



# REIMBURSEMENT POLICY STATEMENT OHIO MARKETPLACE

Policy Name	Policy Number	Effective Date
Screening and Surveillance for Colorectal Cancer	PY-0073	01/01/2021-12/31/2021
Policy Type		
Medical	Administrative	Pharmacy
<b>REIMBURSEMENT</b>		

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.

### Table of Contents

- Reimbursement Policy Statement..... 1
- A. Subject..... 2
- B. Background..... 2
- C. Definitions..... 2
- D. Policy..... 3
- E. Conditions of Coverage..... 3
- F. Related Policies/Rules..... 6
- G. Review/Revision History..... 6
- H. References..... 6



## 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.

## 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 United States Preventive Service Task Force (USPSTF), members who are at average risk for colorectal cancer do NOT have:
  - Family history of known genetic disorders that predisposes them to a high lifetime risk of colorectal cancer (i.e. lynch syndrome or familial adenomatous polyposis)
  - Personal history of inflammatory bowel disease
  - A previous adenomatous polyp
  - Previous colorectal cancer
- **Increased or high risk** - Per USPSTF, members who are at increased or high risk for colorectal cancer include:
  - Family history of known genetic disorders that predisposes them to a high lifetime risk of colorectal cancer (i.e. lynch syndrome or familial adenomatous polyposis)
  - Personal history of inflammatory bowel disease
  - A previous adenomatous polyp
  - Previous colorectal 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. The following are reimbursed:
  - 1. One guiac fecal occult blood test (gFOBT) each benefit year.
  - 2. One fecal immunochemical test (FIT) each benefit year.
  - 3. One FIT- DNA (Cologuard) each benefit year.
  - 4. CT colonography every 5 benefit years.
  - 5. One flexible sigmoidoscopy every 5 benefit years.
  - 6. One colonoscopy every 10 benefit years.
  - 7. Flexible sigmoidoscopy plus FIT every 10 benefit years with FIT each benefit year.
- 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. K50 through K52 category codes – Noninfective enteritis and colitis.

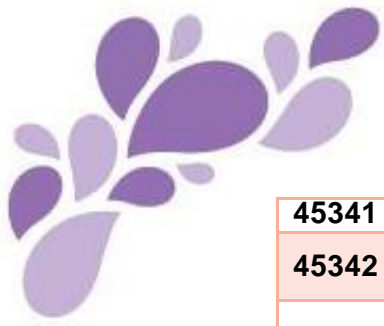
## E. Conditions of Coverage

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- 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 balloon 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



<b>45341</b>	Sigmoidoscopy, flexible; with endoscopic ultrasound examination
<b>45342</b>	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)
<b>45346</b>	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
<b>45347</b>	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)
<b>45349</b>	Sigmoidoscopy, flexible; with endoscopic mucosal resection
<b>45378</b>	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
<b>45379</b>	Colonoscopy, flexible; with removal of foreign body(s)
<b>45380</b>	Colonoscopy, flexible; with biopsy, single or multiple
<b>45381</b>	Colonoscopy, flexible; with directed submucosal injection(s), any substance
<b>45382</b>	Colonoscopy, flexible; with control of bleeding, any method
<b>45384</b>	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
<b>45385</b>	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
<b>45386</b>	Colonoscopy, flexible; with transendoscopic balloon dilation
<b>45388</b>	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post- dilation and guide wire passage, when performed)
<b>45389</b>	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post- dilation and guide wire passage, when performed)
<b>45390</b>	Colonoscopy, flexible; with endoscopic mucosal resection
<b>45391</b>	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures
<b>45392</b>	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
<b>45393</b>	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed
<b>74263</b>	Computed tomographic (CT) colonography, screening, including image postprocessing (Not covered by Medicare)
<b>81528</b>	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)
<b>82270</b>	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)



<b>82274</b>	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations
<b>G0104</b>	Colorectal cancer screening; flexible sigmoidoscopy
<b>G0105</b>	Colorectal cancer screening; colonoscopy on individual at high risk
<b>G0121</b>	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk
<b>G0328</b>	Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous

**F. Related Policies/Rules**

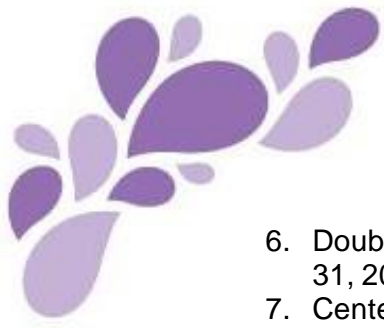
Evidence of Coverage and Health Insurance Contract Ohio

**G. Review/Revision History**

	DATE	ACTION
<b>Date Issued</b>	05/17/2016	
<b>Date Revised</b>	11/01/2017 04/29/2020  09/02/2020	Separated policy by individual State/market. Added specific ICD-10 to use for screening and surveillance; added ages; added benefit limits; added definitions Changed age limits and test frequencies
<b>Date Effective</b>	01/01/2021	
<b>Date Archived</b>	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](http://www.onlinelibrary.wiley.com)
2. Rex, D., Boland, Richard, Dornitz, 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 August 31, 2020 from [www.aafp.org](http://www.aafp.org)
4. Lieberman, D., Rex, D., Winawer, S., Giardiello, F., Johnson, D., & Levin, T. (2012, July 3). *Guidelines for Colonoscopy Surveillance After Screening*. *American Gastroenterological Association*, 143(3), 844-857. doi: <https://doi.org/10.1053/j.gastro.2012.06.001>
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.pubmed.ncbi.nlm.nih.gov](http://www.pubmed.ncbi.nlm.nih.gov)



6. Doubeni, C. (2010, March 18). *Tests for screening for colorectal cancer*. Retrieved August 31, 2020 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 August 31, 2020 from [www.cms.gov](http://www.cms.gov)
8. United States Preventive Services Task Force (2016, June 15). *Colorectal Cancer: Screening*. Retrieved August 31, 2020 from [www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org)
9. American College of Surgeons. (2016, May 1). *Coding and reimbursement for colonoscopy*. Retrieved August 31, 2020 from [www.bulletin.facs.org](http://www.bulletin.facs.org)
10. EncoderPro. (n.d.). *ICD10 CM Guidelines*. Retrieved January 31, 2020 from [www.encoderprofp.com](http://www.encoderprofp.com)
11. United States Code of Federal Regulations. (2015, February 27). § 156.110 *EHB-benchmark plan standards*. Retrieved August 31, 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.**

Archiving