

COLORECTAL CANCER SCREENING

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Status: Current

I. POLICY/CRITERIA

A. General Preventive Screening for average risk population:

Average risk is defined as no personal history adenomatous polyps, colorectal cancer, or inflammatory bowel disease (Crohn's Disease and Ulcerative Colitis); no family history of colorectal cancer or adenomatous polyps, familial adenomatous polyposis, or hereditary nonpolyposis colorectal cancer. Beginning at age 50, both men and women at average risk for developing colorectal cancer should begin screening as discussed in the [Priority Health Preventive Health Care Guidelines](#).

Preventive testing modalities include:

1. Fecal occult blood test (FOBT) using guaiac-based FOBT (gFOBT) or immunochemical-based FOBT (iFOBT)
2. Flexible sigmoidoscopy
3. Colonoscopy
4. Computed tomography colonography (CTC)*
5. Fecal DNA (Cologuard)

Fecal DNA testing using Cologuard once every 3 years is considered medically necessary for members who meet all the following criteria:

1. Age 50-75
2. Those patients who show no signs or symptoms of colorectal disease including and not limited to lower gastrointestinal pain, blood in stool, positive fecal occult blood test or fecal immunochemical test
3. No prior history of abnormal fecal DNA test
4. Those patients who are at average risk for developing colorectal cancer
 - a. no personal history adenomatous polyps colorectal cancer, or inflammatory bowel disease (Crohn's Disease and Ulcerative Colitis)
 - b. no family history of colorectal cancer or adenomatous polyps, familial adenomatous polyposis, or hereditary nonpolyposis colorectal cancer

B. Advanced Screening and Evaluation Guidelines:

The following cancer screening guidelines are adapted from the Screening and Surveillance for the Early Detection of Colorectal Cancer and Adenomatous Polyps, 2008: A Joint Guideline from the American Cancer Society, the US Multi-Society Task Force on Colorectal Cancer, and the American College of Radiology.

1. **Patients with small rectal hyperplastic polyps** should be considered to have normal colonoscopies, and therefore the interval before the subsequent colonoscopy should be 10 years. An exception is patients with a hyperplastic polyposis syndrome. They are at increased risk for adenomas and colorectal cancer and need to be identified for more intensive follow up.
2. **Patients with only one or two small (<1 cm) tubular adenomas with only low-grade dysplasia** should have their next follow-up colonoscopy in 5 to 10 years. The precise timing within this interval should be based on other clinical factors (such as prior colonoscopy findings, family history, and the preferences of the patient and judgment of the physician).
3. **Patients with 3 to 10 adenomas, or any adenoma > 1 cm, or any adenoma with villous features, or high-grade dysplasia** should have their next follow-up colonoscopy in 3 years providing that piecemeal removal has not been done and the adenoma(s) are completely removed. If the follow-up colonoscopy is normal or shows only one or two small tubular adenomas with low-grade dysplasia, then the interval for the subsequent examination should be 5 years.
4. **Patients who have more than 10 adenomas at one examination** should be examined at a shorter (<3 years) interval established by clinical judgment, and the clinician should consider the possibility of an underlying familial syndrome.
5. **Patients with sessile adenomas that are removed piecemeal** should be considered for follow up at short intervals (2 to 6 months) to verify complete removal. Once complete removal has been established, subsequent surveillance needs to be individualized based on the endoscopist's judgment. Completeness of removal should be based on both endoscopic and pathologic assessments.
6. **More intensive surveillance is indicated when the family history may indicate an inherited colorectal cancer syndrome such as hereditary nonpolyposis colorectal cancer (HNPCC) or Familial Adenomatous Polyposis (FAP).** See the National Comprehensive Cancer Guidelines (NCCN) for specific screening information for these conditions (www.NCCN.org).

C. Non-covered colorectal cancer screening tests:

1. **Magnetic resonance imaging (MRI) colonography** is considered experimental and investigational for the screening or diagnosis of colorectal cancer, inflammatory bowel disease, or other indications because its value for these indications has not been established.
2. **Wireless Capsule Endoscopy (WCE)**

WCE (i.e. PillCam) is accomplished by encasing video, illumination and transmission modules inside a capsule the size of a large vitamin pill.

WCE is **NOT** a covered benefit for general screening.

II. MEDICAL NECESSITY REVIEW

- Required for Computed Tomography Colonography (CTC)*
 Not Required
 Not Applicable

Note: eviCore provides prior authorization medical necessity review services on behalf of Priority Health for participating providers. Prior authorization for out-of-network providers must be requested through Priority Health. Computed Tomography Colonography (CTC) may be covered when eviCore criteria are met.

III. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

IV. BACKGROUND

Colorectal cancer (CRC) causes over 57,000 deaths in the United States annually, making it the second most lethal type of cancer. Widespread screening for

colorectal cancer could prevent many of these deaths since prognosis improves dramatically with early detection and treatment. Colon cancer prevention should be the primary goal of CRC screening. Tests that are designed to detect both early cancer and adenomatous polyps should be encouraged if resources are available and patients are willing to undergo an invasive test. Existing screening methods include both invasive and non-invasive tests with varying sensitivities and specificities. Commonly used tests include the fecal occult blood test (FOBT), flexible sigmoidoscopy, traditional colonoscopy and virtual colonoscopy.

V. CODING INFORMATION

ICD-10 Codes that support payment of the following CPT/HCPCS procedures as a preventive benefit (not subject to deductible):

Z12.11	Encounter for screening for malignant neoplasm of colon
Z12.12	Encounter for screening for malignant neoplasm of rectum
Z80.0	Family history of malignant neoplasm of digestive organs
Z83.71	Family history of colonic polyps
Z85.00	Personal history of malignant neoplasm of unspecified digestive organ
Z85.01	Personal history of malignant neoplasm of esophagus
Z85.020	Personal history of malignant carcinoid tumor of stomach
Z85.028	Personal history of other malignant neoplasm of stomach
Z85.030	Personal history of malignant carcinoid tumor of large intestine
Z85.038	Personal history of other malignant neoplasm of large intestine
Z85.040	Personal history of malignant carcinoid tumor of rectum
Z85.048	Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus
Z85.810	Personal history of malignant neoplasm of tongue
Z85.818	Personal history of malignant neoplasm of other sites of lip, oral cavity, and pharynx
Z85.819	Personal history of malignant neoplasm of unspecified site of lip, oral cavity, and pharynx
Z86.010	Personal history of colonic polyps

CPT/HCPCS Procedure Codes

**These codes billed with modifier 33 - Preventive Services or modifier PT - Colorectal cancer screening test; converted to diagnostic test or other procedure will process as a preventive benefit regardless of diagnosis.*

45330*	Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
45331*	Sigmoidoscopy, flexible; with biopsy, single or multiple

- 45333* Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
- 45334* Sigmoidoscopy, flexible; with control of bleeding (e.g., injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
- 45335* Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance
- 45338* Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
- 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)
(Not covered for Medicaid)

- 45378* Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)
- 45380* Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple

- 45381* Colonoscopy, flexible; with directed submucosal injection(s), any substance
- 45382* Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding (e.g., injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
- 45384* Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
- 45385* Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
- 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)
(Not covered for Medicaid)

- G0104 Colorectal cancer screening; flexible sigmoidoscopy
- G0105 Colorectal cancer screening; colonoscopy on individual at high risk
- G0121 Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk
- 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

ICD-10 codes that support payment of the following CPT/HCPCS procedures as a preventive benefit in addition to the codes above:

- Z00.00 Encounter for general adult medical examination without abnormal findings
- Z00.01 Encounter for general adult medical examination with abnormal findings

CPT/HCPCS procedure codes:

- 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)

- 82274 Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations
- G0328 Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous determinations

Pre-authorization required:

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- 74263 Computed tomographic (CT) colonography, screening, including image post processing (Not covered for Priority Medicare or Medicaid)
Only this code qualifies for the preventive benefit for plans that cover this service.

VI. REFERENCES

- Guidelines for colonoscopy surveillance after polypectomy: a consensus update by the US Multi-Society Task Force on Colorectal Cancer and the American Cancer Society. CA Cancer J Clin. 2006 May-Jun;56(3):143-59
. Retrieved 1/26/04.
Updated 2012: <https://gi.org/guideline/guidelines-for-colonoscopy-surveillance-after-screening-and-polypectomy-a-consensus-update-by-the-us-multi-society-task-force-on-colorectal-cancer/> (Retrieved December 27, 2018).
- American College of Gastroenterology. Available on the World Wide Web at <http://www.acg.gi.org/physicianforum/virtualcolonoscopy.html>, Retrieved 1/26/04.
- American Society for Gastrointestinal Endoscopy - http://www.askasge.org/pages/tech/lge_virtual.cfm Accessed 2/21/06.
- Johnson, C. D., et.al. "Prospective blinded evaluation of computed tomographic colonography for screen detection of colorectal polyps". Gastroenterology 2003;125:311-319.
- Rex, D. K. "Is virtual colonoscopy ready for widespread application?" Gastroenterology 2003;125:608-614.
- Morrin, M. M. and LaMont, J. T. "Screening virtual colonoscopy-Ready for prime time?" N Engl J Med 349;23 December 4, 2003 pp. 2261-2264.
- Pickhardt PJ, Choi R, Hwang I, et al. Computed tomographic virtual colonoscopy to screen for colorectal neoplasia in asymptomatic adults. N Engl J Med. 2003;349(23):2191-2200.
- Pineau, B. C. et. al. "Virtual colonoscopy using oral contrast compared with colonoscopy for the detection of patients with colorectal polyps". Gastroenterology 2003;125:304-31

- “Virtual Colonoscopy” HAYES, Inc. February 2008
Colorectal Cancer Screening and Surveillance. Cigna Medical Coverage Policy 0148. Effective Date October 15, 2016.
(https://cignaforhcp.cigna.com/public/content/pdf/coveragePolicies/medical/mm_0148_coveragepositioncriteria_colorectal_cancer_screening.pdf). Accessed December 28, 2016, January 4, 2018, & December 27, 2018.
- Colorectal Cancer Screening. Aetna Clinical Policy Bulletin. Last Review Date: May 24, 2018.
(http://www.aetna.com/cpb/medical/data/500_599/0516.html). Accessed December 28, 2016, January 4, 2018, & December 27, 2018.
- Colorectal Cancer Screening. Humana Medical Coverage Policy HGO-0378-016. Effective Date December 4, 2018. Accessed December 28, 2016, January 4, 2018, & December 27, 2018).
- Colorectal Cancer: Screening. United States Preventive Services Task Force, June 2016 @
<https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/colorectal-cancer-screening2> (Accessed January 4, 2018 & December 27, 2018)

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