NO. 91547

COLORECTAL CANCER SCREENING

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Instructions for use: This document is for informational purposes only. Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable. Eligibility and benefit coverage are determined in accordance with the terms of the member's plan in effect as of the date services are rendered. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Priority Health's medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion. Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

Policy scope: This medical policy addresses general preventive screening for colorectal cancer for the average risk population.

Related policies:

- Capsule Endoscopy No. 91476
- Genetics: Counseling, Testing, Screening No. 91540

I. MEDICAL NECESSITY CRITERIA

A. INCLUSIONS. General Preventive Screening for average risk population:

Average risk is defined as no **personal** history adenomatous polyps, colorectal cancer, or inflammatory bowel disease (Crohn's Disease and Ulcerative Colitis); no **family** history of colorectal cancer or adenomatous polyps, familial adenomatous polyposis, or hereditary nonpolyposis colorectal cancer.

Beginning at age 45, both men and women at average risk for developing colorectal cancer should begin screening as discussed in the Priority Health Preventive Health Care Guidelines.

Preventive testing modalities include:

1. Colonoscopy
   a. Age 45-75 years

   b. Performed once every 10 years
2. Flexible sigmoidoscopy
   a. Age 45-75 years
   b. Performed once every 5 years
3. Computed tomography colonography (CTC):

   Prior authorization through EviCore is required. CTC may be medically necessary when EviCore criteria are met (see *Abdomen Imaging Guidelines*).

   To access EviCore clinical guidelines: Log into Priority Health Prism → Authorizations → Authorization Criteria Lookup.

4. Fecal DNA or FI-DNA – Quantitative real-time target and signal amplification of DNA markers plus fecal hemoglobin:
   a. **Cologuard®** (Exact Sciences Corp.): Fecal DNA testing using Cologuard is considered medically necessary for members who meet all the following criteria:
      i. Age 45-75
      ii. Once every 3 years
      iii. Those patients who show no signs or symptoms of colorectal disease including and not limited to lower gastrointestinal pain, blood in stool, positive fecal occult blood test or fecal immunochemical test
      iv. No prior history of abnormal fecal DNA test
      v. Those patients who are at average risk for developing colorectal cancer
      vi. No personal history adenomatous polyps colorectal cancer, or inflammatory bowel disease (Crohn's Disease and Ulcerative Colitis)
      vii. No family history of colorectal cancer or adenomatous polyps, familial adenomatous polyposis, or hereditary nonpolyposis colorectal cancer
   b. **Cologuard Plus™** (Exact Sciences Corp.): **Managed by EviCore.**

      To access EviCore clinical guidelines: Log into Priority Health Prism → Authorizations → Authorization Criteria Lookup (Lab Management Program)

5. Fecal occult blood test (FOBT) using guaiac-based FOBT (gFOBT) or immunochemical-based FOBT (iFOBT)/fecal immunochemical test (FIT)
   a. Age 45-75 years
   b. Annually
6. Shield™ (Guardant Health Inc.) analysis of cell-free DNA (cfDNA) for epigenomic patterns from blood sample as screening test for colorectal cancer (CRC): **Managed by EviCore.**

   To access EviCore clinical guidelines: Log into Priority Health Prism → Authorizations → Authorization Criteria Lookup (Lab Management Program)

7. **Blood-based assays that detect SEPT9 (Septin9) DNA promoter methylation** (e.g., colorectal cancer): **Managed by EviCore.**

   Such tests include:

   - Epi ProcColon® (New Day Diagnostics, LLC)
   - ColoVantage® (Quest Diagnostics)

   To access EviCore clinical guidelines: Log into Priority Health Prism → Authorizations → Authorization Criteria Lookup (Lab Management Program)

8. **Computer or artificial intelligence aided colonoscopy**: Computer or artificial intelligence assisted reading tools intended to help endoscopists detect polyps and adenomas during colonoscopy (e.g., GI Genius Intelligent Endoscopy Module) may be used to support clinicians' standard methods of detection. However, such use will be not separately payable.

B. **Additional genetic colorectal cancer tests are managed by EviCore (Lab Management Program)**, as indicated in Priority Health Medical Policy *No. 91540 - Genetics: Counseling, Testing, Screening*. Any test may or may not be considered medically necessary for colorectal cancer screening.

   To access EviCore clinical guidelines: Log into Priority Health Prism → Authorizations → Authorization Criteria Lookup (Lab Management Program)

   Such tests include the following:

   1. miR-31now (GoPath Laboratories)
   2. Colvera (Colvera)
   3. ColoScape Colorectal Cancer Detection (DiaCarta Clinical Lab)
   4. Colosense (Geneoscopy Inc)
   5. Chromosome Genome Mapping (UR Medicine Labs, Bionano Genomics, Inc.)
   6. ColoScape PLUS (DiaCarta, Inc.)
   7. OptiSeq Colorectal Cancer NGS Panel (DiaCarta, Inc.)
   8. OptiSeq Dual Cancer Panel Kit (DiaCarta, Inc.)
   9. QuantiDNA Colorectal Cancer Triage Test (DiaCarta, Inc.)

C. **EXCLUSIONS. The following colorectal cancer screening tests are considered NOT medically necessary:**
   1. **Magnetic resonance imaging (MRI) colonography** is considered experimental and investigational for the screening or diagnosis of colorectal cancer, inflammatory bowel disease, or other indications because its value for these indications has not been established.
   2. **Wireless Capsule Endoscopy (WCE) (i.e. PillCam)** is accomplished by encasing video, illumination and transmission modules inside a capsule the size of a large vitamin pill. WCE is considered not medically necessary for general screening.
   3. **BeScreened™-CRC** (Beacon Biomedical Inc) blood-based colorectal cancer screening test, is considered experimental and investigational. It has not been cleared, approved, or authorized by the FDA.

4. **IGoCheck™** (Milagen, Inc.) blood-based colorectal cancer test is considered experimental and investigational. It has not been cleared, approved, or authorized by the FDA.

II. CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) COVERAGE DETERMINATION

Any applicable federal or state mandates will take precedence over this medical coverage policy.

Medicare: Refer to the CMS Online Manual System (IOMs) and Transmittals.
For the most current applicable CMS National Coverage Determination (NCD)/Local Coverage Determination (LCD)/Local Coverage Article (LCA) refer to CMS Medicare Coverage Database.

The information below is current as of the review date for this policy. However, the coverage issues and policies maintained by CMS are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. MAC jurisdiction for purposes of local coverage determinations is governed by the geographic service area where the Medicare Advantage plan is contracted to provide the service. Please refer to the Medicare Coverage Database website for the most current applicable NCD, LCD, LCA, and CMS Online Manual System/Transmittals.

National Coverage Determinations (NCDs)	
Fecal Occult Blood Test 190.34 Colorectal Cancer Screening Tests 210.3*	
Local Coverage Determinations (LCDs)	
CGS Administrators, LLC	Colon Capsule Endoscopy (CCE) L38777 A58362 Endoscopy by Capsule L34081 A56461
First Coast Service Options, Inc.	Colon Capsule Endoscopy (CCE) L38805 A58410 Genetic Testing in Oncology: Specific Tests L39367 A59123 Wireless Capsule Endoscopy L33774 A56704
National Government Services, Inc.	Colon Capsule Endoscopy (CCE) L38571 A58294
Noridian Healthcare Solutions	Colon Capsule Endoscopy (CCE) L38824 A58436
Novitas Solutions, Inc.	Biomarkers for Oncology L35396 A52986 Colon Capsule Endoscopy (CCE) L38807 A58414 Genetic Testing in Oncology: Specific Tests L39365 A59125 Wireless Capsule Endoscopy L35089 A57753
Palmetto GBA	Colon Capsule Endoscopy (CCE) L38755 A58321 Wireless Capsule Endoscopy L36427 A56727
WPS Insurance Corporation	Colon Capsule Endoscopy (CCE) L38837 A58471

*See also March 10, 2026 National Coverage Analysis (NCA) / Proposed Decision Memo: *Screening for Colorectal Cancer – Non-Invasive Biomarker Tests* CAG-00440R

III. BACKGROUND

Colorectal cancer is the third leading cause of cancer death for both men and women. Widespread screening for colorectal cancer (CRC) could prevent many of these deaths since prognosis improves dramatically with early detection and treatment. Colon cancer prevention should be the primary goal of CRC screening. Tests that are designed to detect both early cancer and adenomatous polyps should be encouraged if resources are available and patients are willing to undergo an invasive test. Existing screening methods include both invasive and non-invasive tests with varying sensitivities and specificities. Commonly used tests include the fecal occult blood test (FOBT), flexible sigmoidoscopy, traditional colonoscopy and virtual colonoscopy.

Colonoscopy is a procedure in which a colonoscope or scope is used to look inside the rectum and colon. Colonoscopy can show irritated and swollen tissue, ulcers, polyps, and cancer. It is the most complete screening procedure and is considered the gold standard of the screening modalities.

In **water immersion colonoscopy (WI, also known as water infusion or water instillation colonoscopy)**, water is infused to facilitate scope progression and cecal intubation; gas insufflation (room air or carbon dioxide) may be used as needed during insertion; most infused water is aspirated during withdrawal. **Water exchange colonoscopy (WE)** is a standardized insertion technique in which infused water is removed mainly during insertion to allow progression in clear water, without any gas insufflation, and removing all residual gas pockets trying to achieve the best possible degree of colon cleanliness. The cecal intubation rate can be higher using WI or WE than gas insufflation, however the overall intubation time is generally slightly longer. Use of WI or WE during insertion is associated with less patient discomfort when compared with gas insufflation colonoscopy. Available evidence suggests that complications of colorectal underwater polypectomy and underwater **endoscopic mucosal resection (UEMR)** are comparable with conventional **endoscopic mucosal resection (EMR)** techniques (Cadoni et al, 2021).

Recommendations for follow-up after colonoscopy and polypectomy are provided by the US Multi-Society Task Force on Colorectal Cancer (Gupta et al., 2020).

Flexible sigmoidoscopy is a procedure in which a flexible, narrow tube with a light and tiny camera on one end, called a sigmoidoscope or scope, is used to look inside the rectum and lower colon. Flexible sigmoidoscopy can show irritated or swollen tissue, ulcers, polyps, and cancer.

Computed Tomographic Colonography (CTC) or virtual colonoscopy is an non-invasive x-ray test that does not require anesthesia. However, with CTC the entire length of the colon is not viewed and CTC may not find certain polyps as easily as a colonoscopy.

Currently available stool-based tests include guaiac fecal occult blood test (gFOBT), fecal immunochemical test (FIT), and stool DNA with a FIT (sDNA-FIT). Fecal occult blood tests (FOBTs) are generally divided into two types: immunoassay and guaiac types. Immunoassay (or immunochemical) fecal occult blood tests (iFOBT or FIT) measures hemoglobin, a protein in red blood cells. Guaiac fecal occult blood tests

(gFOBT) use a peroxidase reaction to indicate presence of the heme portion of hemoglobin.

Cologuard® (Exact Sciences Corp.), a multi-target sDNA test, incorporates both sDNA and fecal immunochemical test techniques. It detects molecular markers of altered DNA that are contained in the cells shed by colorectal cancer and pre-malignant colorectal epithelial neoplasia into the lumen of the large bowel.

The **Cologuard Plus™** (Exact Sciences Corp.) test is a qualitative in vitro diagnostic test intended for the detection of colorectal neoplasia-associated DNA markers and for the presence of occult hemoglobin in human stool. The Cologuard Plus test is performed on samples collected using the Cologuard Plus Collection Kit. A positive result may indicate the presence of colorectal cancer (CRC) or advanced precancerous lesions (APL) and should be followed by colonoscopy. The Cologuard Plus test is indicated to screen adults 45 years or older, who are at average risk for CRC. The Cologuard Plus test is not a replacement for diagnostic colonoscopy or surveillance colonoscopy in high-risk individuals. The Cologuard Plus™ test is performed at Exact Sciences, Madison, WI.

Shield™ (Guardant Health Inc.) is intended as a noninvasive screening test for colorectal cancer (CRC). It is indicated for individuals 45 years at average risk for genomic alterations and epigenomic modifications in cell-free DNA (cfDNA) from a blood sample. Test results are reported as positive or negative, where positive indicates that the individuals may have CRC or advanced adenoma and should be evaluated by colonoscopy. The laboratory notes a limited ability to detect stage I cancer and advanced adenomas.

Computer-assisted reading tools have been created to help endoscopists detect polyps and adenomas during standard white-light endoscopy examinations for screening and surveillance. One such tool is the GI Genius intelligent endoscopy module (Medtronic). The GI Genius reads images in real time and is intended to support, rather than to replace, clinicians' standard methods of adenoma detection (Hayes, Inc., 2024).

Magnetic resonance imaging (MRI) colonography is considered experimental and investigational for the screening or diagnosis of colorectal cancer, inflammatory bowel disease, or other indications because its value for these indications has not been established.

Wireless Capsule Endoscopy (WCE) (i.e. PillCam) is accomplished by encasing video, illumination and transmission modules inside a capsule the size of a large vitamin pill. WCE is considered not medically necessary for general screening.

BeScreened™-CRC (Beacon Biomedical Inc) blood-based colorectal cancer screening test, is considered experimental and investigational. It has not been cleared, approved, or authorized by the FDA.

IGoCheck™ (Milagen, Inc.) blood-based colorectal cancer test is considered experimental and investigational. It has not been cleared or approved by the FDA.

IV. GUIDELINES / POSITION STATEMENTS

Medical/Professional Society	Guideline

United States Preventive Services Task Force (USPSTF)	Final Recommendation Statement. Colorectal Cancer: Screening (May 18, 2021)
American Cancer Society (ACS)	American Cancer Society Guideline for Colorectal Cancer Screening (January 29, 2024)
National Comprehensive Cancer Network®	NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®). Colorectal Cancer Screening. Version 2.2025 – June 24, 2025.
American College of Gastroenterology (ACG)	ACG Clinical Guidelines: Colorectal Cancer Screening 2021 (Shaukat A et al., 2021)
United States Multi-Society Task Force on Colorectal Cancer (USMSTF)	Diagnosis and Management of Cancer Risk in the Gastrointestinal Hamartomatous Polyposis Syndromes: Recommendations From the US Multi-Society Task Force on Colorectal Cancer (Boland CR et al., 2022) Updates on Age to Start and Stop Colorectal Cancer Screening: Recommendations From the U.S. Multi-Society Task Force on Colorectal Cancer (Patel SG et al., 2022) Recommendations for Follow-Up After Colonoscopy and Polypectomy: A Consensus Update by the US Multi-Society Task Force on Colorectal Cancer (Gupta S et al., 2020) Colorectal Cancer Screening: Recommendations for Physicians and Patients From the U.S. Multi-Society Task Force on Colorectal Cancer (USMSTF) (Rex DK et al., 2017) Recommendations on Fecal Immunochemical Testing to Screen for Colorectal Neoplasia: A Consensus Statement by the US Multi-Society Task Force on Colorectal Cancer (Robertson DJ et al., 2017)
American Gastroenterological Association (AGA)	AGA Clinical Practice Update on Current Role of Blood Tests for Colorectal Cancer Screening: Commentary (Shaukat A et al., 2025) AGA Living Clinical Practice Guideline on Computer-Aided Detection–Assisted Colonoscopy (Sultan S et al., 2025) AGA Clinical Practice Update on Approach to the Use of Noninvasive

	Colorectal Cancer Screening Options: Commentary (Burke CA et al., 2022) AGA Clinical Practice Update on Strategies to Improve Quality of Screening and Surveillance Colonoscopy: Expert Review (Keswani RN et al., 2021)
American College of Physicians (ACP)	Recent American College of Physicians Guidance Statement for Screening Average-risk, Asymptomatic Adults for Colorectal Cancer (Hawk ET et al., 2024)
American College of Radiology (ACR)	ACR Appropriateness Criteria® Colorectal Cancer Screening: 2024 Update (Expert Panel on Gastrointestinal Imaging, 2025)

V. REGULATORY (US FOOD AND DRUG ADMINISTRATION)

See U.S. Food & Drug Administration (FDA) Medical Device Databases for the most current information.

Device	Premarket Approval, 513(f)(2)(De Novo), or 510(k) Number	Decision date
Cologuard Plus™ (Exact Sciences Corporation)	P230043 (PHP)	10/03/2024
Shield (Guardant Health, Inc.)	P230009 (PHP)	07/26/2024
Epi proColon® Blood-Based CRC Screening Test (New Day Diagnostics, LLC)	P130001 (PHP)	04/12/2016
Cologuard® Stool DNA Test (Exact Sciences Corp.)	P130017 (PHP)	08/11/2014
PillCam™ COLON 2 Capsule Endoscopy System (Given Imaging, Ltd.)	DEN120023 K123666 (PGD)	01/29/2014

VI. CODING

ICD-10 Codes that support payment of the following CPT/HCPCS procedures as a preventive benefit (not subject to deductible):

Z12.11 Encounter for screening for malignant neoplasm of colon
Z12.12 Encounter for screening for malignant neoplasm of rectum

Z80.0 Family history of malignant neoplasm of digestive organs
Z83.710 Family history of colonic polyps

Z85.00 Personal history of malignant neoplasm of unspecified digestive organ

Z85.01 Personal history of malignant neoplasm of esophagus
Z85.020 Personal history of malignant carcinoid tumor of stomach
Z85.028 Personal history of other malignant neoplasm of stomach
Z85.030 Personal history of malignant carcinoid tumor of large intestine
Z85.038 Personal history of other malignant neoplasm of large intestine
Z85.040 Personal history of malignant carcinoid tumor of rectum
Z85.048 Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus

Z85.810 Personal history of malignant neoplasm of tongue
Z85.818 Personal history of malignant neoplasm of other sites of lip, oral cavity, and pharynx
Z85.819 Personal history of malignant neoplasm of unspecified site of lip, oral cavity, and pharynx

Z86.010 Personal history of colonic polyps

CPT/HCPCS Procedure Codes

45330 Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
45331 Sigmoidoscopy, flexible; with biopsy, single or multiple
45333 Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
45334 Sigmoidoscopy, flexible; with control of bleeding, any method
45335 Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance
45338 Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45346 Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)

45378 Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
45380 Colonoscopy, flexible; with biopsy, single or multiple
45381 Colonoscopy, flexible; with directed submucosal injection(s), any substance
45382 Colonoscopy, flexible; with control of bleeding, any method
45384 Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
45385 Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45388 Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
45390 Colonoscopy, flexible; with endoscopic mucosal resection

G0104 Colorectal cancer screening; flexible sigmoidoscopy
G0105 Colorectal cancer screening; colonoscopy on individual at high risk
G0121 Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk

81528 Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of

NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result ***[Cologuard (Exact Sciences)]***

ICD-10 Codes that support payment of the following CPT/HCPCS procedures as a preventive benefit in addition to the codes above:

Z00.00 Encounter for general adult medical examination without abnormal findings
Z00.01 Encounter for general adult medical examination with abnormal findings

CPT/HCPCS procedure codes:

82270 Blood, occult, by peroxidase activity (e.g., guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (i.e., patient was provided 3 cards or single triple card for consecutive collection)
82274 Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations

G0327 Colorectal cancer screening; blood-based biomarker
G0328 Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous determinations

S0285 Colonoscopy consultation performed prior to a screening colonoscopy procedure

Pre-authorization required:

Note: EviCore provides prior authorization medical necessity review services on behalf of Priority Health for participating providers. Prior authorization for out-of- network providers must be requested through Priority Health.

To access EviCore clinical guidelines: Log into Priority Health Prism → Authorizations → Authorization Criteria Lookup.

Computed Tomography Colonography (CTC) may be considered medically necessary and therefore covered when EviCore criteria are met (see Abdomen Imaging Guidelines):

74263 Computed tomographic (CT) colonography, screening, including image post processing *(Covered as preventive for Medicare as of 1/1/25) this code only qualifies for the preventive benefit for plans that cover this service.*

Blood-based assays that detect SEPT9 (Septin9) DNA promoter methylation (e.g., colorectal cancer) are managed by EviCore (see Lab Management Guidelines):

81327 SEPT9 (Septin9) (eg, colorectal cancer) promoter methylation analysis *[includes Epi ProcColon® (New Day Diagnostics, LLC); ColoVantage® (Quest Diagnostics)]*

The Cologuard Plus™ (Exact Sciences) colorectal cancer screening test is managed by EviCore (see Lab Management Guidelines – Experimental, Investigational, or Unproven Laboratory Testing):

0464U Oncology (colorectal) screening, quantitative real-time target and signal amplification, methylated DNA markers, including LASS4, LRRC4 and PPP2R5C, a reference marker ZDHHC1, and a protein marker (fecal hemoglobin), utilizing stool, algorithm reported as a positive or negative result ***[Cologuard Plus™ (Exact Sciences Corp.)]***

The Shield™ (Guardant Health, Inc.) blood test for colorectal cancer (CRC) screening is managed by EviCore (see Lab management Guidelines – Experimental, Investigational, or Unproven Laboratory Testing):

0537U Oncology (colorectal cancer), analysis of cell-free DNA (cfDNA) for epigenomic patterns, next-generation sequencing, >2500 differentially methylated regions (DMRs), plasma, algorithm reported as positive or negative ***[Shield™ (Guardant Health, Inc.)]***

BeScreened™-CRC (Beacon Biomedical Inc) **blood-based colorectal cancer screening test, is not covered:**

0163U Oncology (colorectal) screening, biochemical enzyme-linked immunosorbent assay (ELISA) of 3 plasma or serum proteins (teratocarcinoma derived growth factor-1 [TDGF-1, Cripto-1], carcinoembryonic antigen [CEA], extracellular matrix protein [ECM]), with demographic data (age, gender, CRC-screening compliance) using a proprietary algorithm and reported as likelihood of CRC or advanced adenomas **[*BeScreened™-CRC (Beacon Biomedical Inc)*]**

IGoCheck™ (Milagen, Inc.) ***blood-based colorectal cancer test, is not covered:***

0558U Oncology (colorectal), quantitative enzyme-linked immunosorbent assay (ELISA) for secreted colorectal cancer protein marker (BF7 antigen), using serum, result reported as indicative of response/no response to therapy or disease progression/regression [***IGoCheck™ (Milagen, Inc.)***]

VII. MEDICAL NECESSITY REVIEW

Prior authorization for certain drugs, devices, services and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service or procedure is medically necessary. For more information, refer to the Priority Health Provider Manual.

To access Evicore guidelines: Log into Priority Health Prism → Authorizations → Authorization Criteria Lookup.

Individual case review may allow coverage for care or treatment that is investigational yet promising for the conditions described. Requests for individual consideration require prior plan approval. All determinations of coverage for experimental, investigational, or unproven treatment will be made by a Priority Health medical director or clinical pharmacist. The exclusion of coverage for experimental, investigational, or unproven treatment may be reviewed for exception if the condition is either a terminal illness, or a chronic, life threatening, severely disabling disease that is causing serious clinical deterioration.

VIII. APPLICATION TO PRODUCTS

Coverage is subject to the member's specific benefits. Group-specific policy will supersede this policy when applicable.

- **HMO/EPO**: This policy applies to insured HMO/EPO plans.
- **POS**: This policy applies to insured POS plans.
- **PPO**: This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.
- **ASO**: For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.
- **INDIVIDUAL**: For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.
- **MEDICARE**: Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.
- **MEDICAID/HEALTHY MICHIGAN PLAN**: For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual, the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

IX. REFERENCES

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SUMMARY OF CHANGES

Clarifications:

- Blood-based assays that detect SEPT9 (Septin9) DNA promoter methylation (e.g., colorectal cancer): Managed by EviCore (already indicated in Priority Health Medical Policy 91540 Genetics: Counseling, Testing, Screening).
- Additional genetic colorectal cancer tests are managed by EviCore (Lab Management Program), as indicated in Priority Health Medical Policy No. 91540 - Genetics: Counseling, Testing, Screening. Any test may or may not be considered medically necessary for colorectal cancer screening (already indicated in Priority Health Medical Policy 91540 Genetics: Counseling, Testing, Screening).
- BeScreened™-CRC (Beacon Biomedical Inc) blood-based colorectal cancer screening test, is considered experimental and investigational (already indicated in Priority Health Medical Policy 91540 Genetics: Counseling, Testing, Screening).

Past committee review dates: 04/2008, 04/2009, 04/2010, 04/2011, 12/2011, 12/2012, 12/2013, 02/2015, 02/2016, 02/2017, 02/2018, 02/2019, 02/2020, 02/2021, 11/2021, 11/2022, 11/2023, 11/2024, 05/2025