



BlueCross BlueShield
of New Mexico

If a conflict arises between a Clinical Payment and Coding Policy and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. “Plan documents” include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. Blue Cross and Blue Shield of New Mexico may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSNM has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology, CPT® Assistant, Healthcare Common Procedure Coding System, ICD-10 CM and PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare and Medicaid Services National Correct Coding Initiative Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Colorectal Cancer Screening

Policy Number: CPCPLAB071

Version 1.0

Approval Date: April 29, 2024

Plan Effective Date: January 15, 2025

Description

BCBSNM has implemented certain lab management reimbursement criteria. Not all requirements apply to each product. Providers are urged to review Plan documents for eligible coverage for services rendered.

Reimbursement Information:

1. For asymptomatic individuals 45 to 75 years of age, annual screening for colorectal cancer with a fecal immunochemical test/FIT (preferred) **or** a guaiac fecal occult blood test/gFOBT **may be reimbursable.**
2. Colorectal cancer screening using FIT-DNA (Cologuard – once every 3 years) **may be reimbursable.**
3. The use of methylated Septin 9 (ColoVantage) for colorectal cancer screening **is not reimbursable.**
4. For average risk, asymptomatic individuals over 75 years of age, colorectal cancer screening **is not reimbursable.**
5. Colorectal cancer screening using **any** of the following techniques **is not reimbursable:**
 - a. Screening for anal cytologic abnormalities (anal pap smear).
 - b. Screening for anal HPV infection.

Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

Codes
81327, 81528, 82270, 82274, 87624, 87625, 88112, 0500T

References:

- ACS. (2022, March 14, 2022). American Cancer Society Guidelines for the Early Detection of Cancer. <https://www.cancer.org/healthy/find-cancer-early/american-cancer-society-guidelines-for-the-early-detection-of-cancer.html#references>
- Burch, J. A., Soares-Weiser, K., St John, D. J. B., Duffy, S., Smith, S., Kleijnen, J., & Westwood, M. (2007). Diagnostic accuracy of faecal occult blood tests used in screening for colorectal cancer: a systematic review. *Journal of Medical Screening*, 14(3), 132-137. <https://doi.org/10.1258/096914107782066220>
- Doubeni, C. (2023, December 07, 2023). Screening for colorectal cancer. <https://www.uptodate.com/contents/tests-for-screening-for-colorectal-cancer?source=history>
- Faivre, J., Dancourt, V., Lejeune, C., Tazi, M. A., Lamour, J., Gerard, D., Dassonville, F., & Bonithon-Kopp, C. (2004). Reduction in colorectal cancer mortality by fecal occult blood screening in a French controlled study. *Gastroenterology*, 126(7), 1674-1680. <https://doi.org/10.1053/j.gastro.2004.02.018>
- FDA. (2014). SUMMARY OF SAFETY AND EFFECTIVENESS DATA (SSED). Food & Drug Administration. Retrieved 11/14/2018 from https://www.accessdata.fda.gov/cdrh_docs/pdf13/P130017B.pdf
- FDA. (2016). Epi ProColon. Retrieved 11/14/2018 from https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpma/pma_template.cfm?id=p130001
- Grützmann, R., Molnar, B., Pilarsky, C., Habermann, J. K., Schlag, P. M., Saeger, H. D., Miehlke, S., Stolz, T., Model, F., Roblick, U. J., Bruch, H.-P., Koch, R., Liebenberg, V., deVos, T., Song, X., Day, R. H., Sledziewski, A. Z., & Lofton-Day, C. (2008). Sensitive Detection of Colorectal Cancer in Peripheral Blood by Septin 9 DNA Methylation Assay. *PLOS ONE*, 3(11), e3759. <https://doi.org/10.1371/journal.pone.0003759>
- Guardant Health. (2022a, December 15, 2022). Guardant Health announces positive results from pivotal ECLIPSE study evaluating a blood test for the detection of colorectal cancer. Guardant Health. <https://investors.guardanthealth.com/press-releases/press-releases/2022/Guardant-Health-announces-positive-results-from-pivotal-ECLIPSE-study-evaluating-a-blood-test-for-the-detection-of-colorectal-cancer/default.aspx>
- Guardant Health. (2022b). Shield™ blood-based colorectal cancer screening test. Guardant Health, Inc. https://guardanthealth.com/wp-content/uploads/Guardant_Shield_FactSheet-1.pdf
- Imperiale, T. F., Ransohoff, D. F., Itzkowitz, S. H., Levin, T. R., Lavin, P., Lidgard, G. P., Ahlquist, D. A., & Berger, B. M. (2014). Multitarget stool DNA testing for colorectal-cancer screening. *N Engl J Med*, 370(14), 1287-1297. <https://doi.org/10.1056/NEJMoa1311194>
- Kim, S. Y., Kim, H. S., Kim, Y. T., Lee, J. K., Park, H. J., Kim, H. M., & Kang, D. R. (2021). Colonoscopy Versus Fecal Immunochemical Test for Reducing Colorectal Cancer Risk: A Population-Based Case-Control Study. *Clin Transl Gastroenterol*, 12(5), e00350. <https://doi.org/10.14309/ctg.0000000000000350>
- Kisiel, J. B., Gagrat, Z. D., Krockenberger, M., Bhattacharya, A., Bourne, B. L., Leduc, C. M., Matter, M. B., Fourrier, K. D., Edwards, D., Limburg, P. J., & Domanico, M. J.

- (2022). Can second-generation multitarget stool DNA panels reliably detect colorectal cancer and advanced precancerous lesions? *Journal of Clinical Oncology*, 40(4_suppl), 63-63. https://doi.org/10.1200/JCO.2022.40.4_suppl.063
- Kuipers, E. J., Grady, W. M., Lieberman, D., Seufferlein, T., Sung, J. J., Boelens, P. G., van de Velde, C. J., & Watanabe, T. (2015). Colorectal cancer. *Nat Rev Dis Primers*, 1, 15065. <https://doi.org/10.1038/nrdp.2015.65>
- Patel, S. G., May, F. P., Anderson, J. C., Burke, C. A., Dominitz, J. A., Gross, S. A., Jacobson, B. C., Shaikat, A., & Robertson, D. J. (2022). Updates on Age to Start and Stop Colorectal Cancer Screening: Recommendations From the U.S. Multi-Society Task Force on Colorectal Cancer. *Gastroenterology*, 162(1), 285-299. <https://www.sciencedirect.com/science/article/pii/S001650852103626X>
- Robertson, D. J., Lee, J. K., Boland, C. R., Dominitz, J. A., Giardiello, F. M., Johnson, D. A., Kaltenbach, T., Lieberman, D., Levin, T. R., & Rex, D. K. (2017). Recommendations on Fecal Immunochemical Testing to Screen for Colorectal Neoplasia: A Consensus Statement by the US Multi-Society Task Force on Colorectal Cancer. *Gastroenterology*, 152(5), 1217-1237.e1213. <https://doi.org/10.1053/j.gastro.2016.08.053>
- Sciences, E. (2024). Cologuard. <https://www.cologuardhcp.com/about/clinical-offer>
- Shapiro, J. A., Bobo, J. K., Church, T. R., Rex, D. K., Chovnick, G., Thompson, T. D., Zauber, A. G., Lieberman, D., Levin, T. R., Joseph, D. A., & Nadel, M. R. (2017). A Comparison of Fecal Immunochemical and High-Sensitivity Guaiac Tests for Colorectal Cancer Screening. *Am J Gastroenterol*, 112(11), 1728-1735. <https://doi.org/10.1038/ajg.2017.285>
- Shaikat, A., Kahi, C. J., Burke, C. A., Rabeneck, L., Sauer, B. G., & Rex, D. K. (2021). ACG Clinical Guidelines: Colorectal Cancer Screening 2021. *Official journal of the American College of Gastroenterology | ACG*, 116(3), 458-479. <https://doi.org/10.14309/ajg.0000000000001122>
- USPSTF. (2021a). Colorectal Cancer: Screening. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening>
- USPSTF. (2021b). USPSTF Final Recommendation Statement. <https://www.uspreventiveservicestaskforce.org/uspstf/document/RecommendationStatementFinal/colorectal-cancer-screening>
- USPSTF. (2024). About the USPSTF. USPSTF. Retrieved 11/14 from <https://www.uspreventiveservicestaskforce.org/uspstf/about-uspstf>
- Wolf, A. M. D., Fontham, E. T. H., Church, T. R., Flowers, C. R., Guerra, C. E., LaMonte, S. J., Etzioni, R., McKenna, M. T., Oeffinger, K. C., Shih, Y.-C. T., Walter, L. C., Andrews, K. S., Brawley, O. W., Brooks, D., Fedewa, S. A., Manassaram-Baptiste, D., Siegel, R. L., Wender, R. C., & Smith, R. A. (2018). Colorectal cancer screening for average-risk adults: 2018 guideline update from the American Cancer Society. *CA: A Cancer Journal for Clinicians*, 68(4), 250-281. <https://doi.org/10.3322/caac.21457>

Policy Update History:

Approval Date	Effective Date; Summary of Revisions
04/29/2024	01/15/2025: Document updated with literature review. The following changes were made to Reimbursement Information: Revised from #1 to remove the direct visualization tests listed: colonoscopy, computerized tomography, and flexible sigmoidoscopy. Removed from #4 colon capsule endoscopy. References revised.
11/01/2023	11/01/2023: New document. Colorectal cancer screening was previously addressed on CPCPLAB007 Preventive Screening in Adults.