

COLORECTAL CANCER SCREENING

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Date Of Origin: April 16, 2008

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 45, 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)/fecal immunochemical test (FIT)
2. Flexible sigmoidoscopy
3. Colonoscopy
4. Computed tomography colonography (CTC)
 - a. Prior authorization through eviCore is required. CTC may be medically necessary when eviCore criteria are met.
5. Fecal DNA or FIT-DNA (Cologuard): Fecal DNA testing using Cologuard once every 3 years is considered medically necessary for members who meet all the following criteria:
 - a. Age 45-75
 - b. 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
 - c. No prior history of abnormal fecal DNA test
 - d. Those patients who are at average risk for developing colorectal cancer
 - e. No personal history adenomatous polyps colorectal cancer, or inflammatory bowel disease (Crohn's Disease and Ulcerative Colitis)
 - f. No family history of colorectal cancer or adenomatous polyps, familial adenomatous polyposis, or hereditary nonpolyposis colorectal cancer

B. Advanced Screening and Evaluation Guidelines:

Gupta S, Lieberman D, Anderson JC, et al. Recommendations for Follow-Up After Colonoscopy and Polypectomy: A Consensus Update by the US

Multi-Society Task Force on Colorectal Cancer. *Gastrointest Endosc.* 2020;91(3):463-485.e5. doi:10.1016/j.gie.2020.01.014

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)** (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

Prior authorization for certain drugs, services, and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service, or procedure is medically necessary. For more information, please refer to the [Priority Health Provider Manual](#).

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) and/or the Evidence of Coverage (EOC); 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 is the third leading cause of cancer death for both men and women. Widespread screening for colorectal cancer (CRC) 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.

Colonoscopy is a procedure in which a colonoscope or scope is used to look inside the rectum and colon. Colonoscopy can show irritated and swollen tissue, ulcers, polyps, and cancer. It is the most complete screening procedure and is considered the gold standard of the screening modalities.

Computed Tomographic Colonography (CTC) or virtual colonoscopy is a non-invasive x-ray test that does not require anesthesia. However, with CTC the entire length of the colon is not viewed and CTC may not find certain polyps as easily as a colonoscopy.

Flexible sigmoidoscopy is a procedure in which a flexible, narrow tube with a light and tiny camera on one end, called a sigmoidoscope or scope, is used to look inside the rectum and lower colon. Flexible sigmoidoscopy can show irritated or swollen tissue, ulcers, polyps, and cancer.

Currently available stool-based tests include guaiac fecal occult blood test (gFOBT), fecal immunochemical test (FIT), and stool DNA with a FIT (sDNA-FIT). Fecal occult blood tests (FOBTs) are generally divided into two types: immunoassay and guaiac types. Immunoassay (or immunochemical) fecal occult blood tests (iFOBT or FIT) measures hemoglobin, a protein in red blood cells. Guaiac fecal occult blood tests (gFOBT) use a peroxidase reaction to indicate presence of the heme portion of hemoglobin. The Cologuard, a multi-target sDNA test, incorporates both sDNA and fecal immunochemical test techniques. It detects molecular markers of altered DNA that are contained in the cells shed by colorectal cancer and pre-malignant colorectal epithelial neoplasia into the lumen of the large bowel.

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 |
| Z83.710 | 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, including collection of specimen(s) by brushing or washing, when performed (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, any method |
| 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) |
| 45378* | Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) |
| 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
- 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)
- 45390* Colonoscopy, flexible; with endoscopic mucosal resection
- 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
- S0285 Colonoscopy consultation performed prior to a screening colonoscopy procedure (*not covered for Medicare or Medicaid*)
- G0327 Colorectal cancer screening; blood-based biomarker (Medicare only)

Pre-authorization required:

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.

- 74263 Computed tomographic (CT) colonography, screening, including image post processing

VI. REFERENCES

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