



## REIMBURSEMENT POLICY STATEMENT OHIO MEDICARE ADVANTAGE

| Original Issue Date                              |                | Next Annual Review | Effective Date |
|--|----------------|--------------------|----------------|
| 05/17/2016                                       |                | 11/01/2018         | 03/01/2018     |
| Policy Name                                      |                |                    | Policy Number  |
| Screening and Surveillance for Colorectal Cancer |                |                    | PY-0064        |
| 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

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## 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 does not imply any right to reimbursement or guarantee claims payment.

CareSource will reimburse participating providers for medically necessary and preventive screening tests for colorectal cancer as required by state requirements through criteria based on recommendations from the U.S. Preventive Services Task Force (USPSTF) and the American College of Gastroenterology (ACG).

## C. DEFINITIONS

See Screening and Surveillance for Colorectal Cancer medical policy MM-0039

## D. POLICY

- I. CareSource does not require prior authorization for screening and diagnostic colonoscopies for participating providers
- II. CareSource reimburses for screening and diagnostic colonoscopies according to CareSource medical policy MM-0039. Members must meet the criteria found in medical policy MM-0039.
- III. When billing for screening and surveillance 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 The Centers for Medicare & Medicaid Services (CMS) approved HCPCS and CPT codes. Please refer to:

<https://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx>

**The following list(s) of codes is provided as a reference. This list may not be all inclusive and is subject to updates. Please refer to the above referenced sources for the most current coding information.**

| Code  | Description   |
|-------|---|
| G0104 | Colorectal cancer screening; flexible sigmoidoscopy                                       |
| G0105 | Colorectal cancer screening; colonoscopy on individual at high risk                       |
| G0106 | Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema  |
| G0120 | Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema    |
| G0121 | Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk |
| G0122 | Colorectal cancer screening; barium enema (Not covered by Medicare)                       |



|       |   |
|-------|---|
| G0328 | Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous determinations  |
| 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)             |
| 44402 | Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)                                    |
| 44403 | Colonoscopy through stoma; with endoscopic mucosal resection  |
| 44404 | Colonoscopy through stoma; with directed submucosal injection(s), any substance   |
| 44405 | Colonoscopy through stoma; with transendoscopic balloon dilation  |
| 44406 | Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures |
| 44408 | Colonoscopy through stoma; with decompression (for pathologic distention) (e.g., volvulus, megacolon), including placement of decompression tube, 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  |
| 45332 | Sigmoidoscopy, flexible; with removal of foreign body(s)  |
| 45333 | Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps   |
| 45334 | Sigmoidoscopy, flexible; with control of bleeding, any method   |
| 45335 | Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance   |
| 45337 | Sigmoidoscopy, flexible; with decompression (for pathologic distention) (e.g., volvulus, megacolon), including placement of decompression tube, when performed          |
| 45338 | Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique  |
| 45340 | Sigmoidoscopy, flexible; with transendoscopic balloon dilation  |
| 45341 | Sigmoidoscopy, flexible; with endoscopic ultrasound examination   |
| 45342 | Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)   |
| 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)               |
| 45347 | Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)                                    |
| 45349 | Sigmoidoscopy, flexible; with endoscopic mucosal resection  |
| 45350 | Sigmoidoscopy, flexible; with band ligation(s) (e.g., hemorrhoids)  |
| 45378 | Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)                                      |
| 45379 | Colonoscopy, flexible; with removal of foreign body(s)  |
| 45380 | Colonoscopy, flexible; with biopsy, single or multiple  |
| 45381 | Colonoscopy, flexible; with directed submucosal injection(s), any substance   |
| 45382 | Colonoscopy, flexible; with control of bleeding, any method   |
| 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  |
| 45386 | Colonoscopy, flexible; with transendoscopic balloon dilation  |



|       |   |
|-------|---|
| 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)   |
| 45389 | Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)   |
| 45390 | Colonoscopy, flexible; with endoscopic mucosal resection  |
| 45391 | Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures   |
| 45392 | Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures |
| 45393 | Colonoscopy, flexible; with decompression (for pathologic distention) (e.g., volvulus, megacolon), including placement of decompression tube, when performed  |
| 45395 | Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy   |
| 45397 | Laparoscopy, surgical; proctectomy, combined abdominoperineal pull-through procedure (e.g., colo-anal anastomosis), with creation of colonic reservoir (e.g., J-pouch), with diverting enterostomy, when performed  |
| 45398 | Colonoscopy, flexible; with band ligation(s) (e.g., hemorrhoids)  |
| 74263 | Computed tomographic (CT) colonography, screening, including image postprocessing (Not covered by Medicare)   |
| 74270 | Radiologic examination, colon; contrast (e.g., barium) enema, with or without KUB   |
| 74280 | Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon   |
| 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 (Cologuard)         |
| 82270 | Blood, occult, by peroxidase activity (e.g., guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (i.e., patient was provided 3 cards or single triple card for consecutive collection)                      |
| 82272 | Blood, occult, by peroxidase activity (e.g., guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening   |
| 82274 | Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations  |

## F. RELATED POLICIES/RULES

Screening and Surveillance for Colorectal Cancer, MM-0039

## G. REVIEW/REVISION HISTORY

| DATE                  |            | ACTION      |
|-----------------------|------------|-------------|
| <b>Date Issued</b>    | 05/17/2016 | New Policy. |
| <b>Date Revised</b>   | 11/01/2017 |             |
| <b>Date Effective</b> | 03/01/2018 |             |

## H. REFERENCES

- Centers for Medicare & Medicaid. (2016, April). Retrieved October 9, 2017, from



[https://www.cms.gov/medicare-coverage-database/\(S\(v0cxhe45alguxjupvix24zai\)\)/details/ncd-details.aspx?NCDId=281&ncdver=5&CALId=97&ver=5&CalName=Prothrombin+Time+and+Fecal+Occult+Blood+\(Revision+of+ICD-9-CM+Codes+for+Injury+to+Gastrointestinal+Tract\)&bc=gAgAAAAAgAIAAA%3D%3D&](https://www.cms.gov/medicare-coverage-database/(S(v0cxhe45alguxjupvix24zai))/details/ncd-details.aspx?NCDId=281&ncdver=5&CALId=97&ver=5&CalName=Prothrombin+Time+and+Fecal+Occult+Blood+(Revision+of+ICD-9-CM+Codes+for+Injury+to+Gastrointestinal+Tract)&bc=gAgAAAAAgAIAAA%3D%3D&)

2. CMS Decision Memo for Screening for Colorectal Cancer - Stool DNA Testing. (2014, October). Retrieved October 9, 2017, from <https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=277>

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