



Applicable To:

- Medicaid (excluding AZ & HI)
- Medicare (excluding HI)

**Claims Edit Guideline:
Colorectal Cancer Screening**

Policy Number: HS-357

Original Effective Date: 1/10/2019

Revised Date(s): 5/2/2019

BACKGROUND

Colorectal cancer is the third most common cancer diagnosed in men and women in the United States and accounts for approximately 50,630 deaths a year. Estimates of new cases for 2018 in the United States were 97,220 new cases of colon cancer and 43,030 new cases of rectal cancer. The lifetime risk of developing colorectal cancer is approximately 4% for men and women. Death rates from colorectal cancer have declined over the last several decades; this is largely due to improved screening measures and the ability to treat individuals quicker. Due to these efforts there are more than 1 million survivors of colorectal cancer in the United States.¹

Approximately 67% of Americans aged 50 to 75 years are current with screening. Among the same age group, 25% have never been screened. Insurance is a large factor in adults undergoing screening – 71% of insured individuals have been screened versus 36% who are uninsured. Of adults who have never been screened, 85% are insured and 82% are age 50 to 64 years. Adults aged 65 to 75 years are current with screening versus adults aged 50 to 64 years.²

Stool-based tests are used to screen for colorectal cancer; the tests check the stool (feces) for signs of cancer. While the tests are less invasive and easier to do, they need to be done more frequently than other testing methods. Visual exams involve using a camera to examine the structure of the colon and rectum for abnormal areas. Exams are typically done with a scope (a tube-like instrument with a light and tiny video camera on the end) put into the rectum, or with special imaging (x-ray) tests.³

POSITION STATEMENT

For men and women starting at age 45 and continuing until age 85, WellCare recommends colorectal cancer screening. Risks and benefits of different screening methods vary and may include Fecal Occult Blood Testing (FOBT), Fecal Immunochemical Test (FIT), Fecal DNA, Sigmoidoscopy, or Colonoscopy. The table below outlines characteristics of colorectal screening strategies as published by the United States Preventive Services Task Force (USPSTF):⁴

Screening Method	Frequency	Evidence of Efficacy	Other Considerations
Stool-Based Tests			
gFOBT	Every year age requirement is 50-75 years.	RCTs with mortality end points: High-sensitivity versions (eg, Hemocult SENSE) have superior test performance characteristics than older tests (eg, Hemocult II)	Does not require bowel preparation, anesthesia, or transportation to and from the screening examination (test is performed at home)
FIT	Every year	Test characteristic studies: Improved accuracy compared with gFOBT Can be done with a single specimen	Does not require bowel preparation, anesthesia, or transportation to and from the screening examination (test is performed at home)
FIT-DNA	Every 1 or 3 years	Test characteristic studies: Specificity is lower than for FIT, resulting in more false-positive results, more diagnostic colonoscopies, and more associated adverse events per screening test Improved sensitivity compared with FIT per single screening test	There is insufficient evidence about appropriate longitudinal follow-up of abnormal findings after a negative diagnostic colonoscopy; may potentially lead to overly intensive surveillance due to provider and patient concerns over the genetic component of the test
Direct Visualization Tests			
Colonoscopy	Every 10 years	Prospective cohort study with mortality end point	Requires less frequent screening. Screening and diagnostic follow up of positive results can be performed during the same examination.
CT colonography	Every 5 years	Test characteristic studies	There is insufficient evidence about the potential harms of associated extracolonic findings, which are common
Flexible sigmoidoscopy	Every 5-10 years	RCTs with mortality end points: Modeling suggests it provides less benefit than when combined with FIT or compared with other strategies	Test availability has declined in the United States
Flexible sigmoidoscopy with FIT	Flexible sigmoidoscopy every 10 years plus FIT every year	RCT with mortality end point (subgroup analysis)	Test availability has declined in the United States Potentially attractive option for patients who want endoscopic screening but want to limit exposure to colonoscopy

CODING & BILLING

Covered ICD-10 Codes

- Z12.11** Encounter for screening for malignant neoplasm of colon
- Z12.12** Encounter for screening for malignant neoplasm of rectum

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

Colorectal Screening	Code Description	Requirement	Frequency
G0104	Colorectal cancer screening; flexible sigmoidoscopy	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 5 years
G0105	Colorectal cancer screening; colonoscopy on individual at high risk	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 10 years

G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 10 years
S0285	Colonoscopy consultation performed prior to a screening colonoscopy procedure	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 10 years
45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 5 years
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 5 years
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 5 years
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 5 years
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)	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 5 years
44388	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 10 years
44389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 10 years
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 10 years
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 10 years
45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 10 years
45380	Colonoscopy, flexible; with biopsy, single or multiple	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 10 years
45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 10 years
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 10 years
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 10 years
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)	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 10 years
74261	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Gastrointestinal Tract diagnostic	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 5 years
74262	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Gastrointestinal Tract diagnostic	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 5 years
74263	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Gastrointestinal Tract screening	Recommends screening for colorectal cancer starting at age 45 years and continuing until age 85 years.	Every 5 years
81528	Fecal DNA	No recommendation	Limited to once every 3 years
82270	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided 3 cards or single triple card for consecutive collection)	No recommendation	Once a year
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative,	No	Once a year

	feces, 1-3 simultaneous determinations	recommendation	
99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	No recommendation	No frequency requirement
99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	No recommendation	No frequency requirement
99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	No recommendation	No frequency requirement
G0500	Moderate sedation services provided by the same physician or other qualified health care professional performing a gastrointestinal endoscopic service that sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time; patient age 5 years or older (additional time may be reported with 99153, as appropriate)	No recommendation	No frequency requirement
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	No recommendation	No frequency requirement
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	No recommendation	No frequency requirement
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	No recommendation	No frequency requirement
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	No recommendation	No frequency requirement
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	No recommendation	No frequency requirement
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5	No	No frequency requirement

	minutes are spent performing or supervising these services.	recommendation	
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	No recommendation	No frequency requirement
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	No recommendation	No frequency requirement
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	No recommendation	No frequency requirement
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	No recommendation	No frequency requirement
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	No recommendation	No frequency requirement
99242	Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	No recommendation	No frequency requirement
99243	Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	No recommendation	No frequency requirement
99244	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	No recommendation	No frequency requirement

99245	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent face-to-face with the patient and/or family.	No recommendation	No frequency requirement
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	No recommendation	No frequency requirement

REFERENCES

1. Key Statistics for Colorectal Cancer. American Cancer Society Web site. <https://www.cancer.org/cancer/colon-rectal-cancer/about/key-statistics.html>. Published February 2018. Accessed November 12, 2018.
2. Quick Facts Colorectal Cancer Screening in U.S. Centers for Disease Control and Prevention Web site. <https://www.cdc.gov/cancer/colorectal/pdf/QuickFacts-BRFSS-2016-CRC-Screening-508.pdf>. Accessed November 12, 2018.
3. Colorectal Cancer Screening Tests. American Cancer Society (ACS) Web site. <https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/screening-tests-used.html>. Published May 30, 2018. Accessed November 12, 2018.
4. Final Recommendation Statement: Colorectal Cancer Screening. United States Preventive Services Task Force (USPSTF) Web site. <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/colorectal-cancer-screening2#consider>. Published July 2016. Accessed November 8, 2018.

OTHER PREVENTIVE-BASED CLAIMS EDIT GUIDELINES (CEGs)

The following preventive screening Claims Edit Guidelines (CEGs) are also available on WellCare.com:

- Abdominal Aneurysm Screening: HS-353
- Breast Cancer Screening: HS-354
- Cervical Cancer Screening: HS-340
- Hepatitis B Vaccine and Screening: HS-356
- Preventive Health Services: HS-335
- Prostate Cancer Screening: HS-358

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*Easy Choice Health Plan – Harmony Health Plan of Illinois – Missouri Care – ‘Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona
OneCare (Care1st Health Plan Arizona, Inc.) – Staywell of Florida – WellCare Prescription Insurance – WellCare Texan Plus (Medicare – Dallas and Houston markets)
WellCare (Arizona, Arkansas, Connecticut, Florida, Georgia, Illinois, Kentucky, Louisiana, Mississippi, Nebraska, New Jersey, New York, South Carolina, Tennessee, Texas)*

MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

Date	Action
5/2/2019	• Approved by MPC. Updated age requirements.
1/10/2019	• Approved by MPC. New.