



REIMBURSEMENT POLICY STATEMENT MARKETPLACE PLANS

Original Issue Date		Next Annual Review		Effective Date	
06/01/2017		05/15/2018		06/01/2017	
Policy Name				Policy Number	
Screening and Surveillance for Colorectal Cancer				PY-0073	
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.

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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 federal statute through criteria based on recommendations from the U.S. Preventive Services Task Force (USPSTF) and the American College of Gastroenterology (ACG). Applicable clinical criteria for the following colorectal cancer screening health services are described in the corresponding medical policy entitled "Screening and Surveillance for Colorectal Cancer"

- Air Contrast Barium Enema (ACBE) every 5 years;
- Flexible sigmoidoscopy every 5 years in combination with fecal occult blood testing (FOBT) or fecal immunochemical testing (FIT) every 3 years.
- Multi-targeted stool DNA test (Cologuard) every 3 years when clinical criteria are met; (see the "Screening and Surveillance for Colorectal Cancer policy")
- Screening Colonoscopy every 10 years in average risk patients.
- Screening Colonoscopy every 24 months in high risk patients
- FOBT or FIT annually

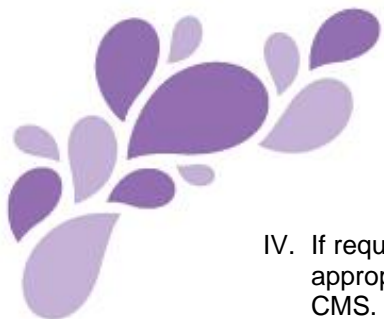
C. DEFINITIONS

N/A

D. POLICY

CareSource will reimburse providers for Screening and Surveillance for Colorectal Cancer utilized through the Health Insurance Exchange when approved by CareSource according to the following tier hierarchy reimbursement format.

- I. First, Health Insurance Exchange Screening and Surveillance for Colorectal Cancer are reimbursed based on the Medicare fee schedule. Please refer to: <https://www.cms.gov/Medicare/Medicare.html>
- II. If the screening and surveillance for colorectal cancer does not fall under the Medicare fee schedule, then CareSource will reimburse a higher percentage based on the Medicaid fee schedule. Please refer to: <https://www.medicaid.gov/>
- III. If screening and surveillance for colorectal Cancer does not fall under the Medicare or Medicaid fee schedule, then CareSource will reimburse at a percent of billed charges outlined by each market.



IV. If required, providers must submit their prior authorization number, their claim form, as well as appropriate HCPCS and/or CPT codes along with appropriate modifiers in accordance with CMS.

E. CONDITIONS OF COVERAGE

Reimbursement is dependent on, but not limited to, submitting CMS approved HCPCS and CPT codes along with appropriate modifiers. Please refer to:

<https://www.cms.gov/Medicare/Medicare.html>

- 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.

CPT/HCPCS Codes	
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
74263	Computed tomographic (CT) colonography, screening, including image postprocessing (Not covered by Medicare)
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 (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)

Modifiers	
Code	Description
33	Preventive Services (For CPT Code 82270: may be appended when this service is performed as a preventive service as identified by the US Preventive Services Task Force.)
PT	Colorectal cancer screening test; converted to diagnostic test or other procedure
QW	CLIA waived

AUTHORIZATION PERIOD

If applicable, reimbursement is dependent upon products and services frequency, duration and timeframe set forth by CareSource Screening and Surveillance for Colorectal Cancer medical policy.

F. RELATED POLICIES/RULES

Screening and Surveillance for Colorectal Cancer, MM-0092 (MPP)



G. REVIEW/REVISION HISTORY

	DATE	ACTION
Date Issued	06/01/2017	
Date Revised		
Date Effective	06/01/2017	

H. REFERENCES

1. Medicare. (2016, May 17). Retrieved May 17, 2016, from <https://www.cms.gov/Medicare/Medicare.html>

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