

REIMBURSEMENT POLICY STATEMENT

Arkansas PASSE

Policy Name & Number	Date Effective
Colorectal Cancer Screening-AR PASSE-PY-1426	11/01/2025
Policy Type	
REIMBURSEMENT	

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

Colorectal Cancer Screening

B. Background

In the United States, colorectal cancer (CRC) is the second most common cause of cancer deaths in men and women combined. CRC 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 early detection and intervention for colorectal cancer declines with age, however, the US Preventive Services Task Force (USPSTF) and the American Cancer Society recommend that screening begins at 45 years of age. Individuals over 75 years of age should consult with their primary care physician to determine if continued screening is appropriate and/or recommended.

C. Definitions

- **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), 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.
- **Colorectal Cancer Screening** – Testing for signs of cancer, either by a stool-based test or a visual exam.
- **Surveillance for Colorectal Cancer** – Close observation for members 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. Coverage includes colorectal cancer examinations and laboratory tests for
 1. Members 45 years of age or older.
 2. Members less than 45 years of age at high-risk for colorectal cancer.
 3. Members experiencing or meeting the following criteria or symptoms of colorectal cancer as determined by a physician:
 - a. bleeding from the rectum or blood in the stool
 - b. a change in bowel habits, such as diarrhea, constipation, or narrowing of the stool, that lasts more than 5 days
 - c. the need for a follow-up colonoscopy

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

- 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 reimbursable (not an all-inclusive list):
 - 1. Highly sensitive fecal immunochemical test (FIT) annually.
 - 2. Highly sensitive guaiac-based fecal occult blood test (gFOBT) annually.
 - 3. Multi-targeted stool DNA test (mt-sDNA) every 1-3 years per USPSTF guidelines.
 - 4. Colonoscopy every 10 years.
 - 5. Flexible sigmoidoscopy (FSIG) every 5 years.
 - 6. CT colonography (virtual colonoscopy) every 5 years.
 - a. Reimbursable when the following conditions are met:
 - 01. Only indicated when an instrument/fiberoptic colonoscopy of the entire colon is incomplete due to an inability to pass the colonoscopy proximally.
 - 02. When ordered or performed by qualified personnel.
 - 03. Final report must address all structures of the abdomen afforded review in a regular CT of the abdomen and pelvis.
 - b. Exclusions for reimbursement:
 - 01. When used for screening or in the absence of signs or symptoms of disease, regardless of family history or other risk factors for the development of colonic disease.
 - 02. When used as an alternative to instrument/fiberoptic colonoscopy for screening or in the absence of signs or symptoms of disease.
 - 03. Since any colonography with abnormal or suspicious findings would require a subsequent instrument/fiberoptic colonoscopy for diagnosis (eg, biopsy) or for treatment (eg, polypectomy), virtual colonography is not reimbursable when used as an alternative to an instrument/fiberoptic colonoscopy, even though performed for signs or symptoms of disease.
 - 04. CT colonography procedure codes are counted against the member's annual lab and X-ray benefit limit.
 - 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. Z84.81 – Family history of carrier of genetic disease
 - 2. Z15.89 – Genetic susceptibility to other disease

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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 HCPCS and CPT codes along with appropriate modifiers.

F. Related Policies/Rules

N/A

G. Review/Revision History

DATE		ACTION
Date Issued	03/29/2023	Approved at Committee.
Date Revised	05/10/2023	Removed information re: PT modifier. Approved at Committee.
	03/27/2024	Annual review. Added D.I.B.3, references updated.
	08/13/2025	Approved at Committee.
Date Effective	11/01/2025	
Date Archived		

H. References

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2. Coverage-Applicability, ARK. CODE ANN. § 23-79-1202 (2024).
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4. Patel SG, May FP, Anderson JC, et al. Updates on age to start and stop colorectal cancer screening: recommendations from the U.S. Multi-Society Task Force on Colorectal Cancer. *Gastroenterology*. 2022;162(1):285-299. doi:10.1053/j.gastro.2021.10.007
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7. Qaseem A, Harrod CS, Crandall CJ, Wilt TJ. 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.

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8. Screening and surveillance for colorectal cancer. American Society of Colon and Rectal Surgeons. Accessed July 24, 2025. www.fascrs.org
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