

Reimbursement Policy

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 Texas may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSTX 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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 13. Exact Sciences. FDA Approves Exact Sciences' Cologuard Plus™ Test, Setting A New Benchmark in Non-Invasive Colorectal Cancer Screening. <https://www.exactsciences.com/newsroom/press-releases/fda-approves-exact-sciences-cologuard-plus-test>
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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.
04/28/2025	08/08/2025; Document updated with literature review. The following changes were made to Reimbursement Information: #2: added Cologuard Plus™ as reimbursable once every 3 years; #5: added "Screening using cell-free DNA techniques (e.g., Guardant Shield™) as not reimbursable. Added codes 0464U and 0537U. References revised.
09/13/2024	01/01/2025: New policy.