Subject: Colorectal Cancer Screening*

Effective Date: March 23, 2004

Department(s): Utilization Management

Policy: Tests that screen asymptomatic patients for colorectal cancer are reimbursable under Plans administered by QualCare, Inc., subject to the criteria and conditions enumerated below.

Objective: To assure proper and consistent reimbursement and to assure that reimbursable screening tests are limited to those for which scientific evidence demonstrates beneficial effects on health outcomes.

Procedure:

A. Screening tests for colorectal cancer are performed on patients who do not have symptoms suggestive of colorectal cancer and are subject to provisions of a specific Plan’s wellness benefit.

B. Screening tests for colorectal cancer that are reimbursable under Plans administered by QualCare, Inc., are:

1. Stool testing for occult blood, either by a peroxidase method (CPT 82270) or an immunochemical method annually (CPT 82274; HCPCS-G0328)

2. Flexible colonoscopy (CPT 45378, 45380, 45383, 45384, 45385, 45388; HCPCS-G0121, G0105)

3. Flexible sigmoidoscopy (HCPCS G0104, 45330, 45331, 45333, 45338, 45342, 45346) every 5 years for average risk individuals, with or without stool based testing per B1 above at the three year interval.
C. The following screening tests for colorectal cancer are not reimbursable under Plans administered by QualCare, Inc., because available evidence does not support their efficacy and/or beneficial effects on health outcomes:

1. Barium enema (CPT 74270)

2. Stool DNA, sDNA) (PreGen-Plus™, ColoSure™, Cologuard™ and others) HCPCS- G0464, S3890

3. In vivo analysis of polyps- including chromoendoscopy, magnification endoscopy, narrow band imaging endoscopy, confocal fluorescent endomicroscopy. CPT- 44799,45999, 88375

4. Serum markers-Colovantage, Colosentry (methylated septin 9 testing. CPT 81401

D. Double contrast barium enema (HCPCS G0120, G0122) is not reimbursable for colorectal cancer screening because it does not offer an advantage over computerized tomographic colonography.

E. Computerized tomographic colonography for colon cancer screening (CT or “virtual colonoscopy,” CPT 74263) is reimbursable ONLY:

1. in evaluating individuals on whom optical colonoscopy is not feasible because of obstructive or stenosing lesions

   OR

2. When an underlying medical condition including but not limited to heart or lung disease precludes the sedation needed for optical colonoscopy

F. Screening colonoscopy is reimbursable starting at the ages and at the intervals for the respective risk categories in the table below:
# Colorectal Screening Coverage: Ages and Intervals by Clinical Category

<table>
<thead>
<tr>
<th>Clinical Category</th>
<th>Starting Age</th>
<th>Interval between Colonoscopies</th>
</tr>
</thead>
<tbody>
<tr>
<td>General population, or those with hyperplastic (not adenomatous) polyp</td>
<td>50 years</td>
<td>Every 10 years</td>
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<tr>
<td>African-Americans</td>
<td>45 years</td>
<td>Every 10 years</td>
</tr>
<tr>
<td>Personal history of adenomatous polyp</td>
<td>3 years after complete removal of initial polyp for advanced(high grade dysplasia or sessile serrated type with cytologic dysplasia, polyp with villous or tubulovillous histology or multiple(3 to 10) polyps (if initial polyp is &lt;1 cm in size or tubular adenoma w/o dysplasia, 5 years after complete removal)</td>
<td>Every 5 years if first follow-up colonoscopy is negative</td>
</tr>
<tr>
<td>One first-degree relative with adenomatous polyp diagnosed at age ≥60 years</td>
<td>40 years or 10 years earlier than age at which adenomas identified in relative, whichever comes first</td>
<td>Every 10 years</td>
</tr>
<tr>
<td>One first-degree relative with colorectal cancer diagnosed at age &lt;60 years or Two or more first-degree relatives with colorectal cancer at any age</td>
<td>40 years or 10 yrs prior to earliest age of diagnosis</td>
<td>Every 5 years or if positive, repeat per colonoscopy findings</td>
</tr>
<tr>
<td>First degree relative with colorectal cancer aged ≥ 60 years or One second degree relative with colorectal cancer diagnosed≤ 50 years</td>
<td>50 years</td>
<td>Every 5 to 10 years, or if positive, repeat per colonoscopy findings</td>
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<tr>
<td>First-degree relative with confirmed advanced ( per personal history above)adenomatous polyps</td>
<td>50 years or at the age of onset of adenoma in the relative (whichever comes first)</td>
<td>Every 5 years or if positive, repeat per colonoscopy findings</td>
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<tr>
<td>Personal history of ulcerative colitis or Crohn colitis</td>
<td>8 – 10 years after disease onset</td>
<td>Every 1 – 2 years</td>
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<tr>
<td>Suspected familial adenomatous polyposis with positive genetic test in proband( APC gene positive)</td>
<td>10 – 15 years</td>
<td>annual flexible sigmoidoscopy or colonoscopy if individual is positive on genetic testing and no polyps are</td>
</tr>
<tr>
<td>Condition</td>
<td>Age at Diagnosis</td>
<td>Cancer Screening Schedule</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
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<td>---------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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<tr>
<td>Juvenile polyposis syndrome</td>
<td>15 years</td>
<td>If individual is not tested, flexible sigmoidoscopy or colonoscopy annually until age 24 years; every 2 years until age 34 years, every 3 years until age 44, then every 3-5 years.</td>
</tr>
<tr>
<td>Puetz-Jeghers syndrome</td>
<td>Late teens</td>
<td>Every 2-3 years</td>
</tr>
<tr>
<td>Hereditary non-polyposis colon cancer (HNPCC-Lynch Syndrome)</td>
<td>20-25 years or 2-5 years prior to the earliest colon cancer if diagnosed before age 25 years</td>
<td></td>
</tr>
<tr>
<td>For MLH1, MSH2 and EPCAM mutation carriers</td>
<td>25-30 years or 2-5 years prior to the earliest colon cancer if it is diagnosed before age 30 years</td>
<td></td>
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<tr>
<td>For MSH6 and PMS2 mutation carriers</td>
<td>Every 1-2 years</td>
<td>Every 1-2 years</td>
</tr>
</tbody>
</table>
G. Genetic testing for the hereditary non-polyposis colon cancer (HNPCC) gene sequence analysis (MLH1, LSH2, MSH6, PMS2) (HCPCS S3830)[ie Colaris testing] is reimbursable for individuals who meet one of the following criteria:

1. Amsterdam II Criteria (must meet all)

   - Three or more family members with histologically verified HNPCC-related cancers (endometrium, ovary, stomach, small intestine, hepatobiliary, upper urinary tract (renal cell carcinoma), brain, or skin), one of whom is a first-degree relative (parent, child, sibling) of the other two
   - Two successive affected generations
   - One or more colon cancers diagnosed before age 50 years
   - Exclusion of familial adenomatous polyposis

   **OR**

2. Revised Bethesda Guidelines (must meet one or more)

   - Colorectal cancer diagnosed in a patient who is younger than 50 years of age
   - Presence of a synchronous, metachronous colorectal or other HNPCC-related malignancy, regardless of age
   - Colorectal cancer with the high-level microsatellite instability (MSI-H) histology diagnosed in a patient who is younger than 60 years of age
   - Colorectal cancer diagnosed in one or more first-degree relatives with an HNPCC-related neoplasm, with one or more neoplasms being diagnosed before age 50 years
   - Colorectal cancer diagnosed in two or more first- or second-degree relatives with HNPCC-related malignancies, regardless of age

   **OR**

3. Is a first- or second-degree relative of someone with a disease caused by a HNPCC mutation (MLHa, MSH2, MSH6, PMS2).
References


Weinberg DS. In the Clinic: Colorectal Cancer Screening. Ann Intern Med 2008;148(3):ITC2-1 – ITC2-16 (Feb 5)


Mandel JS. Screening of patients at average risk for colon cancer. *Med Clin N Amer* 2005;89(1):43-59 (Jan)

Rabeneck L. Is computed tomographic colonography effective for colorectal cancer screening? *CMAJ* 2004;179(9):1392 (Apr 27)


*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.