

Policy Number: CP-IFP20-012A

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Colorectal Cancer Tests (Preventive & Diagnostic)

This policy explains types of tests and procedures that may be done as routine preventive screening and/or diagnosis of colorectal cancer.

- Members should consult with their provider to determine the best test based on a variety of factors including individual circumstances and preferences.
- The age to begin screening, the frequency of screening and screening method may vary based on provider recommendation.
- Screening guidelines are recommended for individuals of average risk, and of high risk.

DISCLAIMER

Coverage Policies are developed to assist in identifying coverage for UCare benefits under UCare's health plans. They are intended to serve only as a general reference regarding UCare's administration of health benefits and are not intended to address all issues related to coverage for health services provided to UCare members.

These services may or may not be covered by all UCare products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their UCare patient refer to their UCare plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the UCare plan documents, the UCare plan documents prevail.

Medical Assistance (Medicaid) products may provide different coverage for certain services, which may be addressed in different policies. For Minnesota Health Care Program (MHCP) policies, please consult the MHCP Provider Manual website.

Medicare products may provide different coverage for certain services, which may be addressed in different policies. For Medicare National Coverage Determinations (NCD), Local Coverage Determinations (LCD), and/or Local Coverage Articles, please consult CMS, National Government Services, or CGS websites.

Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.

Product Summary

This coverage policy applies to the following UCare products:

UCare product	Applies to
UCare Individual & Family Plans (IFP), UCare IFP with M Health Fairview	✓
UCare Connect (SNBC)	
Prepaid Medical Assistance Program (PMAP), MinnesotaCare	
Minnesota Senior Care Plus (MSC+)	

Benefit category:
Preventive/Screening

Definitions or summary

Preventive- UCare follows the United States Preventive Services Task Force (USPSTF) recommendations for colorectal cancer screening in adults. Preventive health services include screening tests to detect conditions that have not been diagnosed and have not produced symptoms.

The preventive services listed in this policy are covered at no additional cost to the member when performed by an in-network provider (*called the preventive benefit*).

Example-The health care provider wants to screen for colon cancer based on the member's age or family history. If a polyp is found and removed during the screening, the colonoscopy and polyp removal are covered under the preventive benefit.

Additional pathology charges for examining the specimen/ (polyp) that have been removed during the procedure may be considered diagnostic and member cost share may apply.

Diagnostic- A service or test is diagnostic when it monitors, diagnoses, or treats an existing health problem. The key difference between a preventive and diagnostic test is whether it is done before there are any symptoms. ***The same service could be preventive or diagnostic, depending on the circumstances. If the service or test is diagnostic, member cost share will apply.***

In general, a test is diagnostic if:

- the health care provider orders tests based on the presence of *symptoms*, or
- the health care provider orders a test to monitor a condition, or
- the health care provider orders a follow-up test.

Example-the member is having symptoms such as pain, bleeding, or irregularity. Services to diagnose and treat the symptoms would be diagnostic and member cost share would apply.

Flexible Sigmoidoscopy

Sigmoidoscopy is the minimally invasive medical examination of the large intestine from the rectum through the nearest part of the colon, the sigmoid colon. A short, thin, flexible, lighted tube is inserted into the rectum to check for polyps or cancer inside the rectum and **lower third** of the colon.

Colonoscopy

An exam used to detect changes or abnormalities in the large intestine (colon) and rectum. During a **colonoscopy**, a long, flexible tube (colonoscope) is inserted into the rectum. A tiny video camera at the tip of the tube allows the doctor to view the inside of the entire colon to check for polyps or cancer.

CT Colonography (Virtual Colonoscopy)

Computed tomography (CT) colonography, also called a virtual colonoscopy, uses CT imaging to produce images of the entire colon, which are displayed on a computer screen for the doctor to analyze.

Stool Tests

- The **guaiac-based fecal occult blood test (gFOBT)** uses the chemical guaiac to detect blood in the stool. It is done once a year. For this test, the member receives a test kit from their health care provider. At home, a stick or brush is used to obtain a small amount of stool. The test kit is returned to the doctor or a lab, where the stool samples are checked for the presence of blood.
- The **fecal immunochemical test (FIT)** uses antibodies to detect blood in the stool. It is also done once a year in the same way as a gFOBT.

- The **FIT-DNA test** (also referred to as the stool DNA test) combines the FIT with a test that detects altered DNA in the stool. For this test, an entire bowel movement is collected at home by the member and sent to a lab, where it is checked for cancer cells. It is done once every one or three years.
- *If there is a positive reading on one of these tests, a colonoscopy will be necessary to validate the results. When the colonoscopy is performed as a follow up to a positive or unclear finding, the procedure is covered as a preventive service.*

Coverage policy

Average Risk Adults

Adults 45 years to 75 years who have no signs or symptoms of colorectal cancer, 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)

Recommended screening tests for average risk adults include:

Colonoscopy screening every 10 years

Computed tomography colonography every 5 years

High-sensitivity guaiac fecal occult blood test (HsgFOBT) or fecal immunochemical test (FIT) every year

Stool DNA-FIT every 1 to 3 years

Flexible sigmoidoscopy every 5 years,

Flexible sigmoidoscopy every 10 years + annual FIT

High Risk Adults

High risk adults 45 years to 75 years who have:

- signs or symptoms of colorectal cancer, or
- a prior diagnosis of colorectal cancer, adenomatous polyps, or inflammatory bowel disease, or
- a 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)

Follow-up for high risk adults undergoing screening:

Colonoscopy every 5 years or more often, as recommended by the high risk adult's provider.

Follow-up is variable depending on the high risk adult's clinical situation.

Colonoscopy coverage for adults experiencing symptoms (under the diagnostic benefit):

Follow-up for high-risk adults undergoing colonoscopy for rectal bleeding, iron deficiency anemia, or other symptoms warranting evaluation are covered under the diagnostic benefit

- ****Bowel preparation medications for screening colonoscopy are covered as preventive if they are prescribed and on the formulary. (See UCare's formulary and the Drugs section of the Benefits Chart). Once a diagnosis of colorectal cancer has been established, additional tests and procedures are done to determine the stage of the cancer, if the cancer has spread and to identify treatment options.**
- **Benefits for diagnosis and treatment follow the associated benefits in the member contract and have the applicable member cost share.**

CPT/ HCPCS/ICD-10 Codes

**Note: If available, codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. This list may not be all-inclusive.*

CPT®, HCPCS or ICD-10 CODES	Modifier	Narrative Description
Modifiers used when a colonoscopy screening becomes diagnostic. Modifiers would need to be on the claim to indicate this was intended to be a screening procedure.		
	PT	Colorectal cancer screening test; converted to diagnostic test or other procedure
	33	Preventive Services
81528		Cologuard
81528, 0464U		Cologuard, Cologuard Plus
G0104, G0105, G0121,		Colonoscopy / Sigmoidoscopy / Barium Enema
44388, 44389, 44392, 44394, 44401, 45330, 45331, 45333, 45338, 45346, 45378, 45380, 45381, 45384, 45385, 45388		Colonoscopy / Sigmoidoscopy / Barium Enema
82270, 82274, G0328		Fecal Occult Blood Tests
74263		CT Colonography
00811, 00812, 99152, 99153, 99156, 99157, G0500		Associated Anesthesia
88304, 88305, 88341, 88342 88344		Associated pathology
Any J Code (J0120 -J9999)		Associated Pharmacy
S0285		Pre-Op Consult Professional Claim- 2017 Payable
Associated Facility Services		"G0463, Revenue Codes 250, 258, 259, 260, 264, 270, 271, 272, 310,
Average Risk		
Z00.00		Encounter for general adult medical exam w/o abnormal findings
Z00.01		Encounter for general adult medical exam w abnormal findings
Z12.10		Encounter screen for malignant neoplasm of intestinal tract,
Z12.11		Encounter for screening for malignant neoplasm of colon
Z12.12		Encounter for screening for malignant neoplasm of rectum

CPT®, HCPCS or ICD-10 CODES	Modifier	Narrative Description
High Risk		
Z00.00		Encounter for general adult medical exam w/o abnormal findings
Z00.01		Encounter for general adult medical exam w abnormal findings
Z12.10		Encounter screen for malignant neoplasm of intestinal tract
Z12.11		Encounter for screening for malignant neoplasm of colon
Z12.12		Encounter for screening for malignant neoplasm of rectum
AND		
C18.0		Malignant neoplasm of cecum
C18.2		Malignant neoplasm of ascending colon
C18.3		Malignant neoplasm of hepatic flexure
C18.4		Malignant neoplasm of transverse colon
C18.5		Malignant neoplasm of splenic flexure
C18.6		Malignant neoplasm of descending colon
C18.7		Malignant neoplasm of sigmoid colon
C18.8		Malignant neoplasm of overlapping sites of colon
C19		Malignant neoplasm of rectosigmoid junction
C20		Malignant neoplasm of rectum
C21.0		Malignant neoplasm of anus, unspecified
C21.1		Malignant neoplasm of anal canal
C21.2		Malignant neoplasm of cloacogenic zone
C21.8		Malignant neoplasm of overlapping sites of rectum, anus and anal canal
C49.A3		Gastrointestinal stromal tumor of small intestine
C49.A4		Gastrointestinal stromal tumor of large intestine
C49.A5		Gastrointestinal stromal tumor of rectum
C78.5		Secondary malignant neoplasm of large intestine and rectum
C7A.021		Malignant carcinoid tumor of the cecum
C7A.022		Malignant carcinoid tumor of the ascending colon
C7A.023		Malignant carcinoid tumor of the transverse colon
C7A.024		Malignant carcinoid tumor of the descending colon
C7A.025		Malignant carcinoid tumor of the sigmoid colon
C7A.026		Malignant carcinoid tumor of the rectum
D01.0		Carcinoma in situ of colon
D01.1		Carcinoma in situ of rectosigmoid junction
D01.2		Carcinoma in situ of rectum
D01.3		Carcinoma in situ of anus and anal canal
D12.0		Benign neoplasm of cecum
D12.2		Benign neoplasm of ascending colon
D12.3		Benign neoplasm of transverse colon
D12.4		Benign neoplasm of descending colon

CPT®, HCPCS or ICD-10 CODES	Modifier	Narrative Description
High Risk		
D12.5		Benign neoplasm of sigmoid colon
D12.7		Benign neoplasm of rectosigmoid junction
D12.8		Benign neoplasm of rectum
D12.9		Benign neoplasm of anus and anal canal
D37.4		Neoplasm of uncertain behavior of colon
D37.5		Neoplasm of uncertain behavior of rectum
D37.9		Neoplasm of uncertain behavior of digestive organ, unspecified
D3A.021		Benign carcinoid tumor of the cecum
D3A.022		Benign carcinoid tumor of the ascending colon
D3A.023		Benign carcinoid tumor of the transverse colon
D3A.024		Benign carcinoid tumor of the descending colon
D3A.025		Benign carcinoid tumor of the sigmoid colon
D3A.026		Benign carcinoid tumor of the rectum
D3A.029		Benign carcinoid tumor of the large intestine, unspecified portion
K50.00		Crohn's disease of small intestine without complications
K50.011		Crohn's disease of small intestine with rectal bleeding
K50.012		Crohn's disease of small intestine with intestinal obstruction
K50.013		Crohn's disease of small intestine with fistula
K50.014		Crohn's disease of small intestine with abscess
K50.018		Crohn's disease of small intestine with other complication
K50.019		Crohn's disease of small intestine with unspecified complications
K50.10		Crohn's disease of large intestine without complications
K50.111		Crohn's disease of large intestine with rectal bleeding
K50.112		Crohn's disease of large intestine with intestinal obstruction
K50.113		Crohn's disease of large intestine with fistula
K50.114		Crohn's disease of large intestine with abscess
K50.118		Crohn's disease of large intestine with other complication
K50.119		Crohn's disease of large intestine with unspecified complications
K50.80		Crohn's disease of both small and large intestine without complications
K50.811		Crohn's disease of both small and large intestine with rectal bleeding
K50.812		Crohn's disease of both small and large intestine with intestinal obstruction
K50.813		Crohn's disease of both small and large intestine with fistula
K50.814		Crohn's disease of both small and large intestine with abscess
K50.818		Crohn's disease of both small and large intestine with other complication
K50.819		Crohn's disease of both small and large intestine with unspecified complications
K50.90		Crohn's disease, unspecified, without complications

CPT®, HCPCS or ICD-10 CODES	Modifier	Narrative Description
High Risk		
K50.911		Crohn's disease, unspecified, with rectal bleeding
K50.912		Crohn's disease, unspecified, with intestinal obstruction
K50.913		Crohn's disease, unspecified, with fistula
K50.914		Crohn's disease, unspecified, with abscess
K50.918		Crohn's disease, unspecified, with other complication
K50.919		Crohn's disease, unspecified, with unspecified complications
K51.00		Ulcerative (chronic) pancolitis without complications
K51.011		Ulcerative (chronic) pancolitis with rectal bleeding
K57.40		Diverticulitis of both small and large intestine with perforation and abscess without bleeding
K57.41		Diverticulitis of both small and large intestine with perforation and abscess with bleeding
K57.50		Diverticulosis of both small and large intestine without perforation or abscess without bleeding
K57.51		Diverticulosis of both small and large intestine without perforation or abscess with bleeding
K57.52		Diverticulitis of both small and large intestine without perforation or abscess without bleeding
K57.53		Diverticulitis of both small and large intestine without perforation or abscess with bleeding
K57.80		Diverticulitis of intestine, part unspecified, with perforation and abscess without bleeding
K57.81		Diverticulitis of intestine, part unspecified, with perforation and abscess with bleeding
K57.90		Diverticulosis of intestine, part unspecified, without perforation or abscess without bleeding
K57.91		Diverticulosis of intestine, part unspecified, without perforation or abscess with bleeding
K57.92		Diverticulitis of intestine, part unspecified, without perforation or abscess without bleeding
K57.93		Diverticulitis of intestine, part unspecified, without perforation or abscess with bleeding
K62.0		Anal polyp
K62.1		Rectal polyp
K62.6		Ulcer of anus and rectum
K63.3		Ulcer of intestine
K63.5		Polyp of colon
Z15.060		Genetic susceptibility to colorectal cancer
Z15.068		Genetic suspect other malignant neoplasm digestive sys
Z15.09		Genetic susceptibility to other malignant neoplasm
Z80.0		Family history of malignant neoplasm of digestive organs
Z83.710		Family history of adenomatous and serrated polyps
Z83.711		Family history of hyperplastic colon polyps
Z83.718		Other family history of colon polyps
Z83.719		Family history of colon polyps, unspecified

CPT®, HCPCS or ICD-10 CODES	Modifier	Narrative Description
High Risk		
Z83.72		Family history of familial adenomatous polyposis
Z85.038		Personal history of other malignant neoplasm of large intestine
Z85.048		Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus
Z86.004		Personal history of in-situ neoplasm of other and unspecified digestive organs
Z86.0100		Personal history of colon polyps, unspecified
Z86.0101		Personal history of adenomatous and serrated colon polyps
Z86.0102		Personal history of hyperplastic colon polyps
Z86.0109		Personal history of other colon polyps

*CPT is a registered trademark of the American Medical Association.

Prior authorization

Not required

Related policies and documentation

References to other policies or documentation that may be relevant to this policy

Policy Number	Policy Description

References and source documents

Links to the UCare contracts, Center for Medicare, and Medical Assistance (Medicaid) MHCP, Minnesota statute and other relevant documents used to create this policy

[United States Preventive Services Task Force \(USPSTF\)](#)

[IFP Member Contract](#)

[Affordable Care Act-Essential Health Benefits](#)

Coverage policy revision and annual review history

Version	Date	Note(s)
V1	Oct. 1, 2021	New policy
	Dec.14, 2021	Annual review; no changes
	Nov.30, 2022	Annual review; no changes
V2	Nov. 6, 2023	Annual review
V3	April 1, 2024	Updated policy with high-risk individual coverage section, updated codes.
V4	Oct 1,2024	Annual review; updated high-risk diagnosis codes.
	April 16, 2025	March 2025, DHS guideline requirement
	Oct. 1, 2025	Annual Review Add new high-risk codes