

## Colon Health Policies

### Program Description

The Breast, Cervical and Colon Health Program (BCCHP) screens qualifying men and women for colorectal cancer. The program is funded through a grant from the Centers for Disease Control and Prevention (CDC). It is administered by the Washington State Department of Health which contracts with Prime Contractors throughout the state to implement the program regionally. The Prime Contractors subcontract with health care providers and organizations to provide direct services to individuals in their communities. BCCHP eligibility and screening policies reflect CDC guidelines. The BCCHP colon health program is a population-health based program, intended to screen people of average risk or of increased risk due to family history, who otherwise meet program eligibility guidelines.

### Eligibility & Coverage

#### **Gender Definitions for terms used in BCCHP policies**

- Cisgender - a person whose gender identification and birth sex are the same.
- Transgender man - a person who identifies as male with a female-assigned birth sex.
- Transgender woman - a person who identifies as female with a male-assigned birth sex.
- Genderqueer - A person whose gender identity differs from the gender assigned at birth, but may less clearly defined than a transgender person.
- Gender Non-binary - a person who neither identifies as a male nor female with either a female assigned birth sex or a male-assigned birth sex.
- Agender – A person who does not identify with any gender

**Eligible** – Clients of all gender definitions who meet the following criteria may be screened:

#### **Must meet all of the following:**

- Age 50-64; Age 65+ if not eligible for Medicare or ineligible for Medicare Part B at the time of enrollment.
- Uninsured or underinsured. Underinsured means inadequate health insurance, no coverage for colorectal screening and/or inability to afford out-of-pocket expenses.
- Income equal to or below 250% of the Federal Poverty Level.

#### **And meet one of the following:**

- Asymptomatic (no symptoms).
- Increased risk due to a personal history of colorectal cancer or precancerous polyps.
- Increased risk due to family history of colorectal cancer or precancerous polyps.  
Individuals at increased risk due to a family history may be screened according to the definitions below:
  - If the family history is in a first-degree relative (parent, sibling, child) **before** age 60, or in 2 or more first-degree relatives at any age: Screening may begin at 40 **or** 10 years prior to the relative's age at diagnosis, whichever is earlier.
  - If the family history is in a first-degree relative (parent, sibling, child) **after** age 60 or more in at least 2 second-degree relatives (grandparent, aunt, uncle, cousin) at any age: Screening may begin at 40 years old.

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- Individuals with a positive stool screening test performed outside of BCCHP who are seeking diagnostic services. Must be average risk and meet all other BCCHP eligibility.

**Not Eligible** – Individuals who meet any of the following criteria **cannot be screened**. They **must** be assisted with referral for appropriate services.

- Individuals **with symptoms such as:**
  - Rectal bleeding, bloody diarrhea or blood in the stool within the last 6 months.  
\*(Bleeding that is known or suspected to be due to hemorrhoids and has been documented as such after clinical evaluation, should not exclude a client from receiving colorectal screening services)
  - A significant change in bowel habits (e.g. diarrhea or constipation for more than two weeks that has not been clinically evaluated)
  - Persistent abdominal pain
  - Symptoms of bowel obstruction (e.g. abdominal distention, nausea, vomiting, severe constipation)
  - Significant unintentional weight loss of 10% or more of body weight
- Individuals that are **high risk due to:**
  - Crohn's disease
  - Ulcerative colitis
  - Genetic diagnosis of hereditary colorectal cancer syndromes {i.e., familial adenomatous polyposis [FAP], Lynch syndrome (formerly known as hereditary non-polyposis colorectal cancer [HNPCC])
  - Clinically diagnosed with FAP or Lynch Syndrome

### Services Covered

- Office visits that include screening for colorectal cancer, determining risk, and offering screening tests. See below under "Reimbursement" for more specific policies.
- Screening tests. This program covers stool tests for the average risk person. Other screening modalities are allowed for increased risk people. See "Screening Tests Covered" below.
- Surveillance procedures and tests for increased risk clients.
- Office visits related to diagnostic procedures. See requirements under "Reimbursement" below.
- Diagnostic procedures if the screening test is positive.
- Bowel preparation
- Anesthesia for colonoscopy

### Services Not Covered

- Office visits which do not include colorectal cancer screening.
- Evaluation and management of clients who present for screening but are found to be ineligible for the BCCHP based on the criteria listed above.

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- Screening tests requested sooner than recommended by BCCHP clinical guidelines. (see “Clinical Guidelines” below and BCCHP Algorithms provided by your Prime Contractor)
- **In-office Digital Rectal Exams (DRE) and follow up tests ordered based on a positive DRE. Positive FIT/FOBT tests completed with a stool sample collected by DRE cannot be referred on for colonoscopy.**
- Visits or care related to complications as a result of screening or diagnostic services reimbursed or authorized by BCCHP
- Evaluation and management of health issues not related to cancer screening
- Genetic testing
- Computer Tomography Scans (CT) for staging or other purposes.
- Surgical staging
- Treatment of colorectal cancer
- Experimental or investigational procedures or testing

### Screening Tests Covered

- Stool test - High sensitivity Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT) – **Preferred screening is FIT.** If a positive result, the patient will be referred to a contracted BCCHP GI-provider for a diagnostic colonoscopy. If patient refuses FIT/FOBT, provider must document refusal in patient chart and request authorization for colonoscopy through prime contractor and BCCHP Nurse Consultant.
- Colonoscopy - preferred for increased risk clients due to a family history of colorectal cancer or precancerous polyps in first degree relatives, especially if diagnosed before 60.
- Sigmoidoscopy - when unable to complete a screening colonoscopy for increased risk clients.

### Surveillance Tests Covered

- Colonoscopy – for increased risk clients due to a personal history of colorectal cancer or precancerous polyps.

### Diagnostic Procedures Covered

- Colonoscopy
- Double contrast barium enema (DCBE) - when unable to complete a diagnostic colonoscopy
- Sigmoidoscopy - when unable to complete a diagnostic colonoscopy
- Biopsy
- Removal of tumors and polyps
- Pathology related to the above procedures
- CT Colonography as a diagnostic procedure after positive FIT or sigmoidoscopy

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### Clinical Guidelines

BCCHP and CDC follow the colorectal cancer screening recommendations outlined by the U.S. Preventive Services Task Force (USPSTF). BCCHP refers to other national organizations for additional guidance including American Cancer Society (ACS) and the American College of Gastroenterology. BCCHP publishes eligibility and screening algorithms to assist providers in determining what screening modalities our program covers for different risk groups.

Any questions about clinical guidelines and algorithms should be directed to the Prime Contractor who may refer the question to the Public Health Nurse Consultant at the Department of Health. In particular cases, it may be necessary to consult with the program's Medical Advisory Committee (MAC).

Due to limited funding, this program focuses on screening average risk clients. BCCHP has limited funds available for screening and surveillance of increased risk clients and for diagnostic services for those not screened through BCCHP. The services required by high risk clients are not within the scope of BCCHP.

### **Definitions of Colorectal Cancer Risk:**

- Average Risk is defined as **no personal history** of:
  - Colorectal cancer or adenomas
  - Inflammatory bowel disease such as Crohn's and ulcerative colitis
  - Genetic syndromes such as FAP or Lynch Syndrome (HNPCC)
  - Family history of the above
- Increased Risk is defined as a personal history of:
  - Adenomatous polyps
  - Colorectal cancer
  - Family history of colorectal cancer
  - Family history of adenomatous polyps
- High Risk is defined as individuals with a:
  - Genetic diagnosis of FAP or Lynch Syndrome (HNPCC)
  - Clinical Diagnosis or suspicion of FAP or Lynch Syndrome
  - History of inflammatory bowel disease

### **Gastrointestinal Symptoms:**

Individuals with gastrointestinal symptoms are not eligible for BCCHP services. These individuals need a comprehensive medical evaluation to determine the cause of their symptoms. This is beyond the scope of the services provided in the BCCHP screening program. Once an individual has been evaluated and they are cleared to be screened for colorectal cancer as an average risk individual and they meet the other eligibility criteria, they can enroll in BCCHP for colorectal screening services.

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### Screening & Surveillance Schedules:

- Screening for average risk individuals:
  - Annually beginning at age 50
  - **FIT – preferred method for BCCHP**
  - High Sensitivity FOBT may be used.
- Screening for increased risk individuals with family history in a first degree relative:
  - Colonoscopy every 5 years at 40 years old or 10 years before the earliest relative's age at diagnosis if:
    - One relative had colorectal cancer or adenomatous polyps before age 60.
    - Two or more relatives had colorectal cancer or adenomatous polyps at any age.
  - Repeat screenings may continue on a more frequent schedule depending on the history. This is based on recommendations of the specialist who conducted the prior colonoscopy and national guidelines.
  - **If the first-degree relative's diagnosis of colorectal cancer or adenomatous polyps was at aged 60 or older, Annual FIT or FOBT may be used.**
- Screening for increased risk individuals with family history in two or more second degree relatives:
  - Annually beginning at age 40.
  - **FIT – preferred method for BCCHP.**
  - High Sensitivity FOBT may be used if FIT not available.
- Surveillance for increased risk individuals with personal history:
  - Periodic colonoscopy.
  - Timing depends on the size, type, histology, number and completeness of prior polyp removal.
  - Based on recommendations of the specialist who conducted the prior colonoscopy and national guidelines.
- Screening for someone with a history of a screening colonoscopy or sigmoidoscopy:
  - Attempt to get the prior test results and review the recommendations for further screening.
  - If there is a recommendation from the last colonoscopy about a screening schedule, that should be followed.
  - If a person is average risk they may switch to stool testing. This would occur 10 years after the prior colonoscopy.
  - If benign polyps were found on the first colonoscopy then it is preferable to stick with colonoscopy.
  - The ultimate decision is up to the provider and the client.

### Abnormal Screening Tests:

Positive or abnormal FOBT/FIT screening tests must be followed up with a diagnostic procedure and receive a final diagnosis within 90 days of the screening test. A colonoscopy is the

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preferred diagnostic follow up procedure. A DCBE or sigmoidoscopy may be done if a colonoscopy is not feasible.

Clients diagnosed with colorectal cancer must be referred for appropriate treatment which should begin within 60 days of the diagnosis. Prime Contractors will assist clients with accessing financial assistance, Medicaid, and other resources to help them manage their treatment. BCCHP does not cover treatment of colorectal cancer.

### Tracking:

Prime Contractors and their providers should have tracking and reminder systems in place to monitor:

- Stool kit returns
- Follow up on abnormal results
- Complications
- Return for rescreening
- Navigation procedures

Clients that are lost to follow up or refuse diagnostic testing should be noted. If a reason is known it should be recorded. At a minimum, three attempts to contact the client must be recorded by the provider in the medical record or by the Prime Contractor in the clients file and Med-IT. Contacts include:

- telephone call
- certified or registered letter
- personal visit
- email with verification that received

### Complications:

Medical complications as a result of a sigmoidoscopy, colonoscopy, or DCBE performed on a client enrolled in BCCHP must be reported to the Prime Contractor. The Prime Contractor should then report it to the department immediately so that it may be reported to CDC. The *Medical Complications Reporting Form* must be completed and data entered into Med-IT. Refer to the *Medical Complications Reporting Form* for more detailed reporting requirements and timelines.

### Reimbursement

BCCHP has a fee schedule that specifies which billing codes are allowable for reimbursement in the program. Other services and tests will be denied payment. Providers seeing BCCHP clients accept the maximum allowable reimbursement published in the BCCHP Fee Schedule as full payment for services provided for BCCHP enrollees. Clients enrolled in BCCHP must be notified of services offered outside the program and what those may cost them. Permission to bill the client separately for non-BCCHP services must be obtained prior to providing such services. BCCHP will not reimburse for services not included in the Fee Schedule. Reimbursement policies

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generally follow Medicare rules and rates. Due to limited funding a few BCCHP specific policies take precedence. Providers must bill according to the full text descriptions for CPT® and HCPCS codes published by the American Medical Association and the Centers for Medicare & Medicaid Services.

### Office Visits:

- BCCHP reimburses for office visits when the purpose of the visit is to discuss colorectal cancer screening.
- When these visits occur with women who are receiving breast and cervical cancer screening at the same time through BCCHP, only one office visit may be billed and reimbursed.
- When these visits occur with men or women who receive only colon cancer screening the reimbursement will be capped at office visit code 99211 for established clients and 99201 for new clients.

### Preventive Visits:

- Preventive visit codes (99385-87, 99395-97) may be used in place of office visit codes, however they will be reimbursed no higher than the Evaluation and Management CPT® codes 99203 and 99213. The visit must meet the criteria for a preventive visit.
- When these visits occur with women who are receiving breast and cervical cancer screening at the same time through BCCHP, only one preventive visit may be billed and reimbursed.

### Pre-procedure visits:

- A pre-procedure visit prior to a colonoscopy is reimbursable with prior approval when:
  - The client has a medical condition that puts them at higher risk for the procedure, such as:
    - advanced or unstable cardiovascular disease
    - advanced pulmonary disease
    - massive obesity
  - The client is a person who is non-English speaking.
  - The client is person who is deaf or hard of hearing.
  - The client is a person who is blind or partially sighted.
  - The client is a person with activity limitations or participation restrictions.
  - The client is a person with a developmental disability.
- Use Evaluation and Management CPT® codes for office services, as listed on the BCCHP Fee Schedule, to bill for a pre-colonoscopy visit.
- If deemed necessary by the medical provider, electrocardiography (ECG) and some labs by venipuncture are reimbursable before the procedure (see BCCHP Fee Schedule).
- Some information-gathering prior to a colonoscopy can be taken care of on the phone. Managing insulin use and anticoagulation therapy are examples of issues that can be managed over the phone by the provider's office in advance of the colonoscopy.

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- A history and physical should be done on the day of the colonoscopy. The colonoscopy can be deferred if a medical concern arises that needs further evaluation. BCCHP cannot pay for medical evaluations.

### Endoscopies:

- If a screening or surveillance colonoscopy becomes diagnostic during the procedure due to suspicious findings, bill using the diagnostic code rather than the screening code.
- Multiple procedures (endoscopies) are reimbursed as follows:

#### Professional Services:

- The highest fee procedure is paid at 100%
- The additional procedures will be paid by subtracting the base procedure fee from the actual procedure done.
- The base procedures and codes are:
  - Sigmoidoscopy – 45330
  - Colonoscopy – 45378

#### Facility Services:

- The highest fee procedure is paid at 100%
- Each additional procedure will be paid at 50%

### Underinsured Clients:

Being underinsured means that a client has health care insurance that does not cover cancer screening and diagnostic services or that has high out-of-pocket expenses making diagnostic services and procedures unaffordable. Eligible underinsured clients will be informed by the Prime Contractor as to which services and procedures are covered by the BCCHP.

Providers agree to file a claim with the primary insurance carrier prior to submitting a claim to the BCCHP Prime Contractor. When the provider receives the Explanation of Benefits (EOB) back from the insurance carrier they will submit that along with the claim for unpaid services and procedures to the BCCHP Prime Contractor within 15 days of receipt of the EOB. Providers may not balance bill the client for BCCHP covered services.

The provider will be paid the difference between what the insurance carrier paid and the maximum allowable reimbursement from the BCCHP Fee Schedule.

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