Payment Policy | Colorectal Screening Mandate

EFFECTIVE DATE: 07|01|2004
POLICY LAST UPDATED: 02|07|2017

OVERVIEW

This policy documents coverage for colorectal screening services. In accordance with Rhode Island General Law § 27-20-44 Prostate and colorectal examinations, subscribers to any nonprofit medical service plan shall be afforded coverage under the plan for prostate and colorectal examinations and laboratory tests for cancer for any nonsymptomatic person covered under the policy or contract, in accordance with the current American Cancer Society guidelines.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

BlueCHiP for Medicare

State mandates do not apply to BlueCHiP for Medicare. Colorectal screening is covered for BlueCHiP for Medicare members under the related policy for Preventive Services for BlueCHiP for Medicare members.

Commercial Products

Colorectal examinations and laboratory tests for cancer are covered in accordance with the current American Cancer Society guidelines as indicated in the Background section below. For plans that have coverage for preventive services, please refer to the related policy for Preventive Services for Commercial members.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable prevention and early detection services, diagnostic imaging, laboratory, machine tests, and surgical benefits/coverage.

BACKGROUND

"Rhode Island General Law § 27-20-44 Prostate and colorectal examinations – Coverage mandated. – Subscribers to any nonprofit medical service plan shall be afforded coverage under the plan for prostate and colorectal examinations and laboratory tests for cancer for any nonsymptomatic person covered under the policy or contract, in accordance with the current American Cancer Society guidelines."

Current American Cancer Society guidelines for colon and rectal cancer:

Beginning at age 50, both men and women at average risk for developing colorectal cancer should use one of the screening tests below:

Tests that find polyps and cancer:

- Flexible sigmoidoscopy every 5 years*
- Colonoscopy every 10 years
- Double contrast barium enema every 5 years*
- CT colonography (virtual colonoscopy) every 5 years*

Tests that mainly find cancer:

- Guaiac-based fecal occult blood test (gFOBT) every year*, **
- Fecal immunochemical test (FIT) every year*, **
- Stool DNA test (sDNA), every 3 years*

* Colonoscopy should be done if test results are positive.
** Highly sensitive versions of these tests should be used with the take-home multiple sample method. An FOBT or FIT done during a digital rectal exam in the doctor's office is not enough for screening.

Increased Risk Factors
Members should discuss with their physician initiating earlier colorectal cancer screening and/or increased screening when the following colorectal cancer risk factors are present:

- Personal history of colorectal cancer or adenomatous polyps
- Personal history of chronic inflammatory bowel disease (Crohn's disease or ulcerative colitis)
- Strong family history of colorectal cancer or polyps
- Known family history of hereditary colorectal cancer syndromes such as familial adenomatous polyposis (FAP) or hereditary non-polyposis colon cancer (HNPCC)

Screening guidelines for those with increased or high risk of colorectal cancer may be accessed from the current American Cancer Society recommendations for colorectal cancer early detection.

CODING

Commercial Products:
The following are the coding guidelines for colorectal screening services covered as preventive services at no cost share to the member:

Health Service Code(s)	Diagnosis Codes	Frequency
Barium Enema, Double Contrast:		
74280	ICD-10 :Z12.10, Z12.11, Z12.12	1 every 5 yrs.
Fecal Occult Blood Tests:		
82270	None	1 of any code listed per year
82274	ICD-10: Z12.10, Z12.11, Z12.12	
Consultation before Screening Colonoscopy:		
S0285	None	1 every 5 years
Stool-based DNA and fecal occult hemoglobin (e.g.KRAS, NDRG4 and BMP3) Note: this is the Cologuard Test		
81528	None	1 every 3 years
Computed Tomographic (CT) Colography, screening:		
74263	Requires preauthorization by eviCore	1 every 5 years
Sigmoidoscopy:		
45330,45331,45333, 45335,45338,45346,45349,45350	No Specific Code	1 of any code listed every 5 years
Colonoscopy: (If during a screening colonoscopy a polyp is found and removed the service has no cost share for the member)		
44388,44389,44392,44394,44401, 44402,44403,44404,45378,45380, 45381,45384,45385,45388,45390, 45398	No Specific Code	1 occurrence every 10 years 1 occurrence every 5 years with increased risk factors
The following services are preventive when performed for a colorectal cancer screening and must be reported with modifier 33 to identify a preventive procedure:		

Anesthesia: 810-33
Pathology: 88305-33

RELATED POLICIES

Preventive Services for BlueCHiP for Medicare Members
Preventive Services for Commercial Members

PUBLISHED

Provider Update, April 2017
Provider Update, April 2016
Provider Update, May 2015
Provider Update, June 2014
Provider Update, April 2013
Provider Update, April 2012
Provider Update, March 2011
Provider Update, March 2010
Provider Update, April 2009

REFERENCES

1. Rhode Island General Law § 27-20-44 Prostate and colorectal examinations: http://webserver.rilin.state.ri.us/Statutes/title27/27-20/27-20-44.HTM

2. American Cancer Society Guidelines for the Early Detection of Colon and Rectal Cancer:

http://www.cancer.org/cancer/colonandrectumcancer/moreinformation/colonandrectumcancerearlydetection/colorectal-cancer-early-detection-acs-recommendations

3. Centers for Medicare & Medicaid Services/Overview/Colorectal Cancer Screening: http://www.medicare.gov/coverage/colorectal-cancer-screenings.html

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