



## REIMBURSEMENT POLICY STATEMENT KENTUCKY MARKETPLACE

Policy Name		Policy Number	Effective Date
Screening and Surveillance for Colorectal Cancer		PY-0408	08/01/2020
Policy Type			
Medical	Administrative	Pharmacy	<b>REIMBURSEMENT</b>

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.

### Table of Contents

Reimbursement Policy Statement .....	1
A. Subject .....	2
B. Background .....	2
C. Definitions.....	2
D. Policy.....	3
E. Conditions of Coverage .....	4
F. Related Policies/Rules .....	7
G. Review/Revision History .....	7
H. References .....	7



## 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.
- **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; or
  9. K50 through K52 category codes – noninfective enteritis and colitis.

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- dialation 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. Rules**

CareSource Evidence of Coverage Kentucky

**G. Review/Revision History**

	DATE	ACTION
<b>Date Issued</b>	11/1/2017	
<b>Date Revised</b>	04/29/2020	Added specific ICD-10 to use for screening and surveillance; added ages; added benefit limits; added definitions
<b>Date Effective</b>	08/01/2020	
<b>Date Archived</b>	01/01/2021	

**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 November 7, 2019 from [www.onlinelibrary.wiley.com](http://www.onlinelibrary.wiley.com)
2. Rex, D., Boland, Richard, Dominitz, J., Giardiello, F., Johnson, D., Kaltenbach, T..... Robertson, D. (2017). *Colorectal cancer screening: Recommendations for physicians*. GASTROINTESTINAL ENDOSCOPY, 86(1), 18–33. doi: <http://dx.doi.org/10.1016/j.gie.2017.04.003> [www.asge.org/](http://www.asge.org/)
3. Wilkins, T., Mcmechan, D., Talukder, A. (2018, May 15). *Colorectal Cancer Screening and Prevention*. Retrieved November 7, 2019 from [www.aafp.org](http://www.aafp.org)
4. Lieberman, D., Rex, D., Winawer, S., Giardiello, F., Johnson, D., & Levin, T. (2012, September). *Guidelines for Colonoscopy Surveillance After Screening*. Retrieved November 7, 2019 from [www.acgcdn.gi.org](http://www.acgcdn.gi.org)
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 November 6, 2019, from [www.annals.org](http://www.annals.org)
6. Doubeni, C. (2019, June 28). *Tests for screening for colorectal cancer*. Retrieved November 6, 2019 from [www.uptodate.com](http://www.uptodate.com)
7. Centers for Medicare and Medicaid Services. (n.d.). *Information on Essential Health Benefits (EHB) Benchmark Plans*. Retrieved January 7, 2020 from [www.cms.gov](http://www.cms.gov)
8. American College of Surgeons. (2016, May 1). *Coding and reimbursement for colonoscopy*. Retrieved January 31, 2020 from [www.bulletin.facs.org](http://www.bulletin.facs.org)
9. EncoderPro. (n.d.). *ICD10 CM Guidelines*. Retrieved January 31, 2020 from [www.encoderprofp.com](http://www.encoderprofp.com)
10. Kentucky Regulatory Statute. (2020, January 1). *304.17A-257 Coverage under health benefit plan for colorectal cancer examinations and laboratory tests*. Retrieved January 31, 2020 from [www.apps.legislature.ky.gov](http://www.apps.legislature.ky.gov)
11. United States Code of Federal Regulations. (2015, February 27). § 156.110 *EHB-benchmark plan standards*. Retrieved February 5, 2020 from [www.govregs.com](http://www.govregs.com)

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