

Applicable To:

☒ Medicaid – Kentucky

**Claims and Payment Policy:
Colorectal Cancer Screening**

Policy Number: CPP-120

Original Effective Date: 1/10/2019

Revised Effective Date(s): 5/2/2019; 8/22/2019

BACKGROUND

Colorectal cancer is the third most common cancer diagnosed in men and women in the United States and accounts for approximately 50,630 deaths a year. Estimates of new cases for 2018 in the United States were 97,220 new cases of colon cancer and 43,030 new cases of rectal cancer. The lifetime risk of developing colorectal cancer is approximately 4% for men and women. Death rates from colorectal cancer have declined over the last several decades. This decrease is largely due to improved screening measures and the ability to treat individuals at a faster rate. Currently, there are more than 1 million survivors of colorectal cancer in the United States as a result.

Approximately 67% of Americans aged 50 to 75 years are up to date with colorectal screening. Among the same age group, 25% are not up to date and have never been screened. Insurance coverage is a large factor in adults undergoing screening – 71% of insured individuals have been screened versus 36% who are uninsured. Of adults who have never been screened, 85% are insured and 82% are age 50 to 64 years. Adults aged 65 to 75 years are current with screening versus adults aged 50 to 64 years.

Stool-based tests are used to screen for colorectal cancer. There are three tests: the guaiac-based fecal occult blood test (gFOBT), the fecal immunochemical test (FIT), and FIT-DNA test also referred to as the stool DNA test). The **guaiac-based fecal occult blood test (gFOBT)** uses the chemical guaiac to detect blood in the stool. It is done once a year. For this test, you receive a test kit from your health care provider. At home, you use a stick or brush to obtain a small amount of stool. You return the test kit to the doctor or a lab, where the stool samples are checked for the presence of blood. The **fecal immunochemical test (FIT)** uses antibodies to detect blood in the stool. It is also done once a year in the same way as a gFOBT. The **FIT-DNA test** (also referred to as the stool DNA test) combines the FIT with a test that detects altered DNA in the stool. For this test, you collect an entire bowel movement and send it to a lab, where it is checked for cancer cells. It is done once every one or three years.

Flexible sigmoidoscopy is another screening procedure that involves the insertion of a flexible scope into the rectum to check for polyps and cancer within the lower third of the colon. Colonoscopy is yet another screening procedure that uses a lighted scope to look for polyps and cancer for the entire colon. CT colonoscopy (virtual colonoscopy) uses X-rays and computers to produce images of the entire colon, which are displayed on a computer for the physician to analyze.

POSITION STATEMENT

As per the American Cancer Society and the United States Preventive Services Task Force (USPSTF), routine screenings for colorectal cancer, are not indicated and will not be covered for members whom are under the age of 45 and over the age of 85 unless medical necessity is met and documented in the medical records by the ordering provider. WellCare recommends colorectal cancer screening as indicated by recommendations from nationally recognized medical societies and evidenced based guidelines. Risks and benefits of different screening methods vary and may include Fecal Occult Blood Testing (FOBT), Fecal Immunochemical Test (FIT), Fecal DNA, Sigmoidoscopy, or Colonoscopy.

The table below outlines colon cancer screening methods, frequency, evidence of efficacy, and other considerations as published by the USPSTF:

Screening Method	Frequency	Evidence of Efficacy	Other Considerations
Stool-Based Tests			
gFOBT	Every year age requirement is 50-85 years.	RCTs with mortality end points: High-sensitivity versions (e.g., Hemoccult SENSА) have superior test performance characteristics than older tests (e.g., Hemoccult II)	Does not require bowel preparation, anesthesia, or transportation to and from the screening examination (test is performed at home)
FIT	Every year	Test characteristic studies: Improved accuracy compared with gFOBT Can be done with a single specimen	Does not require bowel preparation, anesthesia, or transportation to and from the screening examination (test is performed at home)
FIT-DNA	Every 1 or 3 years	Test characteristic studies: Specificity is lower than for FIT, resulting in more false-positive results, more diagnostic colonoscopies, and more associated adverse events per screening test Improved sensitivity compared with FIT per single screening test	There is insufficient evidence about appropriate longitudinal follow-up of abnormal findings after a negative diagnostic colonoscopy; may potentially lead to overly intensive surveillance due to provider and patient concerns over the genetic component of the test
Direct Visualization Tests			
Colonoscopy	Every 10 years	Prospective cohort study with mortality end point	Requires less frequent screening. Screening and diagnostic follow up of positive results can be performed during the same examination.
CT colonography	Every 5 years	Test characteristic studies	There is insufficient evidence about the potential harms of associated extracolonic findings, which are common
Flexible sigmoidoscopy	Every 10 years	RCTs with mortality end points: Modeling suggests it provides less benefit than when combined with FIT or compared with other strategies	Test availability has declined in the United States
Flexible sigmoidoscopy with FIT	Flexible sigmoidoscopy every 10 years plus FIT every year	RCT with mortality end point (subgroup analysis)	Test availability has declined in the United States Potentially attractive option for patients who want endoscopic screening but want to limit exposure to colonoscopy

CODING & BILLING

Covered ICD-10 Codes

Z12.11 Encounter for screening for malignant neoplasm of colon
Z12.12 Encounter for screening for malignant neoplasm of rectum

Covered CPT/ HCPCs Codes

Colorectal Screening	Code Description	Requirement	Frequency
G0104	Colorectal cancer screening; flexible sigmoidoscopy	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 5 years
G0105	Colorectal cancer screening; colonoscopy on individual at high risk	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 10 years
G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 10 years
S0285	Colonoscopy consultation performed prior to a screening colonoscopy procedure	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 10 years
45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 10 years
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 10 years
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 10 years
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 5 years
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	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 5 years
44388	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 10 years
44389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 10 years
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 10 years
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 10 years
45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 10 years

45380	Colonoscopy, flexible; with biopsy, single or multiple	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 10 years
45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 10 years
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 10 years
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 10 years
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)	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 10 years
74261	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Gastrointestinal Tract diagnostic	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 5 years
74262	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Gastrointestinal Tract diagnostic	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 5 years
74263	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Gastrointestinal Tract screening	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 5 years
81528	Fecal DNA	No recommendation	Limited to once every 3 years
82270	Blood, occult, by peroxidase activity (e.g., 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)	No recommendation	Once a year
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations	No recommendation	Once a year
99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	No recommendation	No frequency requirement
99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	No recommendation	No frequency requirement

99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	No recommendation	No frequency requirement
G0500	Moderate sedation services provided by the same physician or other qualified health care professional performing a gastrointestinal endoscopic service that sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time; patient age 5 years or older (additional time may be reported with 99153, as appropriate)	No recommendation	No frequency requirement
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	No recommendation	No frequency requirement
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	No recommendation	No frequency requirement
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	No recommendation	No frequency requirement
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	No recommendation	No frequency requirement
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical	No recommendation	No frequency requirement

	decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.		
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	No recommendation	No frequency requirement
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	No recommendation	No frequency requirement
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	No recommendation	No frequency requirement
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	No recommendation	No frequency requirement
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	No recommendation	No frequency requirement

99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	No recommendation	No frequency requirement
99242	Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	No recommendation	No frequency requirement
99243	Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	No recommendation	No frequency requirement
99244	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	No recommendation	No frequency requirement
99245	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent face-to-face with the patient and/or family.	No recommendation	No frequency requirement
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	No recommendation	No frequency requirement

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

DEFINITIONS

Colorectal cancer	Cancer that occurs in the colon or rectum. Sometimes it is called colon cancer. The colon is the large intestine or large bowel. The rectum is the passageway that connects the colon to the anus.
Colonoscopy	The doctor uses a longer, thin, flexible, lighted tube to check for polyps or cancer inside the rectum and the entire colon. During the test, the doctor can find and remove most polyps and some cancers. Colonoscopy also is used as a follow-up test if anything unusual is found during one of the other screening tests.
CT colonography	Also called a virtual colonoscopy, uses X-rays and computers to produce images of the entire colon, which are displayed on a computer screen for the doctor to analyze.
Fecal immunochemical test	Uses antibodies to detect blood in the stool. It is also done once a year in the same way as a gFOBT.
FIT-DNA test	Also referred to as the stool DNA test, combines the FIT with a test that detects altered DNA in the stool. This test collects an entire bowel movement which is then sent to a lab where it is checked for cancer cells. It is done once every one or three years.
Flexible sigmoidoscopy	For this test, the doctor puts a short, thin, flexible, lighted tube into your rectum. The doctor checks for polyps or cancer inside the rectum and lower third of the colon.
Guaiac-based fecal occult blood test (gFOBT)	Uses the chemical guaiac to detect blood in the stool. It is done once a year. The patient receives a test kit from their health care provider. Once at home, the patient uses a stick or brush to obtain a small amount of stool. The patient returns the test kit to the doctor or a lab, where the stool samples are checked for the presence of blood.

REFERENCES

1. Colorectal Cancer Screening Tests. American Cancer Society (ACS) Web site. <https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/screening-tests-used.html>. Published May 30, 2018. Accessed November 12, 2018.
2. Final Recommendation Statement: Colorectal Cancer Screening. United States Preventive Services Task Force (USPSTF) Web site. <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/colorectal-cancer-screening2#consider>. Published July 2016. Accessed November 8, 2018.
3. Key Statistics for Colorectal Cancer. American Cancer Society Web site. <https://www.cancer.org/cancer/colon-rectal-cancer/about/key-statistics.html>. Published February 2018. Accessed November 12, 2018.
4. QuickFacts Colorectal Cancer Screening in U.S. Centers for Disease Control and Prevention Web site. <https://www.cdc.gov/cancer/colorectal/pdf/QuickFacts-BRFSS-2016-CRC-Screening-508.pdf>. Accessed November 12, 2018.

IMPORTANT INFORMATION ABOUT THIS DOCUMENT

Claims and Payment Policies (CPPs) are policies regarding claims or claim line processing and/or reimbursement related to the administration of health plan benefits. They are not recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for diagnosing, treating, and making clinical recommendations to the member. CPPs are subject to, but not limited to, the following:

- State and federal laws and regulations;
- Policies and procedures promulgated by the Centers for Medicare and Medicaid Services, including National Coverage Determinations and Local Coverage Determinations;
- The health plan's contract with Medicare and/or a state's Medicaid agency, as applicable;
- Other CPPs and clinical policies as applicable including, but not limited to, *Pre-Payment and Post-Payment Review*.
- The provisions of the contract between the provider and the health plan; and
- The terms of a member's particular benefit plan, including those terms outlined in the member's Evidence of Coverage, Certificate of Coverage, and other policy documents.

In the event of a conflict between a CPP and a member's policy documents, the terms of a member's benefit plan will always supersede the CPP.

The use of this policy is neither a guarantee of payment, nor a prediction of how a specific claim will be adjudicated. Any coding information is for informational purposes only. No inference should be made regarding coverage or provider reimbursement as a result of the inclusion, or omission, in a CPP of a CPT, HCPCS, or ICD-10 code. Always consult the member's benefits that are in place at time of service to determine coverage or non-coverage. Claims processing is subject to a number of factors, including the member's eligibility and benefit coverage on the date of service, coordination of benefits, referral/authorization requirements, utilization management protocols, and the health plan's policies. Services must be medically necessary in order to be covered.

References to other sources and links provided are for general informational purposes only, and were accurate at the time of publication. CPPs are reviewed annually but may change at any time and without notice, including the lines of business for which they apply. CPPs are available at www.wellcare.com. Select the "Provider" tab, then "Tools" and then "Payment Guidelines".

WellCare (Kentucky)

RULES, PRICING & PAYMENT COMMITTEE HISTORY AND REVISIONS

Date	Action
10/30/2019	<ul style="list-style-type: none"> • Approved by RGC