



Subject: Colorectal Cancer Screening

Revision Date: 9/25

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.

APPLICABILITY

This policy applies to all OSU Health Plan (OSUHP) benefit plans.

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 or Cologuard Plus) 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).
- Diagnosis of 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.

PROCEDURES

The third-party payer (TPA) will process claims at the allowed frequencies documented in this policy utilizing the following criteria. In order to determine the appropriate risk category, all diagnosis codes associated with the CPT/HCPCS code(s) billed should be reviewed.

Service	Procedure Code(s) [CPT, HCPCS]	Average Risk	High Risk	Diagnostic

<p>Fecal DNA</p> <p>Cologuard and Cologuard Plus</p>	<p>81528, 0464U</p>	<p><u>ICD-10 Codes:</u></p> <p>Z12.11 – Z12.12 without diagnosis in Table Aⁱ or Table Bⁱⁱ</p> <p><u>TPA Instructions:</u></p> <p>Allow every 3 years for members aged 45 – 75 without cost sharing. Deny if outside this criterion.</p>	<p><u>ICD-10 Codes:</u></p> <p>ICD-10 Codes: Z12.11 – Z12.12 with high-risk diagnosis from Table Aⁱ OR diagnosis from Table Bⁱⁱ (with or without additional diagnoses)</p> <p><u>TPA Instructions:</u></p> <p>Deny. There is insufficient evidence to support Cologuard in the screening of individuals at high-risk for colorectal cancer.</p>	<p><u>ICD-10 Codes:</u></p> <p>Any ICD-10 code(s) except Z12.11 – Z12.12 or diagnosis from Table Bⁱⁱ</p> <p><u>TPA Instructions:</u></p> <p>Deny. Cologuard is not intended for diagnostic testing.</p>
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Fecal Occult Blood (FOT) and Fecal Immunochemical Test (FIT)	82270, 82274, G0328	<u>ICD-10 Codes:</u> Z12.11 – Z12.12 without diagnosis in Table A ⁱ or Table B ⁱⁱ <u>TPA Instructions:</u> Allow every year for members aged 45 – 75 without cost sharing. Deny if outside this criterion.	<u>ICD-10 Codes:</u> Z12.11 – Z12.12 with high-risk diagnosis from Table A ⁱ OR diagnosis from Table B ⁱⁱ (with or without additional diagnoses) <u>TPA Instructions:</u> Allow every year without cost sharing. No age restriction.	<u>ICD-10 Codes:</u> Any ICD-10 code(s) except Z12.11 – Z12.12 or diagnosis from Table B ⁱⁱ <u>TPA Instructions:</u> Cover with cost-sharing per the schedule of benefits in the SPD.
Double Contrast Barium Enema (DCBE)	G0106, G0120, G0122	<u>ICD-10 Codes:</u> Z12.11 – Z12.12 without diagnosis in Table A ⁱ or Table B ⁱⁱ <u>TPA Instructions:</u> Cover every 5 years for members aged 45 – 75 without cost sharing. Deny if outside this criterion.	<u>ICD-10 Codes:</u> Z12.11 – Z12.12 with high-risk diagnosis from Table A ⁱ OR diagnosis from Table B ⁱⁱ (with or without additional diagnoses) <u>TPA Instructions:</u> Cover as frequently as every year without cost sharing. No age restriction.	<u>ICD-10 Codes:</u> Any ICD-10 code(s) except Z12.11 – Z12.12 or diagnosis from Table B ⁱⁱ . <u>TPA Instructions:</u> Cover with cost-sharing per the schedule of benefits in the SPD.

CT Colonography (Virtual Colonoscopy)	74263	<u>ICD-10 Codes:</u> Z12.11 – Z12.12 without diagnosis in Table A ⁱ or Table B ⁱⁱ <u>TPA</u> <u>Instructions:</u> Cover every 5 years for members aged 45 – 75 without cost sharing. Deny if outside this criterion.	<u>ICD-10 Codes:</u> Z12.11 – Z12.12 with high-risk diagnosis from Table A ⁱ OR diagnosis from Table B ⁱⁱ (with or without additional diagnoses) <u>TPA</u> <u>Instructions:</u> Cover as frequently as every year without cost sharing. No age restriction.	<u>ICD-10 Codes:</u> Any ICD-10 code(s) except Z12.11 – Z12.12 or diagnosis from Table B ⁱⁱ <u>TPA Instructions:</u> Cover with cost- sharing per the schedule of benefits in the SPD.
Flexible Sigmoidoscopy ⁱⁱⁱ	45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45340, 45341, 45342, 45346, 45347, 45349, 45350, 88305, G0104	<u>ICD-10 Codes:</u> Z12.11 – Z12.12 without diagnosis in Table A ⁱ or Table B ⁱⁱ <u>TPA</u> <u>Instructions:</u> Cover every 5 years for members aged 45 – 75 without cost sharing. Deny if outside	<u>ICD-10 Codes:</u> Z12.11 – Z12.12 with high-risk diagnosis from Table A ⁱ OR diagnosis from Table B ⁱⁱ (with or without additional diagnoses) <u>TPA Instructions:</u> Cover as frequently as every year without cost	<u>ICD-10 Codes:</u> Any ICD-10 code(s) except Z12.11 – Z12.12 or diagnosis from Table B ⁱⁱ <u>TPA Instructions:</u> Cover with cost- sharing per the schedule of benefits in the SPD.

		this criterion.	sharing. No age restriction.	
Colonoscopy	45378, 45379, 45380, 45381, 45382, 45384, 45385, 45386, 45388, 45389, 45390, 45391, 45392, 45393, 45398, 88305, G0105, G0121	<u>ICD-10 Codes:</u> Z12.11 – Z12.12 without diagnosis in Table A ⁱ or Table B ⁱⁱ <u>TPA Instructions:</u> Cover every 10 years for members aged 45 – 75 without cost sharing. Deny if outside this criterion.	<u>ICD-10 Codes:</u> Z12.11 – Z12.12 with high-risk diagnosis from Table A ⁱ OR diagnosis from Table B ⁱⁱ (with or without additional diagnoses) <u>TPA Instructions:</u> Cover as frequently as every year without cost sharing. No age restriction.	<u>ICD-10 Codes:</u> Any ICD-10 code(s) except Z12.11 – Z12.12 or diagnosis from Table B ⁱⁱ <u>TPA Instructions:</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.

PRIOR AUTHORIZATION

Prior authorization is not required for colorectal cancer screening.

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).

CODES

Refer to the Procedure section of this policy.

REFERENCES

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

Table A. High-Risk Diagnoses

ICD-10 Code	Description
D12.6	Benign neoplasm of colon, unspecified
D12.8	Benign neoplasm of rectum
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

ⁱⁱ **Table B. Personal and/or Family History High-Risk Diagnoses**

ICD-10 Code	Description
D13.91	Familial adenomatous polyposis
Z15.09	Genetic susceptibility to other malignant neoplasm
Z80.0	Family history of malignant neoplasm of digestive organs
Z83.7+	Family history of diseases of the digestive system
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

iii The pre-operative examination, pathology, and anesthesia related to a preventive screening identified in the Procedure section of this policy (e.g., average or high-risk colonoscopy or sigmoidoscopy) should process without cost-sharing regardless of the ICD-10 code(s) billed.