

REIMBURSEMENT POLICY STATEMENT INDIANA MARKETPLACE

Original Issue Date	Original Issue Date Next Annual Review		Effective Date	
11/01/2017	03	3/17/2019	03/17/2018	
Policy Name			Policy Number	
Screening and Surveillance for Colorectal Cancer			PY-0406	
Policy Type				
Medical	Administrative	Pharmacy	REIMBURSEMENT	

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.

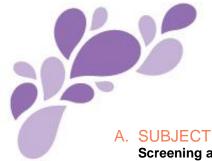
In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization 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.

Contents of Policy

<u>REIN</u>	<u>IBURSEMENT POLICY STATEMENT</u>	1
TABL	<u>_E OF CONTENTS</u>	1
<u>A.</u>	SUBJECT	2
<u>B.</u>	BACKGROUND	2
<u>C.</u>	DEFINITIONS	2
<u>D.</u>	POLICY	2
<u>E.</u>	CONDITIONS OF COVERAGE	2
<u>F.</u>	RELATED POLICIES/RULES	4
<u>G.</u>	REVIEW/REVISION HISTORY	5
<u>H.</u>	REFERENCES	5



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 gualifications. 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 does not imply any right to reimbursement or guarantee claims payment.

CareSource will reimburse participating providers for medically necessary and preventive screening tests for colorectal cancer as required by federal statute through criteria based on recommendations from the U.S. Preventive Services Task Force (USPSTF) and the American College of Gastroenterology (ACG).

C. DEFINITIONS

See Screening and Surveillance for Colorectal Cancer medical policy, MM-0195

D. POLICY

- I. CareSource does not require prior authorization for screening and diagnostic colonoscopies for participating providers.
- II. CareSource reimburses for screening and diagnostic colonoscopies according to CareSource Medical policy MM-0195. Members must meet the criteria found in medical policy MM-0195.
- III. When billing for screening and surveillance colorectal services, providers should use the appropriate CPT/HCPCS codes and modifiers, if applicable.

E. CONDITIONS OF COVERAGE

Reimbursement is dependent on, but not limited to, submitting The Centers for Medicare & Medicaid Services (CMS) approved HCPCS and CPT codes. Please refer to: https://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx

The following list(s) of codes is provided as a reference. This list may not be all inclusive and is subject to updates. Please refer to the above referenced sources for the most current coding information.

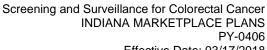
Code	Description
G0104	Colorectal cancer screening; flexible sigmoidoscopy
G0105	Colorectal cancer screening; colonoscopy on individual at high risk
G0106	Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema
G0120	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema



Screening and Surveillance for Colorectal Cancer
INDIANA MARKETPLACE PLANS
PY-0406
Effective Dete: 02/17/2019

Screening and Surveillance for Colorectal Cancer INDIANA MARKETPLACE PLANS PY-0406
Effective Date: 03/17/2018
Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk
Colorectal cancer screening; barium enema (Not covered by Medicare)
Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous determinations
Computed tomographic (CT) colonography, screening, including image postprocessing (Not covered by Medicare)
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)
Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)
Colonoscopy through stoma; with endoscopic mucosal resection
Colonoscopy through stoma; with directed submucosal injection(s), any substance
Colonoscopy through stoma; with transendoscopic balloon dilation
Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures
Colonoscopy through stoma; with decompression (for pathologic distention) (e.g., volvulus, megacolon), including placement of decompression tube, when performed
Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
Sigmoidoscopy, flexible; with biopsy, single or multiple
Sigmoidoscopy, flexible; with removal of foreign body(s)
Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
Sigmoidoscopy, flexible; with control of bleeding, any method
Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance
Sigmoidoscopy, flexible; with decompression (for pathologic distention) (e.g., volvulus, megacolon), including placement of decompression tube, when performed
Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
Sigmoidoscopy, flexible; with transendoscopic balloon dilation
Sigmoidoscopy, flexible; with endoscopic ultrasound examination
Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)
Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post- dilation and guide wire passage, when performed)
Sigmoidoscopy, flexible; with endoscopic mucosal resection
Sigmoidoscopy, flexible; with band ligation(s) (e.g., hemorrhoids)
Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
Colonoscopy, flexible; with removal of foreign body(s)
Colonoscopy, flexible; with biopsy, single or multiple





			-	-	-
ffective	Date:	03/17	/20)1	8

	Screening and Surveillance for Colorectal Cancer INDIANA MARKETPLACE PLANS		
	PY-0406 Effective Date: 02/17/2018		
45381	Effective Date: 03/17/2018 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) (e.g., volvulus, megacolon), including placement of decompression tube, when performed		
45395	Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy		
45397	Laparoscopy, surgical; proctectomy, combined abdominoperineal pull-through procedure (e.g., colo-anal anastomosis), with creation of colonic reservoir (e.g., J-pouch), with diverting enterostomy, when performed		
45398	Colonoscopy, flexible; with band ligation(s) (e.g., hemorrhoids)		
74263	Computed tomographic (CT) colonography, screening, including image postprocessing (Not covered by Medicare)		
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		

F. RELATED POLICIES/RULES

Screening and Surveillance for Colorectal Cancer, MM-0195



G. REVIEW/REVISION HISTORY

DATE		ACTION
Date Issued	11/01/2017	New Policy.
Date Revised		
Date Effective	03/17/2018	

H. REFERENCES

 Physician Fee Schedule Search. (2017, October 5). Retrieved 10/9/2017 from <u>https://www.cms.gov/apps/physician-fee-schedule/search/search-results.aspx?Y=0&T=0&HT=0&CT=3&H1=81528&M=5</u>

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

