

REIMBURSEMENT POLICY STATEMENT

Michigan Medicaid

Policy Name & Number	Date Effective
Colorectal Cancer Screening-MI MCD-PY-1454	09/01/2026
Policy Type	
REIMBURSEMENT	

Reimbursement Policies 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. Reimbursement Policies do not guarantee authorization or payment for services. Coverage and payment determinations are subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreements, and applicable referral, authorization, notification, and utilization management guidelines.

Please refer to the plan contract (e.g., Evidence of Coverage, Member Handbook) for the service(s) referenced herein. Except as otherwise required by law, if there is a conflict between the Reimbursement Policy and the plan contract and/or provider agreement, then the plan contract and/or provider agreement will be the controlling document used to make the determination. Reasonable discretion may be used in interpreting and applying this policy to services provided in a particular case and the policy may be modified at any time. Reimbursement policies may be superseded by federal and state laws and regulations, as applicable. In the case of a discrepancy between the Policy Statement's effective date and any applicable legal or regulatory requirement, the law or regulation will govern.

Coverage for mental health and substance use disorder (MH/SUD) benefits are provided at the same level as coverage for medical and surgical (M/S) benefits, as required by the Mental Health Parity and Addiction Equity Act (MHPAEA). MH/SUD benefits are not subject to limits or requirements that are more restrictive than those that apply to M/S benefits.

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A. Subject

Colorectal Cancer Screening

B. Background

In the United States, colorectal cancer (CRC) ranks 2nd to lung cancer as a cause of cancer mortality and is the 3rd most commonly occurring cancer in both men and women with approximately 20% higher incidence rates among African Americans. CRC incidence and mortality rates have declined over previous decades driven by changes in risk factors, early detection of cancer through screening, removal of precancerous polyps with colonoscopy, and advances in surgical/treatment approaches.

Appropriate screening reduces colorectal cancer mortality in adults 45 years of age or older. The benefit of the early detection of and intervention for colorectal cancer declines with age, but 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. Individuals 75 years of age and older are recommended to work with a primary care physician to determine if continued screening is appropriate and/or recommended.

C. Definitions

- **Colorectal Cancer Screening** – Testing for early-stage colorectal cancer and precancerous lesions in asymptomatic members with an average risk.
- **Risk** – Agents or situations known to increase development of a condition. Per American Cancer Society guidelines
 - **Average** – Certain factors are not present, including a personal or family history of colorectal cancer, certain types of polyps, inflammatory bowel disease (eg, ulcerative colitis, Crohn's disease), or radiation to abdomen or pelvic area to treat prior cancer, and/or a confirmed or suspected hereditary colorectal cancer syndrome (eg, familial adenomatous polyposis or Lynch syndrome).
 - **High or Increased** – Any of the factors seen above are present.
- **Surveillance for Colorectal Cancer** – Close observation for members who are at increased or high risk for colorectal cancer.

D. Policy

I. Colorectal Cancer Screening

- A. Prior authorization is not required for participating providers.
- B. Benefit coverage is provided for members 45 years of age and for members younger than 45 years of age, if at risk for colorectal cancer.
- 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
 - 4. Z12.13 – Encounter for screening for malignant neoplasm of small intestine
- D. The following are reimbursed:
 - 1. Colonoscopy every 10 years

2. CT colonography (virtual colonoscopy) every 5 years
 3. Flexible sigmoidoscopy (FSIG) every 5 years
 4. Highly sensitive fecal immunochemical test (FIT) annually
 5. Highly sensitive guaiac-based fecal occult blood test (gFOBT) annually
 6. Multi-targeted stool DNA test (mt-sDNA) every 1-3 years per USPSTF guidelines
- E. A follow-up colonoscopy is reimbursed as part of the screening process when a non-colonoscopy test is positive.
- F. Screening with plasma or serum markers is NOT covered.
- II. Colonoscopy Surveillance for Colorectal Cancer
- A. Prior authorization is not required for participating providers.
 - B. Surveillance for colorectal cancer claim must be submitted with one of the following ICD-10 codes:
 1. K50 through K52 category codes – noninfective enteritis and colitis
 2. Z15.060 – genetic susceptibility to colorectal cancer
 3. Z15.89 – genetic susceptibility to other disease
 4. Z80.0 – family history of malignant neoplasm of digestive organs
 5. Z83.71 – family history of colonic polyps
 6. Z84.81 – family history of carrier of genetic disease
 7. Z85.038 – personal history of other malignant neoplasm of large intestine
 8. Z85.048 – personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus
 9. Z86.010 – personal history of colonic polyps
 10. Z92.3 – personal history of irradiation or radiation therapy
- E. Conditions of Coverage
- Reimbursement is dependent on, but not limited to, submitting HCPCS and CPT codes along with appropriate modifiers. Please refer to the individual MI MCD fee schedule for appropriate codes.
- F. Related Policies/Rules
- N/A
- G. Review/Revision History

DATE		ACTION
Date Issued	09/27/2023	New policy. Approved at Committee.
Date Revised	03/13/2024	Annual review; Approved at Committee
	01/15/2025	Updated D.I.D.3. to match USPSTF recommendations; policy title updated from <i>Screening and Surveillance of Colorectal Cancer Screening</i> to <i>Colorectal Cancer Screening</i> . Approved at Committee
	06/17/2026	Added Z15.060 to D.II.B. Added <i>virtual colonoscopy</i> to D.I.D. Approved at Committee
Date Effective	09/01/2026	
Date Archived		

H. References

1. American Cancer Society guideline for colorectal cancer screening. American Cancer Society. Revised November 17, 2020. Accessed May 6, 2026. www.cancer.org
2. Cancer Intervention and Surveillance Modeling Network Colorectal Cancer Working Group. *Colorectal Cancer Screening: An Updated Decision Analysis for the U.S. Preventive Services Task Force*. Agency for Healthcare Research and Quality; 2021. AHRQ Publication No 20-05271-EF-2. Accessed May 6, 2026. www.ncbi.nlm.nih.gov
3. Gupta S, Lieberman D, Anderson J, et al. Recommendations for follow-up after colonoscopy and polypectomy: a consensus update by the US Multi-Society Task Force on colorectal cancer. *Gastrointest Endosc*. 2020;91(3):463-485.e5. doi:10.1016/j.gie.2020.01.014
4. Qaseem A, Harrod CS, Crandall CJ, et al. Screening for colorectal cancer in asymptomatic average-risk adults: a guidance statement from the American College of Physicians. *Ann Intern Med*. 2023;176(8):1017-1144. doi:10.7326/M23-0779
5. Screening for colorectal cancer: US Preventive Services Task Force recommendation statement. *JAMA*. 2021;325(19):1965-1977. doi:10.1001/jama.2021.6238
6. Wilkins T, McMechan D, Talukder A. Colorectal cancer screening and prevention. *Am Fam Physician*. 2018;97(10):658-665. Accessed May 6, 2026. www.aafp.org