



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 in average risk individuals ≥ 50 years of age 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. Stool DNA,(sDNA) (i.e. Cologuard TM)(**CPT- 81528,**) every three years when testing is negative
3. Flexible colonoscopy (**CPT 45378, 45380, 45384, 45385, 45388; HCPCS- G0121, G0105**)
4. Computerized tomographic colonography for colon cancer screening (CT or “virtual colonoscopy,” **CPT 74263**) every 5 years when testing is negative.
5. 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. In vivo analysis of polyps- including chromoendoscopy, magnification endoscopy, narrow band imaging endoscopy, confocal fluorescent endomicroscopy.(**CPT- 44799,45999, 88375)**
3. 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. 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

Clinical Category	Starting Age	Interval between Colonoscopies
General population, or those with hyperplastic (not adenomatous) polyp	50 years	Every 10 years
African-Americans	45 years	Every 10 years
Personal history of adenomatous polyp	3 years after complete removal of initial polyp for advanced(≥ 1cm, high grade dysplasia or with villous or tubulovillous histology), sessile serrated type with cytologic dysplasia, or multiple(3 to 10) polyps (if initial polyp is <1 cm in size or tubular adenoma w/o dysplasia-, 5 years after complete removal)	Every 5 years if first follow-up colonoscopy is negative
One first-degree relative with adenomatous polyp diagnosed at age ≥60 years	40 years or 10 years earlier than age at which adenomas identified in relative, whichever comes first	Every 10 years
One first-degree relative with colorectal cancer diagnosed at age <60 years or Two or more first-degree relatives with colorectal cancer at any age	40 years or 10 yrs prior to earliest age of diagnosis	Every 5 years or if positive, repeat per colonoscopy findings
First degree relative with colorectal cancer aged ≥ 60 years or One second degree relative with colorectal cancer diagnosed ≤ 50 years	50 years	Every 5 to 10 years, or if positive, repeat per colonoscopy findings
First-degree relative with confirmed advanced (per personal history above)adenomatous polyps	50 years or at the age of onset of adenoma in the relative (whichever comes first)	Every 5 years or if positive, repeat per colonoscopy findings
Personal history of ulcerative	8 – 10 years after	Every 1 – 2 years

colitis or Crohn colitis	disease onset	
Suspected familial adenomatous polyposis with positive genetic test in proband(APC gene positive)	10 –15 years	annual flexible sigmoidoscopy or colonoscopy if individual is positive on genetic testing and no polyps are detected. 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.
Juvenile polyposis syndrome Puetz-Jeghers syndrome	15 years Late teens	Every 2-3 years Every 2-3 years
Hereditary non-polyposis colon cancer (HNPCC- Lynch Syndrome) For MLH1, MSH2 and EPCAM mutation carriers	20-25 years or 2-5 years prior to the earliest colon cancer if diagnosed before age 25 years	Every 1 – 2 years
For MSH6 and PMS2 mutation carriers	25-30 years or 2-5 years prior to the earliest colon cancer if it is diagnosed before age 30 years	Every 1-2 years

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