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# SHP Colonic Lavage Therapy

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**MCG Health**  
Ambulatory Care  
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## Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

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## Application to Products

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Policy is applicable to all products.

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## Authorization Requirements

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Pre-certification by the Plan is required.

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## Description of Item or Service

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Colonic Lavage is done when a disposable catheter is inserted in the rectum to introduce large amounts of water through the colon.

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## Exceptions and Limitations

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There is insufficient scientific evidence to support the medical necessity of this service as it is not shown to improve health outcomes upon technology review.

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## Clinical Indications for Procedure

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- NA

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## Document History

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- Revised Dates:
- Reviewed Dates:
- Effective Date: July 2022

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## Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
  - None
- CPT/HCPCS codes considered not medically necessary per this Policy:
  - CPT 0736T - Colonic lavage, 35 or more liters of water, gravity-fed, with induced defecation, including insertion of rectal catheter

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## References

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## Codes

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