This drafted policy is open for a two-week public comment period. This box is not part of the drafted policy language itself and is intended for use only during the comment period to provide readers with a summary of what has changed.

HHSC is performing a targeted review of the Colorectal Cancer Screening benefit for Medicaid clients. The following is a summary of changes in scope for this policy review:

- Aligned the policy with most current American Cancer Society (ACS) clinical recommendation guidelines
- All colorectal cancer screening procedures for average risk patients will now be covered starting at age 45
- Added Cologuard, a new multitargeted stool DNA test as an option for colorectal cancer screening for average risk clients ages 45 and older
- Removed the Barium enema benefit for colorectal cancer screening as it is no longer a recommended screening option.

Updated frequency of flexible sigmoidoscopy together with annual FIT test from every 5 years to every 10 years.

Some policy language out of scope for this review is included in this document for context.

New policy language has been underlined and deleted language has been struck-through to highlight proposed policy changes.

Note: The current language regarding the Colorectal Cancer Screening Policy benefit can be found in the Texas Medicaid Provider Procedures Manual (TMPPM), Vol 2, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook, Sections 9.2.15.2
Colorectal Cancer Screening

Statement of Benefits

1. Colorectal Cancer Screening may be a benefit of Texas Medicaid.

2. Fecal occult blood tests, multi-targeted stool DNA (mt-sDNA) tests, barium enemas, screening colonoscopies and sigmoidoscopies are a method of colorectal cancer screening and a benefit of Texas Medicaid.

3. Screening in this policy refers to the testing of asymptomatic persons in order to assess their risk for the development of colorectal cancer. Screening has been shown to decrease mortality due to this cancer by detecting cancers at earlier stages and allowing the removal of adenomas, thus preventing the subsequent development of cancer.

4. The American Cancer Society (ACS) US Preventative Services Task Force both recommends screening people at average risk for colorectal cancer beginning at 50-55 years of age by any of the following methods:

   4.1 A fecal occult blood test (FOBT) or fecal immunochemical test (FIT) every year or
   4.2 A multitargeted stool DNA test (mt-sDNA) every three years or
   4.3 Flexible sigmoidoscopy every 5 years or
   4.4 A FOBT or FIT every year plus Flexible sigmoidoscopy every 5-10 years in addition to annual FIT screening or (of these 3 options, the combination of FOBT or FIT every year plus flexible sigmoidoscopy every 5 years is preferable).

   **NOTE:** For FOBT, the take-home multiple sample method with three samples should be used.

   4.5 Double contrast barium enema every 5 years, or
   4.6 Colonoscopy every 10 years

   **NOTE:** For FOBT, the take-home multiple sample method with three samples should be used.

5. The ACS and US Preventative Services Task Force (USPSTF) recommends that the net benefit of colorectal cancer screening in adults aged 76 years and older who have been previously screened is small. The risks and benefits should be considered individually, because screening is most appropriate for those healthy enough to undergo treatment.

6. The American Cancer Society (ACS) and USPSTF recommends screening for people at high-risk for colorectal cancer once every 2 years.

7. Indications/characteristics of a high-risk individual:

   7.1 A close relative has had colorectal cancer or an adenomatous polyp,
   7.2 There is a family history of familial adenomatous polyposis,
   7.3 There is a family history of hereditary nonpolyposis colorectal cancer,

   **NOTE:** When used in this policy, “relative” means close blood relatives including first degree male or female relatives (parents, siblings, or children), second-degree relatives (aunts, uncles, grandparents, nieces, nephews), and third-degree relatives (first cousins, great-grandparents) who are on the same side of the family as the clients.
DRAFT POLICY—Colorectal Cancer Screening Policy

7.4 There is a personal history of adenomatous polyps,
7.5 There is a personal history of colorectal cancer, or
7.6 There is a personal history of inflammatory bowel disease, including Crohn’s disease and ulcerative colitis.

NOTE: When used in this policy, “relative” means close blood relatives including first degree male or female relatives (parents, siblings, or children), second-degree relatives (aunts, uncles, grandparents, nieces, nephews), and third-degree relatives (first cousins, great-grandparents) who are on the same side of the family as the clients.

Reimbursement/Billing Guidelines

8 Colorectal screening services are reimbursed under the following procedure codes by associated risk category based on the ACS and USPSTF Preventative Services Task Force frequency recommendations.

9 Reimbursement for procedure codes in this policy will be considered when medical necessity is documented in the client’s medical record.

10 Colon cancer screening for clients ages 76 and older may be reimbursed as outlined in the policy.

Fecal Occult Blood Tests

11 The procedure codes listed in the Procedure Codes FOBT and FIT Table are Table A is covered annually for clients who are 45 years of age and older:

Table A: Procedure Codes—FOBT and FIT

<table>
<thead>
<tr>
<th>Procedure Codes</th>
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<tbody>
<tr>
<td>G0328^</td>
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<tr>
<td>82270^</td>
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<tr>
<td>82274^</td>
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</tbody>
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^ QW Modifier  
^ CLIA Waived

MT-sDNA Test Barium Enemas

12 The procedure code 81528 Table B is covered once every three (3) five (5) years for clients who are 50 45 years of age and older.

Sigmoidoscopies

13 The procedure code G0104 is a benefit once every five (5) years as recommended by the ACS and USPSTF for the diagnosis codes listed in the Diagnosis Codes-Sigmoidoscopy Table Table D.
Table B: Diagnosis Codes—Sigmoidoscopy

<table>
<thead>
<tr>
<th>Diagnosis Codes</th>
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<tbody>
<tr>
<td>Z0000</td>
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<td>Z86007</td>
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<td>Z86010</td>
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</tbody>
</table>

Diagnosis codes Z0000 or Z0001 may be used for screening if no other diagnosis is appropriate for the service rendered, but no more frequently than recommended by the USPSTF.

A screening barium enema may be substituted for a screening flexible sigmoidoscopy if the effectiveness has been established by the physician for substitution. Procedure code 4/I/T G0106 can be used as an alternative to procedure code 2/F G0104 respectively.

If during the course of screening flexible sigmoidoscopy a lesion or growth is detected that results in a biopsy or removal of the growth, the appropriate diagnostic procedure classified as a flexible sigmoidoscopy with biopsy or removal should be reported, rather than procedure code 2/F G0104 or 4/I/T G0106.

Colonoscopies: Average Risk

The procedure code G0121 may be reimbursed once every ten (10) years for average risk patients using one of the diagnosis codes listed in the table below.

Table C: Diagnosis Codes—Average Risk Colonoscopies

<table>
<thead>
<tr>
<th>Diagnosis Codes</th>
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<tbody>
<tr>
<td>Z0000</td>
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<tr>
<td>Z1213</td>
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<td>Z8601</td>
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</tbody>
</table>

Diagnosis codes Z0000 or Z0001 may be used for screening if no other diagnosis is appropriate for the service rendered, but no more frequently than recommended by the USPSTF.

If during the screening colonoscopy a lesion or growth is detected that results in a biopsy or removal of the growth, the procedure code for a colonoscopy with biopsy or removal of lesion should be reported, rather than procedure code 2/F G0121.

Colonoscopies: High-Risk

Colorectal cancer screening for high-risk patients will be reimbursed for the codes listed in the Diagnosis Codes High Risk Colonoscopy Table.

The procedure code G0105 is a benefit once every two (2) years for clients meeting the definition of high-risk for the diagnosis codes listed in Table H Diagnosis Codes: High-Risk table below in Table H.

If during the screening colonoscopy a lesion or growth is detected that results in a biopsy or
23. A screening barium enema may be substituted for screening colonoscopy if the effectiveness has been established by the physician for substitution. Procedure code 4/I/T G0120 can be used as an alternative to procedure code 2/F G0105 respectively.

24. If during the screening colonoscopy a lesion or growth is detected that results in a biopsy or removal of the growth, the procedure code for colonoscopy with biopsy or removal of lesion should be reported rather than procedure code 2/F G0105 or 4/I/T G0120.

Authorization Requirements

25. Authorization is not required for this service.

Exclusions

25. Barium enemas for colorectal cancer screening are not a benefit of Texas Medicaid.