CareSource

REIMBURSEMENT POLICY STATEMENT
Nevada Medicaid

Policy Name & Number	Date Effective
Colorectal Cancer Screening-NV MCD-PY-1826	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 Reimbursement policies may be superseded by federal and state laws and regulations, as applicable.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 second to lung cancer as a cause of cancer mortality and is the third 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 [FAP], or Lynch syndrome).
  - **High or Increased** – Any of the factors seen above are present.
- **Surveillance for Colorectal Cancer Screening** – Close observation for members who are at increased or high-risk for colorectal cancer.

D. Policy
I. Colorectal Cancer Screening
A. A review of medical necessity is not required for participating providers.
B. Benefit coverage is for members at least 45 years of age or less than 45 years of age if at increased risk for colorectal cancer.
C. Screening for colorectal cancer claims must be submitted with 1 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. flexible sigmoidoscopy (FSIG) every 5 years
3. highly sensitive fecal immunochemical test (FIT) annually
4. highly sensitive guaiac-based fecal occult blood test (gFOBT) annually
5. 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. A review of medical necessity is not required for participating providers.
B. Surveillance for colorectal cancer claim must be submitted with 1 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 fee schedule for appropriate codes.

F. Related Policies/Rules

N/A

G. Review/Revision History

	DATE	ACTION
Date Issued	06/17/2026	Approved at Committee.
Date Revised		
Date Effective	09/01/2026	
Date Archived		

H. References

1. American Cancer Society guideline for colorectal cancer screening. Revised January 29, 2024. 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 06, 2026. www.ncbi.nlm.nih.gov
3. Gupta S, Lieberman D, Anderson JC, 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:10.1053/j.gastro.2019.10.026
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 (version 2). *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 06, 2026. www.aafp.org