



REIMBURSEMENT POLICY STATEMENT GEORGIA MARKETPLACE

Policy Name		Policy Number	Effective Date
Screening and Surveillance for Colorectal Cancer		PY-1144	08/01/2020
Policy Type			
Medical	Administrative	Pharmacy	REIMBURSEMENT

Reimbursement Policy Statement: Reimbursement Policies prepared by CSMG Co. and its affiliates (including CareSource) 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.

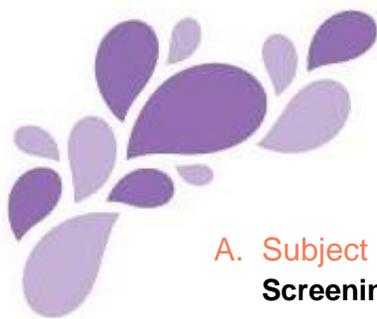
In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

CSMG Co. and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

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A. Subject

Screening and Surveillance for Colorectal Cancer

B. Background

Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and their office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided. The inclusion of a code in this policy does not imply any right to reimbursement or guarantee claims payment.

The evidence is convincing that appropriate screening reduces colorectal cancer (CRC) mortality in adults 50-75 years of age. The benefit of early detection of and intervention for colorectal cancer declines after 75 years of age. African Americans have been shown to have higher CRC rates of incidence and it is recommended by both the American College of Gastroenterology and the American Society for Gastrointestinal Endoscopy that CRC screening begin at 45 years of age.

C. Definitions

- **Colorectal Cancer Screening** - Detects early stage colorectal cancer and precancerous lesions in asymptomatic members with an average risk of colorectal cancer.
- **Surveillance for Colorectal Cancer** - For members who are at increase or high risk for colorectal cancer.
- **Colonoscopy** - An endoscopic procedure allowing direct inspection of the lining of the entire colon with biopsy sampling and/or removal of polyps or early stage cancers.
- **CT Colonography** - Also known as "virtual colonoscopy" utilizing advanced computed tomography (CT) to produce 2 and 3 dimensional images of the colon and rectum to identify early cancerous and precancerous lesions.
- **Fecal Immunochemical Testing: (FIT or iFOBT)** - A home screening test unaffected by food or medicines that utilizes a chemical reaction with hemoglobin to detect human blood from the lower intestine.
- **Fecal Occult Blood Testing (FOBT)** - A home screening test that detects hidden blood arising from anywhere in the digestive tract in the stool through a chemical reaction.
- **Flexible Sigmoidoscopy** - An endoscopic examination of the lower half of the colon.
- **Multi-Targeted Stool DNA (Cologuard)** - A home screening test utilizing an algorithmic analysis of stool DNA amplified by polymerase chain reaction (PCR) in combination with a fecal immunochemical test (FIT) test.



- **Adenoma** - Polyps that require surveillance as they have the potential to be malignant.
- **Double Contrast Barium enema** - Uses a high-density barium suspension and air under fluoroscopy to view the colon.
- **Average risk** - Per American Cancer Society Guidelines, members who are at average risk for colorectal cancer do not have:
 - Personal history of colorectal cancer or certain types of polyps;
 - Family history of colorectal cancer;
 - Personal history of inflammatory bowel disease (i.e. ulcerative colitis or Crohn's disease);
 - A confirmed or suspected hereditary colorectal cancer syndrome (i.e. familial adenomatous polyposis or Lynch syndrome); or
 - Personal history of getting radiation to abdomen or pelvic area to treat prior cancer.
- **Increased or high risk** - Per American Cancer Society Guidelines, members who are at increased or high risk for colorectal cancer include:
 - Strong family history of colorectal cancer or certain types of polyps;
 - Personal history of colorectal cancer or certain types of polyps;
 - Personal history of inflammatory bowel disease (i.e. ulcerative colitis or Crohn's disease);
 - Family history of a hereditary colorectal cancer syndrome such as familial adenomatous polyposis (FAP) or Lynch syndrome (also known as hereditary non-polyposis colon cancer or HNPCC); or
 - Personal history of radiation to the abdomen or pelvic area to treat a prior cancer.

D. Policy

I. Colorectal Cancer Screening

- A. Prior authorization is not required for par providers.
- B. Benefit coverage is for members 45-75 years of age.
- C. Screening for colorectal cancer claims must be submitted with one of the following ICD-10 codes:
 1. Z12.10 – Encounter for screening for malignant neoplasm of intestinal tract, unspecified;
 2. Z12.11 – Encounter for screening for malignant neoplasm of colon;
 3. Z12.12 – Encounter for screening for malignant neoplasm of rectum; or
 4. Z12.13 – Encounter for screening for malignant neoplasm of small intestine.
- D. Per benefit year, the following are reimbursed:
 1. One fecal occult blood test.
 2. One Multi-Targeted Stool DNA.
 3. One flexible sigmoidoscopy every 5 years.
 4. One colonoscopy every 10 years.
 5. One double contrast barium enema every 5 years.
- E. A follow-up colonoscopy is reimbursed as part of the screening process when a noncolonoscopy test is positive.
- F. Screening with plasma or serum markers is NOT covered.
- G. PT modifier is used when the colorectal cancer screening test was converted to a diagnostic test or other procedure.



II. Colonoscopy Surveillance for Colorectal Cancer

- A. Prior authorization is not required for par providers.
- B. Surveillance for colorectal cancer claim must be submitted with one of the following ICD-10 codes:
 - 1. Z84.81 Family history of carrier of genetic disease;
 - 2. Z15.89 Genetic susceptibility to other disease;
 - 3. Z83.71 Family history of colonic polyps;
 - 4. Z85.038 Personal history of other malignant neoplasm of large intestine;
 - 5. Z85.048 Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus;
 - 6. Z80.0 Family history of malignant neoplasm of digestive organs;
 - 7. Z86.010 Personal history of colonic polyps;
 - 8. Z92.3 Personal history of irradiation or radiation therapy;
 - 9. K50.00 Crohn's disease of small intestine without complications
 - 10. K50.011 Crohn's disease of small intestine with rectal bleeding
 - 11. K50.012 Crohn's disease of small intestine with intestinal obstruction
 - 12. K50.013 Crohn's disease of small intestine with fistula
 - 13. K50.014 Crohn's disease of small intestine with abscess
 - 14. K50.018 Crohn's disease of small intestine with other complications
 - 15. K50.019 Crohn's disease of small intestine with unspecified complications
 - 16. K50.10 Crohn's disease of large intestine without complications
 - 17. K50.111 Crohn's disease of large intestine with rectal bleeding
 - 18. K50.112 Crohn's disease of large intestine with intestinal obstruction
 - 19. K50.113 Crohn's disease of large intestine with fistula
 - 20. K50.114 Crohn's disease of large intestine with abscess
 - 21. K50.118 Crohn's disease of large intestine with other complication
 - 22. K50.119 Crohn's disease of large intestine with unspecified complications
 - 23. K50.80 Crohn's disease of both small and large intestine without complications
 - 24. K50.811 Crohn's disease of both small and large intestine with rectal bleeding
 - 25. K50.812 Crohn's disease of both small and large intestine with intestinal obstruction
 - 26. K50.813 Crohn's disease of both small and large intestine with fistula
 - 27. K50.814 Crohn's disease of both small and large intestine with abscess
 - 28. K50.818 Crohn's disease of both small and large intestine with other complication
 - 29. K50.819 Crohn's disease of both small and large intestine with unspecified complications
 - 30. K50.90 Crohn's disease, unspecified, without complications
 - 31. K50.911 Crohn's disease, unspecified, with rectal bleeding
 - 32. K50.912 Crohn's disease, unspecified, with intestinal obstruction
 - 33. K50.913 Crohn's disease, unspecified, with fistula
 - 34. K50.914 Crohn's disease, unspecified with abscess
 - 35. K50.918 Crohn's disease, unspecified, with other complication
 - 36. K50.919 Crohn's disease, unspecified, with unspecified complications
 - 37. K51.00 Ulcerative (chronic) pancolitis without complications
 - 38. K51.011 Ulcerative (chronic) pancolitis with rectal bleeding
 - 39. K51.012 Ulcerative (chronic) pancolitis with intestinal obstruction
 - 40. K51.013 Ulcerative (chronic) pancolitis with fistula



41. K51.014 Ulcerative (chronic) pancolitis with abscess
42. K51.018 Ulcerative (chronic) pancolitis with other complication
43. K51.019 Ulcerative (chronic) pancolitis with unspecified complications
44. K51.20 Ulcerative (chronic) proctitis without complications
45. K51.211 Ulcerative(chronic) proctitis with rectal bleeding
46. K51.212 Ulcerative(chronic) proctitis with intestinal obstruction
47. K51.213 Ulcerative (chronic) proctitis with fistula
48. K51.214 Ulcerative (chronic) proctitis with abscess
49. K51.218 Ulcerative (chronic) proctitis with other complication
50. K51.219 Ulcerative (chronic) proctitis with unspecified complications
51. K51.30 Ulcerative (chronic) rectosigmoiditis without complications
52. K51.311 Ulcerative(chronic) rectosigmoiditis with rectal bleeding
53. K51.312 Ulcerative (chronic) rectosigmoiditis with intestinal obstruction
54. K51.313 Ulcerative (chronic) rectosigmoiditis with fistula
55. K51.314 Ulcerative (chronic) rectosigmoiditis with abscess
56. K51.318 Ulcerative (chronic) rectosigmoiditis with other complication
57. K51.319 Ulcerative (chronic) rectosigmoiditis with unspecified complications
58. K51.40 Inflammatory polyps of colon with complications
59. K51.411 Inflammatory polyps of colon with rectal bleeding
60. K51.412 Inflammatory polyps of colon with intestinal obstruction
61. K51.413 Inflammatory polyps of colon with fistula
62. K51.414 Inflammatory polyps of colon with abscess
63. K51.418 Inflammatory polyps of colon with other complication
64. K51.419 Inflammatory polyps of colon with unspecified complications
65. K51.50 Left sided colitis without complications
66. K51.511 Left sided colitis with rectal bleeding
67. K51.512 Left sided colitis with intestinal obstruction
68. K51.513 Left sided colitis with fistula
69. K51.514 Left sided colitis with abscess
70. K51.518 Left sided colitis with other complication
71. K51.519 Left sided colitis with unspecified complications
72. K51.80 Other ulcerative colitis without complications
73. K51.811 Other ulcerative colitis with rectal bleeding
74. K51.812 Other ulcerative colitis with intestinal obstruction
75. K51.813 Other ulcerative colitis with fistula
76. K51.814 Other ulcerative colitis with abscess
77. K51.818 Other ulcerative colitis with other complication
78. K51.819 Other ulcerative colitis with unspecified complications
79. K51.90 Ulcerative colitis, unspecified, without complications
80. K51.911 Ulcerative colitis, unspecified with rectal bleeding
81. K51.912 Ulcerative colitis, unspecified with intestinal obstruction
82. K51.913 Ulcerative colitis, unspecified with fistula
83. K51.914 Ulcerative colitis, unspecified with abscess
84. K51.918 Ulcerative colitis, unspecified with other complication
85. K51.919 Ulcerative colitis, unspecified with unspecified complications
86. K52.0 Gastroenteritis and colitis due to radiation
87. K52.1 Toxic gastroenteritis and colitis
88. K52.21 Food protein-induced enterocolitis syndrome
89. K52.22 Food protein-induced enteropathy
90. K52.29 Other allergic and dietetic gastroenteritis and colitis



- 91. K52.3 Indeterminate colitis
- 92. K52.81 Eosinophilic gastritis or gastroenteritis
- 93. K52.82 Eosinophilic colitis
- 94. K52.831 Collagenous colitis
- 95. K52.832 Lymphocytic colitis
- 96. K52.838 Other microscopic colitis
- 97. K52.839 Microscopic colitis, unspecified
- 98. K52.89 Other specified noninfective gastroenteritis and colitis
- 99. K52.9 Non infective gastroenteritis and colitis, unspecified.

E. Conditions of Coverage

Reimbursement is dependent on, but not limited to, submitting approved HCPCS and CPT codes along with appropriate modifiers, if applicable. Please refer to the individual fee schedule for appropriate codes.

- **The following list(s) of codes is provided as a reference. This list may not be all inclusive and is subject to updates**

Codes	Description
44388	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
44389	Colonoscopy through stoma; with biopsy, single or multiple
44390	Colonoscopy through stoma; with removal of foreign body(s)
44391	Colonoscopy through stoma; with control of bleeding, any method
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
44401	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post- dilation and guide wire passage, when performed)
44402	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)
44403	Colonoscopy through stoma; with endoscopic mucosal resection
44404	Colonoscopy through stoma; with directed submucosal injection(s), any substance
44405	Colonoscopy through stoma; with transendoscopic ballon dilation
44406	Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures
44407	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures



44408	Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed
45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple
45332	Sigmoidoscopy, flexible; with removal of foreign body(s)
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
45334	Sigmoidoscopy, flexible; with control of bleeding, any method
45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance
45337	Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation
45341	Sigmoidoscopy, flexible; with endoscopic ultrasound examination
45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)
45346	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
45347	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)
45349	Sigmoidoscopy, flexible; with endoscopic mucosal resection
45350	Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)
45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
45379	Colonoscopy, flexible; with removal of foreign body(s)
45380	Colonoscopy, flexible; with biopsy, single or multiple
45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance
45382	Colonoscopy, flexible; with control of bleeding, any method
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45386	Colonoscopy, flexible; with transendoscopic balloon dilation
45388	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post- dilation and guide wire passage, when performed)
45389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post- dilation and guide wire passage, when performed)
45390	Colonoscopy, flexible; with endoscopic mucosal resection
45391	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures



45392	Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures
45393	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed
45398	Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)
74270	Radiologic examination, colon; contrast (e.g., barium) enema, with or without KUB
74280	Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon
81528	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result (Cologuard)
82270	Blood, occult, by peroxidase activity (e.g., guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (i.e., patient was provided 3 cards or single triple card for consecutive collection)
82272	Blood, occult, by peroxidase activity (e.g., guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations
G0104	Colorectal cancer screening; flexible sigmoidoscopy
G0105	Colorectal cancer screening; colonoscopy on individual at high risk
G0106	Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema
G0120	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema.
G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk
G0328	Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous

F. Related Policies/Rules

CareSource Evidence of Coverage and Health Insurance Contract Georgia

G. Review/Revision History

	DATE	ACTION
Date Issued	4/29/2020	New policy
Date Revised		
Date Effective	08/01/2020	
Date Archived	01/01/2021	



H. References

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The Reimbursement Policy Statement detailed above has received due consideration as defined in the Reimbursement Policy Statement Policy and is approved.