BlueCross BlueShield of Illinois

# Reimbursement Policy

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| **Policy Number:** RPLAB071 | **Policy Title:** Colorectal Cancer Screening |
| **Approval Date:** Aug. 6, 2026 | **Effective Date:** Dec. 4, 2026 |

## Policy Disclaimer

If a conflict arises between a Reimbursement 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 reimbursement policy 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's 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 Illinois may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSIL has full and final discretionary authority for their interpretation and application to the extent provided under any applicable Plan documents.

Providers are responsible for submitting 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 ICD-10-PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare & 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 and procedures billed. Claim submissions are subject to claim review, including but not limited to, any terms of benefit coverage, provider contract language, medical policies and reimbursement policies, as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

## Description

The plan 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. For asymptomatic individuals 45 to 75 years of age, screening once every three years with a multi-target stool DNA (mt-sDNA)-based test (i.e., Cologuard™, Cologuard Plus™) **or** a multi-target stool RNA (mt-sRNA)-based test (i.e., ColoSense™) **may be reimbursable.**

3. For asymptomatic individuals age 45 to 75 years of age for whom a multi-target stool-based test has already been performed in the last three years, the use of a different approved multi-target stool-based test **is not reimbursable.**

4. The use of methylated Septin 9 (ColoVantage) for colorectal cancer screening **is not reimbursable.**

5. For average risk, asymptomatic individuals over 75 years of age, colorectal cancer screening **is not reimbursable.**

6. 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.
    c. Screening using cell-free DNA techniques (e.g., Guardant Shield™).

## 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.

| Code | Description |
|---|---|
| 81327 | SEPT9 GEN PRMTR MTHYLTN ALYS |
| 81528 | ONCOLOGY COLORECTAL SCR |
| 82270 | OCCULT BLOOD FECES |
| 82274 | ASSAY TEST FOR BLOOD FECAL |
| 87624 | HPV HI-RISK TYP POOLED RSLT |
| 87625 | HPV TYPES 16 & 18 ONLY |
| 87626 | HPV SEP HI-RSK TYP&POOL RSLT |
| 88112 | CYTOPATH CELL ENHANCE TECH |
| 0421U | ONC CLRCT SCR SGL AMP 8 RNA |
| 0464U | ONC CLRCT SCR QRTSA DNA MRK |
| 0537U | ONC CLRCT CA CFDNA >2500 DMR |



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## Policy History

| Approval Date | Description |
|---|---|
| 08/06/2026 | 12/4/2026; Document updated. The following changes were made to Reimbursement Information: Added new #2: For asymptomatic individuals 45 to 75 years of age, screening once every three years with a multi-target stool DNA (mt-sDNA)-based test (i.e., Cologuard™, Cologuard Plus™) or a multi-target stool RNA (mt-sRNA)-based test (i.e., ColoSense™) may be reimbursable. Added new #3: For asymptomatic individuals age 45 to 75 years of age for whom a multi-target stool-based test has already been performed in the last three years, the use of a different approved multi-target stool-based test is not reimbursable. Added code 0421U, References revised. |
| 05/15/2026 | 09/04/2026; Document updated with literature review. Reimbursement Information unchanged. Added code 87626 and removed code 0500T. References revised. |
| 09/05/2025 | 01/01/2026; New policy. |