



PARAMOUNT

# Medical Policy

## Defecography

Policy Number: PG0420

Last Review: 09/01/2023

HMO & PPO  
MARKETPLACE  
MEDICARE – ELITE,  
MAP

### GUIDELINES

- This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions, and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.
- Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.
- This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.

### SCOPE

- ☒ Professional  
☐ Facility

### DESCRIPTION

Defecography (also known as proctography, cinedefecography) is an imaging study that may be used to evaluate the anatomy and function of the lower bowel during defecation (bowel movement). Contrast material, such as barium paste, is placed in the rectum. The individual is then seated on a specially constructed (i.e., radiolucent) commode and instructed to bear down, cough, relax or squeeze. Fluoroscopy or videofluoroscopy is used to monitor the anatomy at rest, while squeezing and during the evacuation of the contrast agent. Defecography has been proposed as a diagnostic test of constipation to evaluate lower bowel disorders that are not evident by direct visualization.

Magnetic resonance (MR) defecography (also known as dynamic MR defecography) is defecography with the addition of MR so that three dimensional (3D) images are provided. These images purportedly improve the ability to assess the anatomy and functioning of the pelvic floor muscles.

### POLICY

#### **Paramount Commercial Insurance Plans, Medicare Advantage Plans, and Paramount Advantage Medicaid**

- **Defecography (74270) does not require prior authorization for all product lines when the coverage criteria indicated below is met.**
- **MR defecography (72195-72197) is non-covered for all product lines.**

### COVERAGE CRITERIA

#### **Paramount Commercial Insurance Plans, Medicare Advantage Plans, and Paramount Advantage Medicaid**

#### **Defecography (74270)**

Defecography is proven and medically necessary for evaluating \*chronic constipation in patients who have one or more of the following conditions that are suspected to be the cause of impaired defecation:

- Enterocoele
- Anterior rectocoele
- Inappropriate contraction of the puborectalis muscle
- Evaluation of pelvic organ prolapse

Standard testing modalities (e.g., anorectal manometry, balloon expulsion tests) must be negative or inconclusive.

\*Chronic constipation is defined as the presence of two or more of the following symptoms for at least three months:

- Lumpy and/or hard stools at least one fourth of the time
- Sensation of incomplete evacuation at least one fourth of the time
- Straining at defecation at least one fourth of the time
- Two or fewer bowel movements per week

Defecography is unproven and not medically necessary for evaluating all other conditions, including but not limited to constipation for conditions other than those listed above.

### MR defecography (72195-72197)

MR defecography is unproven and not medically necessary for evaluating constipation and anorectal or pelvic floor disorders. There is insufficient clinical evidence of efficacy in the published peer-reviewed medical literature for the use of MR defecography. The utility of this advanced imaging technology in the evaluation and management of refractory constipation must be better defined in statistically robust, well-designed clinical trials.

### CODING/BILLING INFORMATION

The inclusion or exclusion of a code in this section does not necessarily indicate coverage. Codes referenced in this clinical policy are for informational purposes only.

Codes that are covered may have selection criteria that must be met.

Payment for supplies may be included in payment for other services rendered

CPT CODES	
72195	Magnetic resonance (e.g., proton) imaging, pelvis; without contrast material(s) [Not Covered when performed for MR defecography]
72196	Magnetic resonance (e.g., proton) imaging, pelvis; with contrast material(s) [Not Covered when performed for MR defecography]
72197	Magnetic resonance (e.g., proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences [Not Covered when performed for MR defecography]
74270	Radiologic examination, colon; barium enema, with or without KUB

### REVISION HISTORY EXPLANATION

**ORIGINAL EFFECTIVE DATE: 01/15/2006**

Date	Explanation & Changes
04/23/2015	<ul style="list-style-type: none"><li>• MR Defecography (72195-72197) added to PG0035 Outpatient Advanced Imaging Authorization as non-covered</li><li>• Policy reviewed and updated to reflect most current clinical evidence per TAWG</li></ul>
04/22/2016	<ul style="list-style-type: none"><li>• Policy reviewed and updated to reflect most current clinical evidence per TAWG</li></ul>
01/09/2018	<ul style="list-style-type: none"><li>• Codes 72195-72197 removed from PG0035 Outpatient Advanced Imaging Authorization and added to new policy PG0420 Defecography</li><li>• Added code 74270 as covered for all product lines</li><li>• Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee</li></ul>
12/28/2020	<ul style="list-style-type: none"><li>• Medical policy placed on the new Paramount Medical policy format</li></ul>
03/03/2023	<ul style="list-style-type: none"><li>• Medical Policy updated to reflect Medicaid coverage to Anthem as of 02/01/2023</li></ul>
09/01/2023	<ul style="list-style-type: none"><li>• Medical Policy reviewed and updated to reflect the most current clinical evidence</li></ul>

**Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to**

<https://www.paramounthealthcare.com/providers/medical-policies/policy-library>

## REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

U.S. Preventive Services Task Force, <http://www.uspreventiveservicestaskforce.org/>  
Industry Standard Review

Hayes, Inc.

Industry Standard Review