



REIMBURSEMENT POLICY STATEMENT GEORGIA MARKETPLACE

Policy Name		Policy Number	Effective Date
Screening and Surveillance for Colorectal Cancer		PY-1144	01/01/2021-12/31/2021
Policy Type			
Medical	Administrative	Pharmacy	REIMBURSEMENT

Reimbursement Policy Statement: Reimbursement Policies prepared by CareSource and its affiliates 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.

CareSource 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.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject

Screening and Surveillance for Colorectal Cancer

B. Background

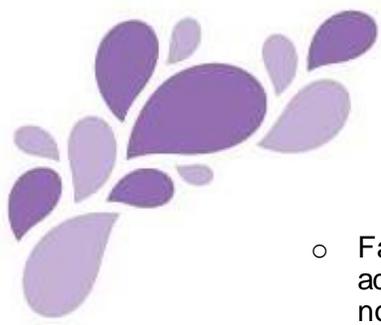
Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. 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.
- **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 colonoscopy every 10 years; or as an alternative
 - a. One flexible sigmoidoscopy every 5 years; or
 - b. 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.
- C. PT modifier is used when the colorectal cancer screening test was converted to a diagnostic test or other procedure.

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.



F. Related Policies/Rules

CareSource Evidence of Coverage and Health Insurance Contract Georgia

G. Review/Revision History

	DATE	ACTION
Date Issued	04/29/2020	New policy
Date Revised	09/16/2020	Updated test frequencies and modifiers; Removed definitions and codes.
Date Effective	01/01/2021	
Date Archived	12/31/2021	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy

H. References

1. Wolf, A., Fontham, E., Church, T., Flowers, C....Smith, Robert. (2018). *Colorectal cancer screening for average-risk adults: 2018 guideline update from the American Cancer Society*. Retrieved August 31, 2020 from www.onlinelibrary.wiley.com
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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.