



## REIMBURSEMENT POLICY STATEMENT INDIANA MEDICAID

Policy Name		Policy Number	Effective Date
Screening and Surveillance for Colorectal Cancer		PY-0405	01/01/2021-05/31/2022
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 .....	4
G. Review/Revision History.....	4
H. References .....	4



## 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.
- **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.

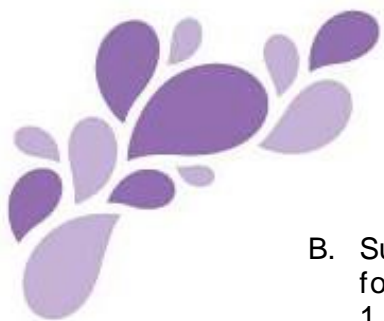
#### D. Policy

##### I. Colorectal Cancer Screening

- A. Prior authorization is not required for par providers.
- B. Benefit coverage is for members 45 years of age and older.
- C. Coverage for code 81528 – Oncology (colorectal) screening, quantitative real-time target and signal application of 10 DNA markers and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result (Cologuard) is limited to once every 3 years for members 45 years of age and older.
- D. 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. A follow-up colonoscopy is reimbursed as part of the screening process when a noncolonoscopy test is positive.
- E. PT modifier is used when the colorectal cancer screening test was converted to a diagnostic test or other procedure.
- 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.

F. Related Policies/Rules

G. Review/Revision History

	DATE	ACTION
<b>Date Issued</b>	11/01/2017	
<b>Date Revised</b>	09/01/2020 07/22/2020	Added specific ICD-1 to use for screening and surveillance; non-covered codes; added ages Added D.1.C. Removed codes
<b>Date Effective</b>	01/01/2021	
<b>Date Archived</b>	05/31/2022	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 November 7, 2019 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> Retrieved November 7, 2019 from [www.asge.org/](http://www.asge.org/)
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- 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)

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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.**

IN-MED-P-2335481

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OMPP Approved 10/05/2020