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SHP Chromoendoscopy

AUTH: SHP Medical 283 v4 (AC)

MCG Health
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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.

Application to Products

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Policy is applicable to all products.

Authorization Requirements

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Pre-certification by the Plan is required.

Chromoendoscopy and Virtual Chromoendoscopy as an adjunct to a diagnostic or surveillance procedure is considered incidental to the primary procedure and therefore not separately reimbursed.

Description of Item or Service

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Chromoendoscopy is the application of dyes, stains or color projections during an endoscopy or colonoscopy to visualize the gastrointestinal tract and provide detailed contrast enhancement of the mucous membranes and blood vessels.

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.

Clinical Indications for Procedure

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- NA

Document History

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- Revised Dates:
 - 2019: September
 - 2016: January, March, April
 - 2015: April, June, December
 - 2014: March
 - 2013: May
 - 2012: April, July, December
 - 2011: May, September
 - 2010: May
 - 2009: April
 - 2008: April, August, October
 - 2006: February
 - 2005: June
 - 2004: February, May

- Reviewed Dates:
 - 2023: February
 - 2022: February
 - 2021: February
 - 2020: February
 - 2018: October
 - 2017: November
 - 2016: June
 - 2011: April
 - 2010: April
 - 2005: May
 - 2003: December
- Effective Date: March 2003

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 44799 - Unlisted procedure, small intestine

References

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References used include but are not limited to the following:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; Uptodate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

1% Lugol's Iodine Solution Should Be Used for Esophageal Chromoendoscopy. (2019, Oct 25). Retrieved Dec 6, 2022, from American Society for Gastrointestinal Endoscopy (ASGE): <https://www.asge.org/home/resources/publications/journal-scan/issue/1-lugol-s-iodine-solution-should-be-used-for-esophageal-chromoendoscopy>

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Chromoendoscopy. (2022). Retrieved Dec 6, 2022, from Johns Hopkins: <https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/chromoendoscopy#:~:text=What%20is%20chromoendoscopy%3F,mucosa%20of%20your%20digestive%20tract.>

Chromoendoscopy For Colonoscopy - ARCHIVED Mar 23, 2014. (n.d.). Retrieved Dec 6, 2022, from HAYES: <https://evidence.hayesinc.com/report/dir.1639chro0004>

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Colorectal Cancer Screening. (2022). Retrieved Dec 6, 2022, from National Comprehensive Cancer Network: https://www.nccn.org/professionals/physician_gls/pdf/colorectal_screening.pdf

Mistifier spray catheter - Code of Federal Regulations Title 21 876.1500 Endoscope and accessories. (2022, Dec 5). Retrieved Dec 6, 2022, from FDA: <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm?ID=K030765>

Updated Guidelines on Endoscopic Surveillance and Management of Colorectal Dysplasia in Inflammatory Bowel Diseases. (2021, Sep). Retrieved Dec 6, 2022, from American Society for Gastrointestinal Endoscopy (ASGE): https://www.asge.org/docs/default-source/education/practice_guidelines/doc-endoscopy_in_ibd.pdf?sfvrsn=87c94951_6

Codes

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