CareSource

REIMBURSEMENT POLICY STATEMENT
Nevada Medicaid

Policy Name & Number	Date Effective
Diagnostic Colonoscopy and/or Sigmoidoscopy-NV MCD-PY-1696	09/01/2026
Policy Type	
REIMBURSEMENT	

Reimbursement Policies are intended to provide a general reference regarding billing, coding, and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design, and other factors are considered in developing Reimbursement Policies. Reimbursement Policies do not guarantee authorization or payment for services. Coverage and payment determinations are subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreements, and applicable referral, authorization, notification, and utilization management guidelines.

Please refer to the plan contract (e.g., Evidence of Coverage, Member Handbook) for the service(s) referenced herein. Except as otherwise required by law, if there is a conflict between the Reimbursement Policy and the plan contract and/or provider agreement, then the plan contract and/or provider agreement will be the controlling document used to make the determination. Reasonable discretion may be used in interpreting and applying this policy to services provided in a particular case and the policy may be modified at any time. Reimbursement policies may be superseded by federal and state laws and regulations, as applicable. In the case of a discrepancy between the Policy Statement's effective date and any applicable legal or regulatory requirement, the law or regulation will govern.

Coverage for mental health and substance use disorder (MH/SUD) benefits are provided at the same level as coverage for medical and surgical (M/S) benefits, as required by the Mental Health Parity and Addiction Equity Act (MHPAEA). MH/SUD benefits are not subject to limits or requirements that are more restrictive than those that apply to M/S benefits.

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A. Subject
Diagnostic Colonoscopy and/or Sigmoidoscopy

B. Background
Colonoscopies and sigmoidoscopies involve direct visual examination of the lower gastrointestinal tract using a flexible tube fitted with a camera. The procedures identify polyps, tumors, and other intestinal irregularities or health issues and are performed by medical professionals, typically gastroenterologists or colorectal surgeons. Both procedures are valuable tools in diagnosing and monitoring gastrointestinal conditions. Specific clinical indications and area of examination determine with procedure will be utilized.

There are different billing procedures for screening versus diagnostic colonoscopies and sigmoidoscopies. Screening procedures are typically performed as part of preventive services for cancer and other health issues. Diagnostic procedures may be performed in the presence of symptoms, abnormal findings, prior abnormal screening results, or other clinical indications. Some screening procedures can become diagnostic procedures when abnormal findings are identified requiring intervention, biopsy, polypectomy, or additional evaluation. Both screening and diagnostic procedures are performed similarly using the same equipment, so it is imperative to maintain thorough documentation in the member's medical records to substantiate medical necessity of these tests.

This policy exclusively pertains to diagnostic colonoscopies and does not apply to preventive screenings that follow US Preventive Services Task Force (USPSTF) or other preventive guidelines. Refer to the appropriate Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) codes for screenings (ie, G0104, G0105, G0121). Providers are encouraged to use modifiers when procedures meet modifier criteria. CareSource follows the Nevada Department of Health Care Financing and Policy (DHCFP) guidance and policies, including the *Medicaid Services Manual (MSM)*. Any information from those sources supersede this policy.

C. Definitions
- **Colonoscopy** – A procedure in which a provider inserts a flexible tube fitted with a camera through the anus into the rectum to examine the entire length of the colon from the rectum to the cecum and may include the terminal ileum allowing for screening and diagnosis of health issues.
- **Sigmoidoscopy** – A procedure similar to a colonoscopy that examines the lower third of the large intestine, the rectum, sigmoid colon and possibly a portion of the descending colon, for screening and diagnosing health conditions.

D. Policy
I. CareSource requires appropriate documentation of medical necessity and valid diagnosis codes for reimbursement of diagnostic colonoscopies and sigmoidoscopies. Claims submitted without supporting medical necessity or correct coding will be denied. The DHCFP publishes documentation requirements for medical necessity and billing in appropriate State resources. The need for diagnostic

testing must be confirmed by medical evidence (eg, recipient history, physician examination, other laboratory tests).

II. CareSource follows DHCFP guidelines regarding billing diagnostic colonoscopies and sigmoidoscopies.
   A. Reimbursement requests must include a procedure code with a diagnosis code that best describes the condition for which the service was performed.
   B. If the service begins as a screening procedure but results in a diagnostic or therapeutic procedure at the same operative session, health care providers should report an appropriate screening International Classification of Diseases (ICD) diagnosis code as the primary diagnosis and the diagnostic or abnormal finding ICD diagnosis code as the secondary or subsequent diagnosis.
   C. If the member is symptomatic or the claim for these services indicates a primary diagnosis of something other than preventive or wellness, colonoscopy examinations will be covered as a diagnostic service, not a preventive health care service.

E. Conditions of Coverage

I. Claims should be submitted pursuant to the National Correct Coding Initiative and according to the coding standards set forth in the HCPCS, CPT codebook or ICD handbooks.

II. CareSource reserves the right to request medical record documentation from providers.

III. Diagnostic studies are rendered according to the written orders of the physician, Physician's Assistant (PA) or an Advanced Practitioner of Nursing (APN) and must be directly related to the presenting symptoms.

F. Related Policies/Rules

Colorectal Cancer Screening
Medical Necessity Determinations
Modifiers

G. Review/Revision History

	DATE	ACTION
Date Issued	08/13/2025	New policy. Approved at Committee.
Date Revised	06/17/2026	Review: updated background and references. Approved at Committee.
Date Effective	09/01/2026	
Date Archived		

H. References

1. Colonoscopy ACG: A-0129. MCG. 30th ed. Updated January 25, 2026. Accessed June 12, 2026. www.careguidelines.com

2. Colonoscopy. American Cancer Society. Updated February 3, 2026. Accessed April 30, 2026. www.cancer.org
3. Flexible sigmoidoscopy. Mayo Clinic. Updated July 9, 2024. Accessed April 30, 2026. www.mayoclinic.org
4. *Medicaid Services Manual*. Nevada Dept of Health Care Financing and Policy. Accessed April 30, 2026. www.dhcpf.nv.gov
5. Sigmoidoscopy ACG: A-0128. MCG. 30th ed. Updated January 25, 2026. Accessed June 12, 2026. www.careguidelines.com