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Department of Origin: Integrated Healthcare Services	**Effective Date:** 10/01/23
Approved by: Chief Medical Officer	**Date Approved:** 05/26/23
Clinical Policy Document: Preventive Coverage for Colorectal Cancer Screening	**Replaces Effective Clinical Policy Dated:** 05/26/23
Reference #: MP/P014	**Page:** 1 of 5

The Patient Protection and Affordable Care Act of 2010 (the "ACA") requires that "non-grandfathered" insured and self-insured group health plans and individual insurance policies provide full coverage, with no cost-sharing for the member, for certain preventive care services that members receive from participating providers. The ACA defines preventive services to include for covered adults and children, as applicable, certain annual or periodic exam, screening, counseling and immunization services, and, for women with reproductive capacity, certain contraceptive methods and related counseling.

These preventive services are described in the United States Preventive Services Task Force (USPSTF) A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control (CDC), the Health Resources and Services Administration (HRSA) Guidelines including the Health and Human Services (HHS) Health Plan Coverage Guidelines for Women's Preventive Services and the American Academy of Pediatrics (AAP) Bright Futures periodicity guidelines.

For insured individual, small and large groups, additional preventive services are covered in accordance with applicable state statues. This coverage also applies to self-insured group plans that are sponsored by governmental entities and political subdivisions.

PURPOSE:
The intent of this clinical policy is to provide guidelines for health care services covered at the preventive, no cost-sharing level of benefit for colorectal cancer screening.

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

POLICY:
Health care services are a covered benefit with no cost-sharing in compliance with the ACA and state mandated requirements.

COVERAGE:
- The services are 100% or fully covered by the plan when they are received from participating providers. The plan's benefit level will be lower (less than 100%) when these services are received from non-participating providers. Refer to the applicable COC or SPD for the applicable nonparticipating provider benefit level.
- These services are covered services under the plan, and the plan will pay for them only when, at the time of service, the member is eligible for and properly enrolled in coverage, and the member and/or employer have timely paid for your coverage.
- As new recommendations are issued or updated, coverage must commence in the next plan year that begins on or after exactly one year from the recommendation's issue date.
- Generally, if a preventive service results in follow up treatment for an identified condition or illness, such follow up treatment is not a preventive health care service. Services that are not preventive may be covered as medical care or treatment services under another non-preventive provision of the plan, and subject to the applicable member cost-sharing.

- Coverage and benefits for preventive health care services, and the frequency, method, treatment or setting for them is subject to any limits and exclusions set forth in the applicable certificate of coverage or contract, plan document or SPD, and to the plan's usual policies, processes and requirements.

USPSTF RECOMMENDED PREVENTIVE COLORECTAL CANCER SCREENING		
Coverage Provision **Date of Release and Rating** A date in this column is when the listed rating was released, not when the benefit is effective	**Services and Codes**	**Notes**
Colorectal Cancer: Screening: adults aged 45 – 49 years USPSTF (May 2021): B The USPSTF recommends screening for colorectal cancer in adults aged 45 years to 49 years. **Colorectal Cancer: Screening: adults aged 50 – 75 years** USPSTF (May 2021): A The USPSTF recommends screening for colorectal cancer in and adults aged 50 to 75 years	**Fecal Occult Blood Testing (gFOBT), Fecal Immunochemical Test (FIT), FIT DNA, Flexible sigmoidoscopy, or Colonoscopy**	*Colorectal Cancer Screening:* Covered for ages 45 through 75 years (ends on 76th birthday) Payable based on the frequency posted and when submitted with the procedure codes and diagnosis codes listed in the applicable section
	Code Group 1 Procedure Code(s): *Flexible sigmoidoscopy* every 5 years: G0104, G0106 *Colonoscopy* every 10 years: G0105, G0121 *Colonoscopy Pre-op Evaluation:* S0285 Lab Procedure Code(s): *gFOBT and FIT* annually: G0328 **ICD-10 Diagnosis Code(s):** N/A	**Code Group 1:** Does not have diagnosis code requirements for preventive benefits to apply
	Code Group 2 Procedure Code(s): *Flexible sigmoidoscopy* every 5 years: 45330, 45331, 45333, 45338, 45346 *Colonoscopy* every 10 years: 44388, 44389, 44392, 44394, 45378, 45380, 45381, 45384, 45385, 45388	**Code Group 2:** Requires one of the diagnosis codes listed in this row

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Coverage Provision Date of Release and Rating A date in this column is when the listed rating was released, not when the benefit is effective	**Services and Codes**	**Notes**
	gFOBT and FIT every year: 82270, 82274 **ICD-10 Diagnosis Code(s):** Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.71, Z83.710, Z83.711, Z83.718, Z83.719, Z83.79	
	Code Group 3 Procedure Code(s): *Pathology*: 88304, 88305 **ICD-10 Diagnosis Code(s):** D12.0-D12.9, C17.0-C21.8, K63.5	**Code Group 3:** Requires one of the diagnosis codes listed in this row and one of the Code Group 1 or 2 Procedure Codes (does not include Code Group 1 Lab Procedure codes)
	Code Group 4 Procedure Code(s): *Anesthesia/Sedation*: 00812, 99152, 99153, 99156, 99157, G0500 **ICD-10 Diagnosis Code(s):** Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.71, Z83.710, Z83.711, Z83.718, Z83.719, Z83.79	**Code Group 4:** Requires one of the diagnosis codes listed in this row and one of the Code Group 1 or 2 Procedure Codes (does not include Code Group 1 Lab Procedure codes) Note: Preventive when performed for a colorectal cancer screening. Preventive benefits only apply when the surgeon's claim is preventive
	Code Group 5 Procedure Code(s): *Colonoscopy Pre-op Evaluation*: 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99417 **ICD-10 Diagnosis Code(s):** Z12.10, Z12.11, Z12.12, Z80.0, Z83.71, Z83.710, Z83.711, Z83.718, Z83.719, Z83.79	**Code Group 5:** Requires one of the diagnosis codes listed in this row
	Code Group 6 Procedure Code(s): *FIT DNA* Once every 3 years. 81528	**Code Group 6:** Does not have diagnosis code requirements for preventive benefits to apply

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Coverage Provision **Date of Release and Rating** A date in this column is when the listed rating was released, not when the benefit is effective	**Services and Codes**	**Notes**
	ICD-10 Diagnosis Code(s): N/A	
	Code Group 7 Procedure Code(s): *Computed Tomographic (CT) Colonography (Virtual Colonoscopy)* every 5 years: 74263 **ICD-10 Diagnosis Code(s):** N/A	**Code Group 7:** Does not have diagnosis code requirements for preventive benefit to apply

BACKGROUND:
This coverage position is based on the following:

- May 2021 USPSTF Final Recommendation Statement for Colorectal Cancer: Screening, including the following clinical consideration.

Patient Population Under Consideration

This recommendation applies to asymptomatic adults 45 years or older who are at average risk of colorectal cancer (ie, no prior diagnosis of colorectal cancer, adenomatous polyps, or inflammatory bowel disease; no personal diagnosis or family history of known genetic disorders that predispose them to a high lifetime risk of colorectal cancer [such as Lynch syndrome or familial adenomatous polyposis]).

REFERENCES:

1. Integrated Healthcare Services Process Manual: UR015 Use of Medical Policy and Criteria
2. Clinical Policy: MP/C009 Coverage Determination Guidelines
3. Clinical Policy: MP/P012 Preventive Coverage of Health Care Services
4. U.S. Department of Labor: July 19, 2010 IRS Interim Rules. Retrieved from https://www.irs.gov/irb/2010-29_IRB. Accessed 05-23-23.
5. U.S. Department of Labor: Employee Benefits Security Administration. Affordable Care Act. Retrieved from https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers Accessed 05-23-23.
6. U.S. Department of Labor: Employee Benefits Security Administration. Affordable Care Act Implementation Frequently Asked Questions. Retrieved from https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/aca-implementation-faqs. Accessed 05-23-23.
7. Published Recommendations, U.S. Preventive Services Task Force: http://www.uspreventiveservicestaskforce.org/BrowseRec/Index/browse-recommendations. Accessed 05-23-23.

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Grievance Specialist
PreferredOne Community Health Plan
PO Box 59052
Minneapolis, MN 55459-0052
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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PreferredOne Insurance Company
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Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

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U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

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