

State of Vermont  
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## Insurance Bulletin No. 207

### Colorectal Cancer Screening

January 8, 2020

The purpose of this bulletin is to clarify the procedures covered by Vermont's colorectal cancer (CRC) screening mandate, 8 V.S.A. § 4100g. The mandate applies to all health insurers that provide comprehensive health care coverage, including non-profit hospital and medical service corporations, health maintenance organizations, association health plans (whether fully-insured or self-insured) and multiple employer welfare arrangements.

Under the statute, insurers are required to provide coverage for CRC screening without any co-payment, deductible, coinsurance, or other cost-sharing requirement. *Id.* § 4100g(d). Services associated with CRC screening, including tissue removal, laboratory services, physician services, facility use, and anesthesia are also required to be covered without cost-sharing. *Id.* § 4100g(d)(1)-(5).

For insureds over age 50, the benefit includes annual fecal occult blood testing plus one flexible sigmoidoscopy every five years, or one colonoscopy<sup>1</sup> every 10 years. *Id.* § 4100g(b)(1). For insureds who are at high risk of CRC, the benefit includes CRC screenings, examinations, and laboratory tests as recommended by the insured's treating physician. *Id.* § 4100g(b)(2). An insured is at high risk of CRC if he or she has: 1) family medical history of CRC or genetic predisposition to CRC; 2) a prior occurrence of CRC or precursor polyps; 3) a prior occurrence of a chronic digestive disease (such as Crohn's disease or ulcerative colitis); or 4) other predisposing factors determined by their physician. *Id.* § 4100g(c)(1)-(4).

In order to ensure consistent application of the mandate between insurers, claims for CRC screening and associated services shall process without member cost-sharing when the claim reflects an appropriate screening diagnosis as the reason for the procedure(s). A list of

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<sup>1</sup> Colonoscopy is defined as "a procedure that enables a physician to examine visually the inside of a patient's entire colon and includes the concurrent removal of polyps or biopsy, or both." 8 V.S.A. § 4100g(a).



appropriate screening diagnoses is attached in Appendix A: ICD 10-CM Diagnosis Codes<sup>2</sup> for CRC Screening. The claim may contain other diagnoses but the presence or absence of any other diagnosis on the claim, including in the primary diagnosis position, shall not prevent coverage without cost-sharing as required by § 4100g(d). If subsequent screening is medically necessary because a prior study was inconclusive, such claims shall also process without member cost-sharing.

The American Medical Association publishes quarterly updates to codes and the above-referenced codes may change, be retired, or be replaced.

The Department encourages communication between insurers and their contracted providers to encourage standard coding practice and coding instructions. Increased collaboration encourages compliance, helps to produce better health outcomes for Vermonters, and provides efficiencies for insurers and their contracted providers.

Inquiries about this Bulletin should be directed to Emily Brown, Director of Rates and Forms (Emily.Brown@vermont.gov).



Michael S. Pieciak, Commissioner

1/8/2020

Date

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<sup>2</sup> The World Health Organization. (2019). International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM).

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### Appendix A: ICD 10-CM Diagnosis Codes for CRC Screening

ICD-10 Code	Description
D12.0	Benign neoplasm of cecum
D12.2	Benign neoplasm of ascending colon
D12.3	Benign neoplasm of transverse colon
D12.4	Benign neoplasm of descending colon
D12.5	Benign neoplasm of sigmoid colon
D12.6	Benign neoplasm of colon, unspecified
D12.7	Benign neoplasm of rectosigmoid junction
D12.8	Benign neoplasm of rectum
D12.9	Benign neoplasm of anus and anal canal
D50.9	Iron deficiency anemia, unspecified
K63.5	Polyp of colon
Z00.00	Encounter for general adult medical examination without abnormal findings
Z00.01	Encounter for general adult medical examination with abnormal findings
Z12.10	Encounter for screening for malignant neoplasm of intestinal tract, unspecified
Z12.11	Encounter for screening for malignant neoplasm of colon
Z12.12	Encounter for screening for malignant neoplasm of rectum
Z12.13	Encounter for screening for malignant neoplasm of small intestine
Z13.811	Encounter for screening for lower gastrointestinal disorder
Z80.0	Family history of malignant neoplasm of digestive organs
Z80.9	Family history of malignant neoplasm, unspecified
Z83.71	Family history of colonic polyps



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
Z85.060	Personal history of malignant carcinoid tumor of small intestine
Z85.068	Personal history of other malignant neoplasm of small intestine
Z86.010	Personal history of colonic polyps
Z86.018	Personal history of other benign neoplasm
Z87.19	Personal history of other diseases of the digestive system