne GH, Brandner MD, Beart RW Jr, Ilstrup DM. Volvulus of the colon. *Annals of Surgery*. 1985;202(1):83-92.
  31. Halabi WJ, Jafari MD, Kang CY, et al. Colonic volvulus in the United States: Trends, outcomes, and predictors of mortality. *Annals of Surgery*. 2014;259(2):293-301.
  32. Hendrick JW. Treatment of volvulus of the cecum and right colon: A report of six acute and thirteen recurrent cases. *Archives of Surgery*. 1964;88(3):364-373.
  33. Shepherd JJ. Treatment of volvulus of sigmoid colon: A review of 425 cases. *British Medical Journal*. 1968;1(5587):280-283.
  34. Ghazi A, Shinya H, Wolff WI. Treatment of volvulus of the colon by colonoscopy. *Annals of Surgery*. 1976;183(3):263-265.
  35. Brothers TE, Strodel WE, Eckhauser FE. Endoscopy in colonic volvulus. *Annals of Surgery*. 1987;206(1):1-4.
  36. Fine KD, Seidel RH, Do K. The prevalence, anatomic distribution, and diagnosis of colonic causes of chronic diarrhea. *Gastrointestinal Endoscopy*. 2000;51(3):318-326.
  37. Da Silva JG, De Brito T, Cintra Damiao AO, Laudanna AA, Sipahi AM. Histologic study of colonic mucosa in patients with chronic diarrhea and normal colonoscopic findings. *J Clin Gastroenterology*. 2006;40(1):44-48.
  38. Shah RJ, Fenoglio-Preiser C, Bleau BL, Giannella RA. Usefulness of colonoscopy with biopsy in the evaluation of patients with chronic diarrhea. *The American Journal of Gastroenterology*. 2001;96(4):1091-1095.
  39. Farmer RG, Hawk WA, Turnbull RB. Clinical patterns in crohn's disease: A statistical study of 615 cases. *Gastroenterology*. 1975;68(4):627-635.
  40. Gupta M, Holub J, Knigge K, Eisen G. Constipation is not associated with an increased rate of findings on colonoscopy: Results from a national endoscopy consortium. *Endoscopy*. 2010;42(3):208-212.
  41. Morson B. The polyp-cancer sequence in the large bowel. *Proc R Soc Med*. 1974; 67(6 Pt 1):451-457.
  42. Muto T, Bussey HJ, Morson BC. The evolution of cancer of the colon and rectum. *Cancer*. 1975;36(6):2251-2270.
  43. Winawer SJ, Zauber AG, Ho MN, et al. Prevention of colorectal cancer by colonoscopic polypectomy. *New England Journal of Medicine*. 1993;329(27):1977-1981.
  44. Pera A, Bellando P, Caldera D, et al. Colonoscopy in inflammatory bowel disease: Diagnostic accuracy and proposal of an endoscopic score. *Gastroenterology*. 1987;92(1):181-185.
  45. Kornbluth A, Sachar DB. Ulcerative colitis practice guidelines in adults: American College of Gastroenterology, Practice Parameters Committee. *The American Journal of Gastroenterology*. 2010;105(3):501-523.
  46. Lichtenstein GR, Loftus EV Jr, Isaacs KL, Regueiro, MD, Gerson LB, Sands BE. ACG clinical guideline: Management of crohn's disease in adults. *The American Journal of Gastroenterology*. 2018;113(4):481-517.
  47. Manes G, de Bellis M, Fuccio L, et al. Endoscopic palliation in patients with incurable malignant colorectal obstruction by means of self-expanding metal stent: Analysis of results and predictors of outcomes in a large multicenter series. *Archives of Surgery*. 2011;146(10):1157-1162.
  48. Karoui M, Charachon A, Delbaldo C, et al. Stents for palliation of obstructive metastatic colon cancer: Impact on management and chemotherapy administration. *Archives of Surgery*. 2007;142(7):619-623.
  49. Tilney HS, Lovegrove RE, Purkayastha S, et al. Comparison of colonic stenting and open surgery for malignant large bowel obstruction. *Surgical Endoscopy*. 2007;21(2):225-233.
  50. Varadarajulu S, Roy A, Lopes T, Drelichman ER, Kim M. Endoscopic stenting versus surgical colostomy for the management of malignant colonic obstruction: Comparison of hospital costs and clinical outcomes. *Surgical Endoscopy*. 2011;25(7):2203-2209.

51. Brunetaud JM, Maunoury V, Ducrotte P, Cochelard D, Cortot A, Paris JC. Palliative treatment of rectosigmoid carcinoma by laser endoscopic photoablation. *Gastroenterology*. 1987;92(3):663-668.
52. Hoekstra HJ, Verschueren RC, Oldhoff J, van der Ploeg E. Palliative and curative electrocoagulation for rectal cancer. *Cancer*. 1985;55(1):210-213.
53. Mathus-Vliegen EM, Tytgat GN. Laser photocoagulation in the palliation of colorectal malignancies. *Cancer*. 1986;57(11):2212-2216.
54. Washington C, Carmichael JC. Management of ischemic colitis. *Clinics in Colon and Rectal Surgery*. 2012;25(4):228-235.
55. Longstreth GF, Yao JF. Epidemiology, clinical features, high-risk factors, and outcome of acute large bowel ischemia. *Clinical Gastroenterology and Hepatology*. 2009;7(10):1075-1080.
56. Brandt LJ, Boley SJ. AGA technical review on intestinal ischemia. *Gastroenterology*. 2000;118(5):954-968.
57. Brandt LJ, Feuerstadt P, Longstreth GF, Boley SJ. ACG clinical guideline: Epidemiology, risk factors, patterns of presentation, diagnosis, and management of colon ischemia (CI). *The American Journal of Gastroenterology*. 2015;110(1):18-44.
58. Zuckerman GR, Prakash C, Merriman RB, Sawhney MS, DeSchryver-Kecskemeti K, Clouse RE. The colon single-stripe sign and its relationship to ischemic colitis. *The American Journal of Gastroenterology*. 2003; 98(9):2018-2022.
59. Shen B, Khan K, Ikenberry SO, et al. The role of endoscopy in the management of patients with diarrhea. *Gastrointestinal Endoscopy*. 2010;71(6):887-892.
60. Local Coverage Determination (LCD) L34454, Colonoscopy/Sigmoidoscopy/Proctosigmoidoscopy, 12/19/2024, <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=34454&ver=67&>