Policy: Meridian Health Plan (MHP) will provide coverage for colorectal surgery based on clear and well defined indications for surgery. The present policy covers accepted surgical indications for the colon, rectum, and appendix. Surgeries include appendectomy, partial colectomy, total colectomy and proctectomy, and total proctocolectomy. Due to technical aspects of colon and rectal surgery, staged procedures are not uncommon. Approval of the initial surgery would extend to approval of subsequent surgeries on the large bowel. Emergency surgeries on the colon, rectum, and appendix would not require prior authorization but may require subsequent review. Elective resections of the colon and rectum are subject to review by MHP. Authorization of inpatient stay for a preoperative bowel preparation may be required for members presenting with marked debility, impaired ability to evacuate bowel contents due to mobility issues, Behavioral Health disorders, or partial obstruction of the large bowel or rectum.

Procedure: The following conditions are indications for surgery on the appendix, colon, or rectum;
1. Acute appendicitis
2. Malignancy of the appendix, colon or rectum, for cure or palliation.
3. Obstructing benign tumors of the appendix, colon or rectum, e.g. lipoma, stromal tumors, etc.
4. Resection of premalignant colon polyps not amenable to colonoscopic polypectomy.
5. As part of an en bloc resection of a malignancy in a contiguous organ. (e.g. pelvic extenteration for cervical cancer.)
6. Uncontrolled bleeding from angiodysplasia, arteriovenous malformations, endometriosis, or ulceration due to medications.
7. Diverticular disease:
a. Perforated diverticulitis
b. Bleeding due to diverticulitis
c. Partial or complete obstruction due to diverticular narrowing
d. Recurrent bouts of diverticulitis
e. Diverticulitis under the age of 50

8. Medically refractory inflammatory bowel disease (Crohn’s disease or ulcerative colitis).
9. For Ulcerative colitis, whether medically refractory or not.
10. Ischemic necrosis of the bowel due to arterial embolus, arterial thrombosis, venous mesenteric thrombosis, shock, congestive heart failure, or trauma. Trauma may be iatrogenic or otherwise.
11. Trauma such as gunshot wounds, blunt trauma with vascular compromise, penetrating trauma with bowel perforation. May or may not need resection.
12. Toxic megacolon due to inflammatory bowel disease or Clostridia difficile pseudomembranous colitis.
14. Chronic constipation which has failed medical management.
15. Hirschsprung’s disease
16. Familial Polyposis syndromes (Familial adenomatosus polyposis aka Gardner’s syndrome.)
   Hereditary nonpolyposis colorectal cancer (HNPCC). These patients will require total proctocolectomy.
17. Following cystectomy for urinary diversion (Indiana pouch).
18. Esophageal interposition following esophagectomy for malignancy or trauma.
19. Adenocarcinoma of the appendix or carcinoid of the appendix 2.0 cm or greater are typically found incidentally at the time of appendectomy. They will require subsequent right hemicolecotomy electively.

**Contraindications to Surgery:** There are no absolute contraindications to colon surgery though the underlying medical condition of the member must be weighed as to risks and benefits of proposed surgery. The decision to operate requires a fully informed consent. The surgical approach, whether open or laparoscopic, is determined by the skillset of the individual surgeon as well as the proposed surgical procedure.

Incidental appendectomy performed during the course of abdominal surgery for other indications are not a covered procedure. Coverage would occur if verified by a pathology report documenting clear surgical indications.

**Special Instructions:**  N/A

| CPT/HCPCS Codes: | N/A |

Approved by: ____________________________  Date: 10/20/2015
Corporate Chief Operating Officer

Reviewed and approved by Policy and Procedure Committee:  Date: 08/14/2015
Reviewed and approved by Medical Policy Operations Committee:  Date: 08/28/2015
Reviewed and approved by Physician Advisory Committee:  Date: 09/25/2015
Reviewed and approved by Corporate Compliance Committee:  Date: 10/20/2015
<table>
<thead>
<tr>
<th>Reference Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Letters/Bulletins</td>
<td></td>
</tr>
<tr>
<td>CMS National/Local Coverage Determination (NCD/LCD)</td>
<td></td>
</tr>
<tr>
<td>Medicare Managed Care Manual:</td>
<td></td>
</tr>
<tr>
<td>Medicaid CFR:</td>
<td></td>
</tr>
<tr>
<td>State Administrative Codes:</td>
<td></td>
</tr>
<tr>
<td>Contract Requirements:</td>
<td></td>
</tr>
<tr>
<td>Related Policies:</td>
<td></td>
</tr>
</tbody>
</table>

References: N/A