



## REIMBURSEMENT POLICY STATEMENT OHIO MARKETPLACE

| Policy Name                                      |                | Policy Number | Effective Date       |
|--|----------------|---------------|----------------------|
| Screening and Surveillance for Colorectal Cancer |                | PY-0073       | 09/01/2020           |
| Policy Type                                      |                |               |                      |
| Medical  | Administrative | Pharmacy      | <b>REIMBURSEMENT</b> |

Reimbursement Policy Statement: Reimbursement Policies prepared by CSMG Co. and its affiliates (including CareSource) are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited

**A. Subject**

**Screening and Surveillance for Colorectal Cancer**

**B. Background**

Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and their office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided. The inclusion of a code in this policy does not imply any right to reimbursement or guarantee claims payment.

The evidence is convincing that appropriate screening reduces colorectal cancer (CRC) mortality in adults 50-75 years of age. The benefit of early detection of and intervention



Screening and

5. Z85.048 – Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus;
6. Z80.0 – Family history of malignant neoplasm of digestive organs;
7. Z86.010 – Personal history of colonic polyps; or
8. K50 through K52 category codes – Noninfective enteritis and colitis.

#### E. Conditions of Coverage

Reimbursement is dependent on, but not limited to, submitting approved HCPCS and CPT codes along with appropriate modifiers, if applicable. Please refer to the individual fee schedule for appropriate codes.



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| 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   |
| 45332 | Sigmoidoscopy, flexible; with removal of foreign body(s)   |
| 45333 | Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps  |
| 45334 | Sigmoidoscopy, flexible; with control of bleeding, any method  |
| 45335 | Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance  |
| 45337 | Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed |
| 45338 | Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique   |
| 45340 | Sigmoidoscopy, flexible; with transendoscopic balloon dilation   |
| 45341 | Sigmoidoscopy, flexible; with endoscopic ultrasound examination  |
| 45342 | Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)                                    |
| 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)    |
| 45347 | Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)                         |
| 45349 | Sigmoidoscopy, flexible; with endoscopic mucosal resection   |
| 45350 | Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)   |
| 45378 | Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)                           |
| 45379 | Colonoscopy, flexible; with removal of foreign body(s)   |
| 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  |



|       |   |
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|       | descending, transverse, or ascending colon and cecum, and adjacent structures   |
| 45393 | Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed  |
| 45398 | Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)  |
| 74263 | Computed tomographic (CT) colonography, screening, including image postprocessing (Not covered by Medicare)   |
| 74270 | Radiologic examination, colon; contrast (e.g., barium) enema, with or without KUB   |
| 74280 | Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon   |
| 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 (Cologuard) |
| 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)              |
| 82272 | Blood, occult, by peroxidase activity (e.g., guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening   |
| 82274 | Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations  |
| G0104 | Colorectal cancer screening; flexible sigmoidoscopy   |
| G0105 | Colorectal cancer screening; colonoscopy on individual at high risk   |
| G0106 | Colorectal cancer screening; alternative to g0104, screening sigmoidoscopy, barium enema  |
| G0120 | Colorectal cancer screening; alternative to g0105, screening colonoscopy, barium enema.   |
| G0121 | Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk   |
| G0122 | Colorectal cancer screening; barium enema   |
| G0328 | Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous   |

#### F. Related Policies/Rules

CareSource Evidence of Coverage Ohio

#### G. Review/Revision History

| DATE        |           | ACTION |
|-------------|-----------|--------|
| Date Issued | 5/17/2016 |        |



