



REIMBURSEMENT POLICY STATEMENT GEORGIA MEDICAID

| Policy Name | Policy Number | Effective Date |
|--|----------------|-----------------------|
| Screening and Surveillance for Colorectal Cancer | PY-0404 | 10/01/2020-11/30/2021 |
| Policy Type | | |
| Medical | Administrative | Pharmacy |
| REIMBURSEMENT | | |

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.

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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.
- **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.
- **Barium enema** - Screening barium enema as an alternative to a screening flexible sigmoidoscopy or screening colonoscopy.
- **Increased or high risk for colorectal cancer** - An individual has one or more of the following:
 - A close relative (sibling, parent, or child) who has had colorectal cancer or an adenomatous polyposis;
 - A family history of familial adenomatous polyposis;
 - A family history of hereditary non polyposis colorectal cancer;
 - A personal history of adenomatous polyps;
 - A personal history of colorectal cancer; or
 - Inflammatory bowel disease, including Crohn's Disease, and Ulcerative Colitis.

D. Policy

I. Colorectal Cancer Screening

- A. Prior authorization is not required for par providers.
- B. Benefit coverage is for members ages 45 years of age and older.
- 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. Screening flexible sigmoidoscopies (G0104) is covered once every 48 months for members 45 years of age and older. If during the course of this procedure a lesion or growth is detected that results in a biopsy or removal of the growth, the diagnostic procedure classified as a flexible sigmoidoscopy with biopsy or removal should be billed, not G0104. This screening must be performed by a doctor of medicine or osteopathy.
- E. Screening colonoscopies (G0105) are covered at a frequency of every 24 months for members at high risk for colorectal cancer. If during the course of this procedure a lesion or growth is detected which results in a biopsy or removal of the growth, the appropriate diagnostic procedure classified as a colonoscopy with biopsy or removal should be billed, not G0105. A doctor of medicine or osteopathy must perform this screening.
- F. Screening barium enema examinations (G0106 and G0120) are covered as an alternative to either a screening sigmoidoscopy or a screening colonoscopy. The same frequency parameters specified for screening sigmoidoscopy and colonoscopy applies.
- G. Screening fecal-occult blood test is covered once every 12 months for members 45 years of age and older.
- H. A follow-up colonoscopy is reimbursed as part of the screening process when a noncolonoscopy test is positive.
- I. Screening with plasma or serum markers is NOT covered.
- J. 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. Z85.038 – Personal history of other malignant neoplasm of large intestine;
 - 2. Z85.048 – Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus;
 - 3. Z80.0 – Family history of malignant neoplasm of digestive organs;
 - 4. Z86.010 – Personal history of colonic polyps;
 - 5. Z84.81 – Family history of carrier of genetic disease;
 - 6. Z15.89 – Genetic susceptibility to other disease;
 - 7. Z83.71 – Family history of colonic polyps; or
 - 8. Z84.81 Family history of carrier of genetic disease;
 - 9. Z15.89 Genetic susceptibility to other disease;
 - 10. Z83.71 Family history of colonic polyps;
 - 11. Z85.038 Personal history of other malignant neoplasm of large intestine;
 - 12. Z85.048 Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus;
 - 13. Z80.0 Family history of malignant neoplasm of digestive organs;
 - 14. Z86.010 Personal history of colonic polyps;
 - 15. Z92.3 Personal history of irradiation or radiation therapy;
 - 16. K50.00 Crohn's disease of small intestine without complications
 - 17. K50.011 Crohn's disease of small intestine with rectal bleeding
 - 18. K50.012 Crohn's disease of small intestine with intestinal obstruction
 - 19. K50.013 Crohn's disease of small intestine with fistula
 - 20. K50.014 Crohn's disease of small intestine with abscess
 - 21. K50.018 Crohn's disease of small intestine with other complications
 - 22. K50.019 Crohn's disease of small intestine with unspecified complications
 - 23. K50.10 Crohn's disease of large intestine without complications
 - 24. K50.111 Crohn's disease of large intestine with rectal bleeding
 - 25. K50.112 Crohn's disease of large intestine with intestinal obstruction
 - 26. K50.113 Crohn's disease of large intestine with fistula
 - 27. K50.114 Crohn's disease of large intestine with abscess
 - 28. K50.118 Crohn's disease of large intestine with other complication
 - 29. K50.119 Crohn's disease of large intestine with unspecified complications
 - 30. K50.80 Crohn's disease of both small and large intestine without complications
 - 31. K50.811 Crohn's disease of both small and large intestine with rectal bleeding
 - 32. K50.812 Crohn's disease of both small and large intestine with intestinal obstruction
 - 33. K50.813 Crohn's disease of both small and large intestine with fistula
 - 34. K50.814 Crohn's disease of both small and large intestine with abscess
 - 35. K50.818 Crohn's disease of both small and large intestine with other complication
 - 36. K50.819 Crohn's disease of both small and large intestine with unspecified complications
 - 37. K50.90 Crohn's disease, unspecified, without complications
 - 38. K50.911 Crohn's disease, unspecified, with rectal bleeding
 - 39. K50.912 Crohn's disease, unspecified, with intestinal obstruction



- 40. K50.913 Crohn's disease, unspecified, with fistula
- 41. K50.914 Crohn's disease, unspecified with abscess
- 42. K50.918 Crohn's disease, unspecified, with other complication
- 43. K50.919 Crohn's disease, unspecified, with unspecified complications
- 44. K51.00 Ulcerative (chronic) pancolitis without complications
- 45. K51.011 Ulcerative (chronic) pancolitis with rectal bleeding
- 46. K51.012 Ulcerative (chronic) pancolitis with intestinal obstruction
- 47. K51.013 Ulcerative (chronic) pancolitis with fistula
- 48. K51.014 Ulcerative (chronic) pancolitis with abscess
- 49. K51.018 Ulcerative (chronic) pancolitis with other complication
- 50. K51.019 Ulcerative (chronic) pancolitis with unspecified complications
- 51. K51.20 Ulcerative (chronic) proctitis without complications
- 52. K51.211 Ulcerative(chronic) proctitis with rectal bleeding
- 53. K51.212 Ulcerative(chronic) proctitis with intestinal obstruction
- 54. K51.213 Ulcerative (chronic) proctitis with fistula
- 55. K51.214 Ulcerative (chronic) proctitis with abscess
- 56. K51.218 Ulcerative (chronic) proctitis with other complication
- 57. K51.219 Ulcerative (chronic) proctitis with unspecified complications
- 58. K51.30 Ulcerative (chronic) rectosigmoiditis without complications
- 59. K51.311 Ulcerative(chronic) rectosigmoiditis with rectal bleeding
- 60. K51.312 Ulcerative (chronic) rectosigmoiditis with intestinal obstruction
- 61. K51.313 Ulcerative (chronic) rectosigmoiditis with fistula
- 62. K51.314 Ulcerative (chronic) rectosigmoiditis with abscess
- 63. K51.318 Ulcerative (choronic) rectosigmoiditis with other complication
- 64. K51.319 Ulcerative (chronic) rectosigmoiditis with unspecified complications
- 65. K51.40 Inflammatory polyps of colon with complications
- 66. K51.411 Inflammatory polyps of colon with rectal bleeding
- 67. K51.412 Inflammatory polyps of colon with intestinal obstruction
- 68. K51.413 Inflammatory polyps of colon with fistula
- 69. K51.414 Inflammatory polyps of colon with abscess
- 70. K51.418 Inflammatory polyps of colon with other complication
- 71. K51.419 Inflammatory polyps of colon with unspecified complications
- 72. K51.50 Left sided colitis without complications
- 73. K51.511 Left sided colitis with rectal bleeding
- 74. K51.512 Left sided colitis with intestinal obstruction
- 75. K51.513 Left sided colitis with fistula
- 76. K51.514 Left sided colitis with abscess
- 77. K51.518 Left sided colitis with other complication
- 78. K51.519 Left sided colitis with unspecified complications
- 79. K51.80 Other ulcerative colitis without complications
- 80. K51.811 Other ulcerative colitis with rectal bleeding
- 81. K51.812 Other ulcerative colitis with intestinal obstruction
- 82. K51.813 Other ulcerative colitis with fistula
- 83. K51.814 Other ulcerative colitis with abscess
- 84. K51.818 Other ulcerative colitis with other complication
- 85. K51.819 Other ulcerative colitis with unspecified complications
- 86. K51.90 Ulcerative colitis, unspecified, without complications
- 87. K51.911 Ulcerative colitis, unspecified with rectal bleeding
- 88. K51.912 Ulcerative colitis, unspecified with intestinal obstruction
- 89. K51.913 Ulcerative colitis, unspecified with fistula



90. K51.914 Ulcerative colitis, unspecified with abscess
91. K51.918 Ulcerative colitis, unspecified with other complication
92. K51.919 Ulcerative colitis, unspecified with unspecified complications
93. K52.0 Gastroenteritis and colitis due to radiation
94. K52.1 Toxic gastroenteritis and colitis
95. K52.21 Food protein-induced enterocolitis syndrome
96. K52.22 Food protein-induced enteropathy
97. K52.29 Other allergic and dietetic gastroenteritis and colitis
98. K52.3 Indeterminate colitis
99. K52.81 Eosinophilic gastritis or gastroenteritis
100. K52.82 Eosinophilic colitis
101. K52.831 Collagenous colitis
102. K52.832 Lymphocytic colitis
103. K52.838 Other microscopic colitis
104. K52.839 Microscopic colitis, unspecified
105. K52.89 Other specified noninfective gastroenteritis and colitis
106. K52.9 Non infective gastroenteritis and colitis, unspecified.
107. Conditions of Coverage

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 |
|-------|--|
| 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. |
| G0328 | Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous |
| 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 |



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| 44394 | Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique |
| 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) |
| 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 |
| 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 |
| 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) |



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| 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

G. Review/Revision History

| DATE | | ACTION |
|----------------|------------|--|
| Date Issued | 11/1/2017 | |
| Date Revised | | |
| Date Effective | 10/01/2020 | |
| Date Archived | 11/30/2021 | 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 November 7, 2019 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.

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DCH Approved 07/27/2020