Medica Central Coverage Policy

Policy Name:	**Colorectal Cancer Screening (Preventative & Diagnostic) MP9795**
Effective Date:	**09/01/2025**

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

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.

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).

The same service could be preventive or diagnostic, depending on the circumstances. If the service or test is diagnostic, member cost share will apply.

See the Description section of this policy for additional information on preventative and diagnostic services.

Coverage Policy

The following services are covered under preventative benefit (for members not experiencing symptoms).

I. Colorectal cancer (CRC) screening is **COVERED** for the following indications:

A. Average Risk Adults

Average risk includes persons who meet **ALL** of the following criteria:

1. ONE of the following age groups:
    a. Ages 45 to 75, for which regular screening indicated; *and*
2. No prior diagnosis of colorectal cancer, adenomatous/sessile serrated polyps, or inflammatory bowel disease such as Crohn's Disease or Ulcerative Colitis; *and*
3. 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, familial adenomatous polyposis (FAP), or hereditary nonpolyposis colorectal cancer (HNPCC).

Recommended screening tests for average risk adults include:

1. Colonoscopy screening every 10 years.
2. Computed tomography colonography every 5 years
3. High-sensitivity guaiac fecal occult blood test (HsgFOBT) or fecal immunochemical test (FIT) every year
4. Stool DNA-FIT every 1 to 3 years.
5. Flexible sigmoidoscopy every 5 years.
6. Flexible sigmoidoscopy every 10 years + annual FIT.

B. High Risk Adults

High risk adults 45 years to 75 years may begin colorectal cancer screening before age 45 and be screened at more frequent intervals, as recommended by the high risk adult's provider. For individuals defined as high risk, increased surveillance generally means a specific recommendation for colonoscopy. Follow-up is variable depending on the high risk adult's clinical situation.

High risk includes persons who meet ONE of the following criteria:

1. A personal history of colorectal cancer or adenomatous polyps. This may include individuals up to age 85, for which re-screening is indicated based on individual's prior screening history and overall health status; or
2. Personal history of inflammatory bowel disease (ulcerative colitis or Crohn's disease): colonoscopy screening 8-10 years after diagnosis, with the interval for further surveillance guided by risk factors and findings at the time of initial colonoscopy; or
3. Personal diagnosis or family history of hereditary colorectal cancer syndromes or known genetic disorders that predispose them to a high lifetime risk of colorectal cancer (such as Lynch syndrome, familial adenomatous polyposis (FAP), or hereditary non-polyposis colon cancer (HNPCC).
    a. Persons with a first-degree relative in whom colorectal cancer developed before 60 years of age should undergo a colonoscopy at 40 years of age or an age 10 years younger than the relative's age when cancer developed, whichever is earlier.
    b. Persons with a family history of FAP should undergo their first colonoscopy at the age of 10 to 12 years of age followed by a yearly flexible sigmoidoscopy thereafter.

c. Persons with a family history of HNPCC should undergo their first colonoscopy at the age of 20 to 25 years, or 10 years before the youngest case in their immediate family followed by a colonoscopy every 1-2 years thereafter.

Colorectal cancer screening services for adults experiencing symptoms, to monitor a condition, or as a follow-up test or requiring screening more frequently than recommended by USPSTF guidelines are generally covered under the diagnostic benefit (cost share will apply).

See the Description section of this policy for additional information on preventative and diagnostic services.

II. Colorectal cancer screening tests for which safety and efficacy has not been established and proven is considered investigative and unproven and therefore **NOT COVERED**.

Investigative routine screening tests include, but are not limited to, the following:

A. Methylated Septin 9 (ColoVantage, EpiproColon)

B. Screening Upper Endoscopy

C. Chromoendoscopy or Narrow-Band Imaging Optical Colonoscopy

D. Other Stool DNA Tests (PreGen-26, PreGen-Plus, ColoSure)

E. Urinary/Serum based Biomarker Tests for Pre-cancerous Polyps.

There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Note: See also related coverage policies:

1. Gastrointestinal Monitoring System (Smart Pill®) 9707
2. Fecal Calprotectin 9665
3. Genetic Testing: Specialty Testing Gastroenterology 9593
4. Genetic Testing: Oncology Testing: Hereditary Cancer 9596
5. Genetic Testing: Oncology Testing: Cancer Screening and Surveillance 9606
6. Genetic Testing - Oncology Testing: Solid Tumor Molecular Diagnostics 9608
7. Genetic Testing - Oncology Testing: Hematologic Malignancy Molecular Diagnostics 9797
8. Wireless Capsule Endoscopy and Capsule Technology to Verify Patency Prior to Capsule Endoscopy 9626

Description

Colorectal cancer (CRC) is a term used to describe cancer that develops in the colon or rectum. CRC screening refers to the process of looking for cancer in people who have no symptoms of the disease. Screening tests may identify cancers at an early and potentially more treatable stage. Testing may also detect precancerous abnormal growths (e.g., polyps) which can be removed before becoming malignant.

The United States Preventive Services Task Force (USPSTF, 2021) recommends screening for colorectal cancer starting at age 45 years and continuing until age 75 years. The risks and benefits of different screening methods vary. The USPSTF stated that the decision to screen for colorectal cancer in adults aged 76 to 85 years should be an individual one, taking into account the patient's overall health and prior screening history, therefore, screening would be most appropriate among adults who are healthy enough to undergo treatment if colorectal cancer is

detected and do not have comorbid conditions that would significantly limit their life expectancy. Colorectal cancer screening is currently **NOT** recommended for average risk patients age 85 or older.

Medica follows the USPSTF recommendations for routine colorectal cancer screening in adults, which include evidence-based screening tests or services that have in effect a rating of “A” or “B” in their current recommendations. The USPSTF guidelines have no A or B recommendations for high-risk screening.

A. Preventive health services (Screening).

Colorectal cancer (CRC) screening refers to the process of looking for cancer in people who have no symptoms of the disease. Screening tests may identify cancers at an early and potentially more treatable stage. Testing may also detect precancerous abnormal growths (e.g., polyps) which can be removed before becoming malignant.

Medica follows the USPSTF recommendations for routine 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. Anesthesia, lab, and pathology for preventive health care services are covered at the Preventive Health Care benefit level as described in the member’s contract.

Note: as per USPSTF recommendations, when stool-based tests (Cologuard) reveal abnormal results, follow-up with colonoscopy is needed for further evaluation. As this follow-up is required for the screening benefits to be achieved, it will be covered under the preventative benefit.

B. Diagnostic health services

When the member has symptoms or a history of an illness or injury, laboratory and diagnostic services relating to that illness or injury are no longer considered preventive health services. Therefore, 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. If a polyp is found and removed during a diagnostic colonoscopy, additional pathology charges for examining the specimen (polyp) would also be considered diagnostic and member cost share would apply.

C. **Polyps** are abnormal tissue growths that most often look like small, flat bumps or tiny mushroom-like stalks.

D. **Endoscopic and Radiologic Screening Examinations** include colonoscopy, flexible sigmoidoscopy, double-contrast barium enema, capsule endoscopy, and CT colonography and are based on direct or radiographic visualization of the polyp or cancer. Procedures that fall within this definition include:

- "**Colonoscopy**" is a procedure that allows a provider to examine the inner lining of the large intestine (rectum and colon) by using a thin, flexible tube called a colonoscope.
- "Flexible **Sigmoidoscopy**" is a procedure that allows the provider to examine the rectum and lower sigmoid colon using a flexible sigmoidoscope or a colonoscope that is not inserted all the way.
- "Double Contrast Barium Enema" is a form of contrast radiography in which x-rays of the colon and rectum are taken using barium and air contrast to visualize the internal structures more easily.
- "CT Colonography" or "Virtual Colonoscopy" is a procedure that uses specialized CT scan x-ray equipment to examine the entire colon to check for cancer or polyps.
- "Capsule Endoscopy" is a procedure where a small ingestible capsule is swallowed. This disposable capsule has small cameras which take video as it moves through the digestive system to visualize the colon for detection of polyps. The video signal is recorded by an external box, then downloaded to a computer so your doctor can visualize the colon for detection of polyps.

E. **Incomplete Colonoscopy** refers to a situation when the colon cannot be fully evaluated for a number of reasons, such as patient discomfort, a very twisty colon anatomy, prior surgery, or suboptimal bowel preparation.

F. **Stool-Based Screening Tests** include the guaiac-based fecal occult blood test (gFOBT), fecal immunochemical test (FIT), and stool DNA testing (sDNA). While these tests typically cannot detect precancerous polyps, they may detect for other signs of cancer such as blood or cell debris in the stool.

Tests that fall within this definition include:

- "**Guaiac-Based Fecal Occult Blood Test (gFOBT)**" is a non-invasive screening tool that targets human red blood cell components in stool. This detects bleeding from any part of the gut.
- "**Fecal Immunochemical Test (FIT)**" is a non-invasive screening tool that targets human red blood cell components in stool. This detects bleeding predominantly originating in the colon.
- "**Stool DNA Test (sDNA)**" is a non-invasive screening tool that targets both human red blood cell components and specific genetic alterations in stool.
- "**Serum-based testing**" is a non-invasive blood-based screening tool that looks for evidence of existing colon cancer.

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.

Prior Authorization

Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes:

Use the current applicable CPT or HCPCS codes**.**

Original Effective Date:	09/01/2025
Re-Review Date(s):	
Administrative Update:	07/09/2025 – Genetic testing policy title update