



**Subject:** Colorectal Cancer Screening

**Effective Date:** 3/1/18

**Review Date:** 12/22

## DESCRIPTION

The United States Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years (A recommendation). The decision to screen for colorectal cancer in adults aged 76 to 85 years should be an individual one, considering the patient's overall health and prior screening history (C recommendation). The risks and benefits of different screening methods vary. In May 2018, the American Cancer Society (ACS) published updated guidelines recommending individuals at average risk of colorectal cancer start regular screening at age 45. The ACS lowered the age to start screening after analyzing data from a major analysis led by ACS researchers. The numbers showed that new cases of colorectal cancer are occurring at an increasing rate among younger adults. After reviewing this data, experts on the ACS Guideline Development Committee concluded that a beginning screening age of forty-five for adults of average risk would result in more lives saved from colorectal cancer.

The purpose of this policy is to provide coverage criteria for the frequency of each screening method for both average- and high-risk members. Because the same procedure may be done either for a preventive screening, or as a diagnostic procedure, OSU Health Plan must rely on provider billing to accurately identify the service as preventive or diagnostic. This policy provides a coded guideline for claims administration and is not an all-inclusive list. Procedure and/or diagnosis codes can be updated as recommendations change, or additional codes become available.

## DEFINITIONS

General definitions of procedure indications from various specialty societies including The Affordable Care Act (ACA):

**Diagnostic health services** are done to confirm or rule out a condition in a person who is symptomatic or who is believed to have a specific condition based on other clinical information.

**Preventive health services** are designated for the prevention and early detection of illness in asymptomatic people. This includes routine physical examinations, screening examinations, tests, immunizations, and counseling designed to maintain and improve health.

**Surveillance** is the follow-up to check for the return of a disease in a person who was previously treated for the disease and now believed to be free of the disease.

## POLICY

OSU Health Plan covers the following screening methods for members aged 45 – 75 at average risk of developing colorectal cancer without cost sharing:

- Fecal DNA (Cologuard) every 3 years, or
- Fecal immunochemical test (FIT) every year, or
- Guaiac-based fecal occult blood test (gFOBT) every year, or
- Double contrast barium enema (DCBE) every 5 years, or
- Flexible sigmoidoscopy every 5 years, or
- CT colonography (virtual colonoscopy) every 5 years, or
- Colonoscopy every 10 years

OSU Health Plan covers colorectal cancer screening (flexible sigmoidoscopy, FOBT, DCBE, or colonoscopy) without cost sharing as frequently as every year for members with any of the following risk factors for colorectal cancer:

- A first-degree relative (sibling, parent, child) who has had colorectal cancer or adenomatous polyps (screening is considered medically necessary beginning at age 40 years, or 10 years younger than the earliest diagnosis in their family, whichever comes first); or
- Family history of familial adenomatous polyposis (screening is considered medically necessary beginning at puberty); or
- Family history of hereditary non-polyposis colorectal cancer (HNPCC) (screening is considered medically necessary beginning at age 20 years); or
- Family history of MYH-associated polyposis in siblings (screening is considered medically necessary beginning at age 25 years); or
- Diagnosis of Cowden syndrome (screening is considered medically necessary beginning at age 35 years).
- Member has inflammatory bowel disease (including ulcerative colitis or Crohn's disease); or
- Personal history of adenomatous polyps; or
- Personal history of colorectal cancer; or
- Cystic fibrosis.

## EXCLUSIONS

Performance of multiple screening strategies simultaneously (for example, virtual colonoscopy screening every 5 years plus stool DNA testing every 3 years) in the same individual has no proven value. [Exception: flexible sigmoidoscopy with FIT/FOBT]

Diagnostic testing is not covered under the preventive benefit. Cost-sharing applies to diagnostic services according to the schedule of benefits in The OSU Faculty and Staff Health Plans Specific Plan Details Document (SPD).

## CLAIM PROCESSING GUIDELINE

Service	Procedure Code(s) [CPT, HCPCS]	Risk Category	Diagnosis Code(s) <sup>1</sup> [ICD-10]	Instructions
Fecal DNA (Cologuard)	81528	Average Risk	Z12.11 – Z12.12 without diagnosis in <a href="#">Table A</a> or <a href="#">Table B</a>	Allow every 3 years for members aged 45 – 75 without cost sharing. Deny if outside this criterion.
		High Risk	Z12.11 – Z12.12 with high-risk diagnosis from <a href="#">Table A</a> <b>OR</b>	Deny. There is insufficient evidence to support Cologuard in the screening of individuals at high-risk for colorectal cancer.

			diagnosis from <u>Table B</u> (with or without additional diagnoses)	
		Diagnostic	Any ICD-10 code(s) <b>except</b> Z12.11 – Z12.12 or diagnosis from <u>Table B</u>	Deny. Cologuard is not intended for diagnostic testing.
Fecal Occult Blood (FOT) and Fecal Immunochemical Test (FIT)	82270, 82274, G0328	Average Risk	Z12.11 – Z12.12 without diagnosis in <u>Table A</u> or <u>Table B</u>	Allow every year for members aged 45 – 75 without cost sharing. Deny if outside this criterion.
		High Risk	Z12.11 – Z12.12 with high-risk diagnosis from <u>Table A</u> <b>OR</b> diagnosis from <u>Table B</u> (with or without additional diagnoses)	Allow every year without cost sharing. No age restriction.
		Diagnostic	Any ICD-10 code(s) <b>except</b> Z12.11 – Z12.12 or diagnosis from <u>Table B</u>	Cover with cost-sharing per the schedule of benefits in the SPD.
Double Contrast Barium Enema (DCBE)	G0106, G0120, G0122	Average Risk	Z12.11 – Z12.12 without diagnosis in <u>Table A</u> or <u>Table B</u>	Cover every 5 years for members aged 45 – 75 without cost sharing. Deny if outside this criterion.
		High Risk	Z12.11 – Z12.12 with high-risk diagnosis from <u>Table A</u> <b>OR</b> diagnosis from <u>Table B</u> (with or without additional diagnoses)	Cover as frequently as every year without cost sharing. No age restriction.
		Diagnostic	Any ICD-10 code(s) <b>except</b> Z12.11 – Z12.12 or diagnosis from <u>Table B</u>	Cover with cost-sharing per the schedule of benefits in the SPD.
CT	74263	Average Risk	Z12.11 –	Cover every 5 years for

Colonography (Virtual Colonoscopy)			Z12.12 without diagnosis in <u>Table A</u> or <u>Table B</u>	members aged 45 – 75 without cost sharing. Deny if outside this criterion.
		High Risk	Z12.11 – Z12.12 with high-risk diagnosis from <u>Table A</u> <b>OR</b> diagnosis from <u>Table B</u> (with or without additional diagnoses)	Cover as frequently as every year without cost sharing. No age restriction.
		Diagnostic	Any ICD-10 code(s) <b>except</b> Z12.11 – Z12.12 or diagnosis from <u>Table B</u>	Cover with cost-sharing per the schedule of benefits in the SPD.
Flexible Sigmoidoscopy <sup>2</sup>	45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45340, 45341, 45342, 45346, 45347, 45349, 45350, 88305, G0104	Average Risk	Z12.11 – Z12.12 without diagnosis in <u>Table A</u> or <u>Table B</u>	Cover every 5 years for members aged 45 – 75 without cost sharing. Deny if outside this criterion.
		High Risk	Z12.11 – Z12.12 with high-risk diagnosis from <u>Table A</u> <b>OR</b> diagnosis from <u>Table B</u> (with or without additional diagnoses)	Cover as frequently as every year without cost sharing. No age restriction.
		Diagnostic	Any ICD-10 code(s) <b>except</b> Z12.11 – Z12.12 or diagnosis from <u>Table B</u>	Cover with cost-sharing per the schedule of benefits in the SPD.
Colonoscopy <sup>2</sup>	45378, 45379, 45380, 45381, 45382, 45384, 45385, 45386, 45388, 45389, 45390, 45391, 45392, 45393, 45398, 88305, G0105, G0121	Average Risk	Z12.11 – Z12.12 without diagnosis in <u>Table A</u> or <u>Table B</u>	Cover every 10 years for members aged 45 – 75 without cost sharing. Deny if outside this criterion.
		High Risk	Z12.11 – Z12.12 with high-risk diagnosis from <u>Table A</u> <b>OR</b> diagnosis from <u>Table B</u> (with or without	Cover as frequently as every year without cost sharing. No age restriction.

			additional diagnoses)	
		Diagnostic	Any ICD-10 code(s) <b>except</b> Z12.11 – Z12.12 or diagnosis from <u>Table B</u>	Cover with cost-sharing per the schedule of benefits in the SPD.

Claims may be audited periodically to ensure screenings meet the medical necessity criteria described in this policy.

## FOOTNOTES

<sup>1</sup> In order to determine the appropriate risk category, all diagnosis codes associated with the CPT/HCPCS code(s) billed should be reviewed.

<sup>2</sup> The pathology and anesthesia services related to a preventive screening identified in the table above (i.e., colonoscopy or sigmoidoscopy for average or high-risk members) should process without cost-sharing regardless if it is billed as a screening or not.

## APPENDIX

*Information in the [brackets] below has been added for clarification purposes. Codes requiring additional characters are represented by "+".*

<b>ICD-10 Code</b>	<b>Description</b>
D12.6	Benign neoplasm of colon, unspecified
E84+	Cystic fibrosis
K50+	Crohn's disease [regional enteritis]
K51+	Ulcerative colitis
K52.1	Toxic gastroenteritis and colitis
K52.89	Other specified noninfective gastroenteritis and colitis
K52.9	Noninfective gastroenteritis and colitis, unspecified
Q85.8	Other phakomatoses, not elsewhere classified [Cowden syndrome]
Z15.09	Genetic susceptibility to other malignant neoplasm
Z80.0	Family history of malignant neoplasm of digestive organs
Z83.71	Family history of colonic polyps
Z85.038	Personal history of other malignant neoplasm of large intestine
Z85.048	Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus
Z86.010	Personal history of colonic polyps

<b>ICD-10 Code</b>	<b>Description</b>
Z15.09	Genetic susceptibility to other malignant neoplasm
Z80.0	Family history of malignant neoplasm of digestive organs
Z83.71	Family history of colonic polyps
Z85.03+	Personal history of malignant neoplasm of large intestine
Z85.04+	Personal history of malignant neoplasm of rectum, rectosigmoid junction, and

	anus
Z86.010	Personal history of colonic polyps

## REFERENCES

- Aetna. (2017). Colorectal Cancer Screening. Retrieved February 01, 2018, from [http://www.aetna.com/cpb/medical/data/500\\_599/0516.html](http://www.aetna.com/cpb/medical/data/500_599/0516.html)
- American Cancer Society. (2017, July 7). American Cancer Society Recommendations for Colorectal Cancer Early Detection. Retrieved February 01, 2018, from <https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/acs-recommendations.html>
- Centers for Medicare & Medicaid Services. (2017, August 18). Medicare Claims Processing Manual: Chapter 18 - Preventive and Screening Services. Retrieved February 1, 2018, from <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf>
- Colorectal Cancer Screening for Average-Risk Adults: 2018 Guideline Update from the American Cancer Society. Published May 30, 2018, in CA: A Cancer Journal for Clinicians. First author Andrew M.D. Wolf, MD. University of Virginia School of Medicine, Charlottesville, Va.
- Doubeni, C. (2017, January 5). Tests for screening for colorectal cancer: Stool tests, radiologic imaging, and endoscopy (J. T. Lamont, J. G. Elmore, & J. A. Melin, Eds.). Retrieved February 1, 2018, from [https://www.uptodate.com/contents/tests-for-screening-for-colorectal-cancer-stool-tests-radiologic-imaging-and-endoscopy?search=colorectal%20cancer%20screening&source=search\\_result&selectedTitle=3~108&usage\\_type=default&display\\_rank=3#H240481080](https://www.uptodate.com/contents/tests-for-screening-for-colorectal-cancer-stool-tests-radiologic-imaging-and-endoscopy?search=colorectal%20cancer%20screening&source=search_result&selectedTitle=3~108&usage_type=default&display_rank=3#H240481080)
- Hadjiiladis, D., et al. (2018). Cystic Fibrosis Colorectal Cancer Screening Consensus Recommendations. *Gastroenterology*, 154:736-745. doi: 10.1053/j.gastro.2017.12.012
- Levin B, Lieberman DA, McFarland B, et al.; for the American Cancer Society Colorectal Cancer Advisory Group, the US Multi-Society Task Force, and the American College of Radiology Colon Cancer Committee. (2008). Screening and surveillance for the early detection of colorectal cancer and adenomatous polyps, 2008: A joint guideline from the American Cancer Society, the U.S. Multi-Society Task Force on Colorectal Cancer, and the American College of Radiology. *CA Cancer J Clin*, 58(3):130-160.
- Lin JS, Piper MA, Perdue LA, Rutter CM, Webber EM, O'Connor E, Smith N, Whitlock EP. (2016). Screening for Colorectal Cancer Updated Evidence Report and Systematic Review for the US Preventive Services Task Force. *JAMA*, 315(23):2576–2594. doi:10.1001/jama.2016.3332
- National Comprehensive Cancer Network. (2017, November 14). Colorectal Cancer Screening. Retrieved February 1, 2018, from [https://www.nccn.org/professionals/physician\\_gls/pdf/colorectal\\_screening.pdf](https://www.nccn.org/professionals/physician_gls/pdf/colorectal_screening.pdf)
- Rex, D. K., Johnson, D. A., Anderson, J. C., Schoenfeld, P. S., Burke, C. A., & Inadomi, J. M. (2009). American College of Gastroenterology Guidelines for Colorectal Cancer Screening. *Am J Gastroenterol*, 104, 739-750. doi:10.1038/ajg.2009.104
- Shaukat, A., Kahi, C. J., Burke, C. A., Rabeneck, L., Sauer, B. G., & Rex, D. K. (2021). ACG Clinical Guidelines: Colorectal Cancer Screening 2021. *The American Journal of Gastroenterology*, 116(3), 458-479. doi: 10.14309/ajg.0000000000001122
- United States. (2010). *Compilation of Patient Protection and Affordable Care Act: including Patient Protection and Affordable Health Care Act Health-related portions of the Health Care and Education Reconciliation Act of 2010*. Washington, D.C.: U.S. G.P.O.

US Preventive Services Task Force. (2016). Screening for Colorectal Cancer US Preventive Services Task Force Recommendation Statement. *JAMA*, 315(23), 2564-2575.  
doi:10.1001/jama.2016.5989

US Preventive Services Task Force. (2021). Colorectal Cancer: Screening.  
<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening>