



# REIMBURSEMENT POLICY STATEMENT

## Indiana Medicaid

Policy Name & Number	Date Effective
Screening and Surveillance for Colorectal Cancer - IN MCD - PY-0405	06/01/2022-12/31/2022
Policy Type	
<b>REIMBURSEMENT</b>	

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 providers 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 office staff are encouraged to use self-service channels to verify member eligibility.

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 colorectal cancer rates of incidence, and it is recommended by both the American College of Gastroenterology and the American Society for Gastrointestinal Endoscopy that screening begin at 45 years of age.

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.

## 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** - Close observation for members who are at increase or high risk.
- **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.
- **Computed Tomography (CT) Colonography** - Also known as “virtual colonoscopy” utilizing advanced CT to produce two- and three- 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 Deoxyribonucleic Acid (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 carry the potential for malignancy requiring surveillance.
- **Average risk** - Per American Cancer Society Guidelines, members who are at average risk for colorectal cancer do not have the following:
  - 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 the following:
  - 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 participating providers.
  - B. Benefit coverage is for members 45 years of age and older or members less than forty-five years of age IF at high risk for colorectal cancer.
  - C. Coverage for code 81528: Oncology (colorectal) screening, quantitative real-time target and signal application of ten (10) DNA markers and fecal hemoglobin, utilizing stool and an algorithm reported as a positive or negative result. Cologuard is limited to once every three (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.
  - E. A follow-up colonoscopy is reimbursed as part of the screening process when a noncolonoscopy test is positive.
  - F. PT modifier is used when the colorectal cancer screening test was converted to a diagnostic test or other procedure.
  - G. Screening with plasma or serum markers may be covered for members between the ages of 50 to 75.

II. Colonoscopy Surveillance for Colorectal Cancer

- A. Prior authorization is not required for participating providers.
- B. Surveillance for a 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
  - 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

NA

G. Review/Revision History

DATE		ACTION
<b>Date Issued</b>	11/01/2017	
<b>Date Revised</b>	09/01/2020 07/22/2020 12/16/2021	Added specific ICD-1 to use for screening and surveillance; non-covered codes; added ages Added D.1.C. Removed codes Changed D.I.G to a covered service
<b>Date Effective</b>	06/01/2022	
<b>Date Archived</b>	12/31/2022	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. Centers for Medicare and Medicaid Services. (2021, January 19). Billing and Coding: Colorectal Cancer Screening - Medical Policy Article. Retrieved December 16, 2021 from [www.cms.gov](http://www.cms.gov).
2. Centers for Medicare and Medicaid Services. (2020, April 20). Information on Essential Health Benefits (EHB) Benchmark Plans. Retrieved December 16, 2021 from [www.cms.gov](http://www.cms.gov).

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

3. Doubeni, C. (2021, December 07). Tests for screening for colorectal cancer. Retrieved December 16, 2021 from [www.uptodate.com](http://www.uptodate.com).
4. EncoderPro. (n.d.). ICD10 CM Guidelines. Retrieved January 12, 2022 from [www.encoderprofp.com](http://www.encoderprofp.com).
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6. Indiana General Assembly. (2021, November 09). IC 27-13-7-17 Colorectal cancer testing coverage. Retrieved December 16, 2021 from [www.iga.in.gov](http://www.iga.in.gov).
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10. Wilkins, T., Mcmechan, D., Talukder, A. (2018, May 15). Colorectal Cancer Screening and Prevention. Retrieved December 16, 2021 from <https://www.aafp.org>.
11. 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 December 16, 2021 from [www.onlinelibrary.wiley.com](http://www.onlinelibrary.wiley.com).