

REIMBURSEMENT POLICY STATEMENT KENTUCKY MEDICAID

Policy Name	Policy Number	Effective Date
Colorectal Cancer Screening	PY-0403	10/23/2019
Policy Type		
Medical	Administrative	Pharmacy
REIMBURSEMENT		

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.

Contents of Policy

<u>REIMBURSEMENT POLICY STATEMENT</u>	1
<u>TABLE OF CONTENTS</u>	1
<u>A. SUBJECT</u>	2
<u>B. BACKGROUND</u>	2
<u>C. DEFINITIONS</u>	2
<u>D. POLICY</u>	3
<u>E. CONDITIONS OF COVERAGE</u>	3
<u>F. RELATED POLICIES/RULES</u>	5
<u>G. REVIEW/REVISION HISTORY</u>	5
<u>H. REFERENCES</u>	5

A. SUBJECT

Colorectal Cancer Screening

B. BACKGROUND

Reimbursement policies are designed to assist you when submitting claims to Humana — 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 does not imply any right to reimbursement or guarantee claims payment.

Humana — CareSource will reimburse participating providers for medically necessary and preventive colorectal screening examinations and laboratory tests for asymptomatic members as required by state requirements through criteria based on guidelines from the American Cancer Society (ACS).

C. DEFINITIONS

- 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)
 - 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 of 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)
 - A known 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)
 - Personal history of radiation to the abdomen (belly) or pelvic area to treat a prior cancer



D. POLICY

- I. This policy addresses the following screening examinations and laboratory test options for colorectal cancer screening for asymptomatic members:
 - A. Stool based tests for colorectal cancer screening include
 1. Highly sensitive fecal immunochemical test
 2. Highly sensitive guiac-based fecal occult blood test
 3. Multi-targeted stool DNA test
 - B. Visual examinations for colorectal cancer screening include
 1. Colonoscopy
 2. CT colonography
 3. Flexible sigmoidoscopy

- II. Humana — CareSource does not require prior authorization for members with average risk for colorectal cancer who are 45 years of age and older.

- III. Humana — CareSource **DOES** require prior authorization for members who are at high risk and are less than 45 years of age.

- IV. Humana — CareSource will use MCG for medical necessity review.

- V. Humana — CareSource reimburses for colorectal cancer screening examinations and laboratory tests with the frequency noted in the most current American Cancer Society guidelines for people with average risk for colorectal cancer.

- VI. A follow-up colonoscopy is reimbursed as part of the screening process when a noncolonoscopy test is positive.

- VII. When billing for screening examinations and laboratory tests colorectal services, providers should use the appropriate CPT/HCPCS codes and modifiers, if applicable.

E. CONDITIONS OF COVERAGE

Reimbursement is dependent on, but not limited to, submitting state Medicaid approved HCPCS and CPT codes along with appropriate modifiers, if applicable. Please refer to the state Medicaid fee schedules.

Code	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
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)



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
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
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)
45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
45380	Colonoscopy, flexible; with biopsy, single or multiple
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
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)
74263	Computed tomographic (CT) colonography, screening, including image postprocessing
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
82270	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided 3 cards or single triple card for consecutive collection)
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations
00812	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy
G0104	Colorectal cancer screening; flexible sigmoidoscopy
G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk
Modifiers	Description
PT	Colorectal cancer screening test; converted to diagnostic test or other procedure
33	Preventive Services
ICD-10	Description
Z12.10	Encounter for screening for malignant neoplasm of intestinal tract, unspecified
Z12.11	Encounter for screening for malignant neoplasm of colon
Z12.12	Encounter for screening for malignant neoplasm of rectum



F. RELATED POLICIES/RULES

G. REVIEW/REVISION HISTORY

	DATE	ACTION
Date Issued	2/1/2014	
Date Revised		
Date Effective	10/23/2019	New title – was colonoscopies; updated based on ACS guidelines

H. REFERENCES

1. American Cancer Society (2018). Colorectal Cancer Screening Guidelines. Retrieved on 12/21/2018 from <https://www.cancer.org/health-care-professionals/american-cancer-society-prevention-early-detection-guidelines/colorectal-cancer-screening-guidelines.html> and <https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/acs-recommendations.html>
2. American Medical Association (2018). Care Guidelines for Evidence-Based Medicine. *MCG Health*. Retrieved on 12/21/2018 from www.mcg.com/care-guidelines/care-guidelines/.
3. Kentucky Administration Regulation 304.17A-257 Coverage under health benefit plan for colorectal cancer examinations and laboratory tests. Retrieved on 12/21/2018 from 304.17A-257 Coverage under health benefit plan for colorectal cancer examinations and laboratory tests.
4. 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 on 12/21/2018 from <https://onlinelibrary.wiley.com/doi/full/10.3322/caac.21457>.

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