

HEALTH PLAN POLICY	
Policy Title: Preventive Colorectal Cancer Screening with Additional Services	Number: OPC27 Revision: F
Department:	Sub-Department:
Applicable Lines of Business: <input type="checkbox"/> Children’s Health Insurance Plan <input checked="" type="checkbox"/> Medicare <input type="checkbox"/> Commercial Insured <input type="checkbox"/> Non Insured Business <input checked="" type="checkbox"/> Health Insurance Exchange <input checked="" type="checkbox"/> USFHP <input type="checkbox"/> Medicaid	
Effective Date: 12/13/2017	
Revision Date(s): 05/22/2019, 05/20/2020,06/16/2021, 09/22/2021, 03/25/2022, 03/30/2023	

PURPOSE:

This policy outlines the colorectal cancer screenings, which CHRISTUS Health considers to be preventative for its Medicare Advantage (MA), Health Insurance Exchange (HIX), and US Family Health Plan (USFHP) members.

DEFINITIONS AND ACRONYMS:

- **Current Procedural Terminology (CPT)** – A medical code set that is used to report medical, surgical, and diagnostic procedures and services to entities such as physicians, health insurance companies, and accreditation organizations.
- **Health Insurance Exchange (HIX)** – The comprehensive healthcare reform law, known commonly as ACA or Obamacare, requires qualified insurers to provide individual health insurance plans to members that meet the minimum essential coverage requirements.
- **Medicare Advantage (MA)** – A type of health plan offered by a private company that contracts with Medicare to provide members with their Medicare Parts A and B benefits.
- **Screening** – Preventative service or product provided to an individual without apparent signs or symptoms of an illness, injury, or disease for the purpose of identifying or excluding an undiagnosed illness, disease, or condition.
- **Uniformed Services Family Health Plan (USFHP)** – A contracted TRICARE program that provides health service benefits to eligible military beneficiaries who are active and non-active veterans.

POLICY:

CHRISTUS Health will cover Colorectal Cancer screenings at 100% (no cost-share responsibility for the member) when the service is classified as a Preventive screening to determine a beneficiary’s risk for developing Colorectal Cancer. Any services rendered on same date and in same encounter when initiated as colorectal cancer screening is considered part of the preventative care services.

Health Insurance Exchange (HIX)

CHRISTUS Health follows all current A and B recommendations from the U.S. Preventive Services TaskForce. The following screening are covered for all members aged 45 and above:

- Colonoscopy – 1 every 10 years
- CT Colonography – 1 every 5 years
- Fecal Occult Blood Testing (gFOBT) – 1 every year
- Flexible Sigmoidoscopy – 1 every 5 years
- Multitarget sDNA (Cologuard™) – 1 every 3 years

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Medicare Advantage

CHRISTUS Health covers the following Preventive screenings in accordance with Medicare Preventive Services guidelines as dictated by the Centers for Medicare and Medicaid Services (CMS):

Colonoscopy

- 1 every 10 years for individuals who do not meet the criteria for High Risk
- 1 every 2 years for High Risk

Barium Enema

- 1 every 4 years for Low Risk; Age 45 years and older
- 1 every 2 years for High Risk

Flexible Sigmoidoscopy

- 1 every 4 years (Age 45 years and older for individuals who do not meet the criteria for High Risk; no age limit for High Risk Individuals)

Fecal Occult Blood Test (gFOBT) / Fecal Immunochemical Test (FIT)

- 1 every year (Age 45 years and older for individuals who do not meet the criteria for High Risk; no age limit for High Risk Individuals)

Multitarget sDNA (Cologuard™) and blood-based biomarker tests:

- 1 every 3 years for Low Risk; Age 45 years and older

Characteristics of a High Risk Individual may include one or more of the following:

- A close relative (sibling, parent, or child) who has had colorectal cancer or an adenomatous polyp;
- A family history of familial adenomatous polyposis;
- A family history of hereditary nonpolyposis colorectal cancer
- A personal history of adenomatous polyps;
- A personal history of colorectal cancer; or
- A personal history of inflammatory bowel disease, including Crohn's Disease and ulcerative colitis

No cost sharing applies to surgical procedures (CPT code range of 10000 to 69999) rendered on the same date and in the same encounter as a screening colonoscopy, flexible sigmoidoscopy, or barium enema initiated as colorectal cancer screening services.

USFHP

CHRISTUS Health covers the following cancer screenings and frequencies for individuals aged 45 years or older who are at **average risk** for colon cancer in accordance with the TRICARE Policy Manual:

- Computed Tomographic Colonography (CTC) – 1 every 5 years
- Fecal Immunochemical Test (FIT-DNA)/Cologuard™ – 1 every 1-3 years

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- Fecal Occult Blood Test (FOBT) – 1 every 12 months
- Fecal Immunochemical Testing (FIT) – 1 every 12 months
- Optical (Conventional) Colonoscopy – 1 every 10 years
- Flexible Sigmoidoscopy – 1 every 5 years

According to the American Cancer Society (ACS), for screening, people are considered to be at average risk if they do not have:

- A personal history of colorectal cancer or certain types of polyps;
- A family history of colorectal cancer or advanced adenomatous polyps in at least one first degree relative, or in multiple second degree relatives;
- A personal history of inflammatory bowel disease (ulcerative colitis or Crohn’s disease);
- A confirmed or suspected hereditary colorectal cancer syndrome, such as familial adenomatous polyposis (FAP) or Lynch syndrome (hereditary non-polyposis colon cancer or Hereditary Non-Polyposis Colorectal Cancer (HNPCC));
- A personal history of getting radiation to the abdomen (belly) or pelvic area to treat a prior cancer; or
- Signs or symptoms of colorectal cancer.

Applicable Modifiers

PT	Colorectal cancer screening test; converted to diagnostic test or other procedure Append modifier - PT to CPT code in the surgical range of 10000 to 69999 in this scenario. Modifier PT is used to indicate that a colorectal cancer screening test was converted to a diagnostic test or other procedure. This modifier was created to aid compliance with the new health care reform law (the Patient Protection and Affordable Care Act or PPACA) which prohibits member cost sharing for defined preventive services for nongrandfathered policies.	
53	Discontinued Procedure	Append these modifiers when a covered colonoscopy is attempted but cannot be completed because of extenuating circumstances.
73	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure Prior to the Administration of Anesthesia	
74	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure After Administration of Anesthesia	

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REFERENCES:

- Published Recommendations, U.S. Preventive Services Task Force:
<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening>
- Medicare Preventive Services Quick Reference Chart
<https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html>
- Tricare Covered Services > Colorectal Cancer Exams
<https://tricare.mil/CoveredServices/IsItCovered/ColorectalCancerExams>
- CMS Medicare Claims Processing Manual (Pub. 100-04) Chapter 18 – Preventive and Screening Services

RELATED DOCUMENTS:

None

REVISION HISTORY:

Revision	Date	Description of Change	Committee
New	12/13/2017	Initial release.	Quality Improvement
A	05/22/2019	Yearly review. Updated lines of business. Made minor corrections to grammar.	Executive Leadership
B	05/20/2020	Yearly review. No change to policy content.	Executive Leadership
C	06/16/2021	Yearly review. No change to policy content.	Executive Leadership
D	09/22/2021	Review. Changes to verbiage and overall policy and references.	Executive Leadership
E	03/25/2022	Annual review. Changes to verbiage and overall policy.	Executive Leadership
F	03/30/2023	Annual changes. No change to policy content.	Executive Leadership