



REIMBURSEMENT POLICY STATEMENT INDIANA MARKETPLACE

Policy Name	Policy Number	Effective Date
Screening and Surveillance for Colorectal Cancer	PY-0406	01/01/2021-04/30/2022
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

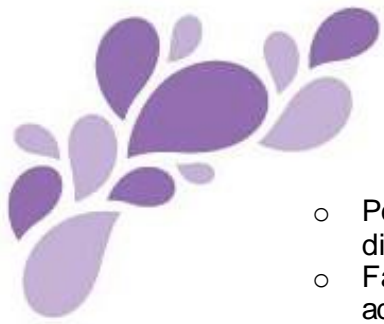
Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. 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 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 at least 45 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. The following are reimbursed:
 - 1. Highly sensitive fecal immunochemical test (FIT) every year
 - 2. Highly sensitive guaiac-based fecal occult blood test (gFOBT) every year
 - 3. Multi-targeted stool DNA test (mt-sDNA) every 3 years
 - 4. Colonoscopy every 10 years
 - 5. CT colonography (virtual colonoscopy) every 5 years
 - 6. Flexible sigmoidoscopy (FSIG) 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; or
 - 8. Z92.3 – Personal history of irradiation or radiation therapy; or
 - 9. K50 through K52 category codes – noninfective enteritis and colitis.
- 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 CMS approved HCPCS and CPT codes along with appropriate modifiers. Please refer to the individual CMS fee schedule for appropriate codes.

F. Related Policies/Rules

Evidence of Coverage and Health Insurance Contract Indiana

G. Review/Revision History

	DATE	ACTION
Date Issued	11/01/2017	
Date Revised	04/28/2020	Added specific ICD-10 to use for screening and surveillance; added ages; added benefit limits; added definitions
	09/17/2020	Removed definitions and codes; updated ages, PT modifiers, and frequencies
Date Effective	01/01/2021	
Date Archived	04/30/2022	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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5. Qaseem, A., Crandall, C. J., Mustafa, R. A., Hicks, L. A., & Wilt, T. J. (2019, November 5). *Screening for Colorectal Cancer in Asymptomatic Average-Risk Adults: A Guidance Statement From the American College of Physicians*. Retrieved August 31, 2020, from www.ncbi.nlm.nih.gov
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10. EncoderPro. (n.d.). *ICD10 CM Guidelines*. Retrieved January 31, 2020 from www.encoderprofp.com

Archived



11. United States Code of Federal Regulations. (2015, February 27). § 156.110 *EHB-benchmark plan standards*. Retrieved August 31, 2020 from www.govregs.com
12. Indiana General Assembly. (2019). *IC 27-8-14.8 Colorectal cancer testing coverage; exception for high deductible health plans*. Retrieved September 1, 2020 from www.iga.in.gov
13. United States Code of Federal Regulations. (2015, February 27). § 156.110 *EHB-benchmark plan standards*. Retrieved February 5, 2020 from www.govregs.com

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