

POLICY STATEMENT
Indiana Medicaid

Policy Name & Number	Date Effective
Screening and Surveillance	

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A. Subject

Screening and Surveillance for Colorectal Cancer

B. Background

Reimbursement policies are designed to assist providers when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual

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- Adenoma – Polyps that carry the potential for malignancy requiring surveillance.
- Average risk - Per American Cancer Society Guidelines, members who are at average risk for colorectal cancerberorecrt I x `B•Đ E b>b; qÀ&iÁM À P!@Ù "y"), "| À P!@Ù " requi Tc -0.010 Tw 0.214 0 Td [(at)-23.4 (o)]TJ 0 Tc 0 Tw 1.857p (d ()T6 (d ()TivTd8-5ic -0.00 ave 0 Td429Tw 0d [(c)15 (e.1 (e0 Te (an)7 0-71.7)15 (t) (an)7 0r)-9.2 (ncc)14..1 (ec)1ee c cgh 2

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3. Doubeni, C. (2021, December 07). Tests for screening for colorectal cancer. Retrieved from [https://doi.org/10.11310.7.6507.21](#)

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