



MEDICAL POLICY STATEMENT OHIO MARKETPLACE PLANS

Original Issue Date	Next Annual Review	Effective Date
11/01/2017	11/01/2018	03/01/2018
Screening and Surveillance for Colorectal Cancer		Policy Number
Policy Type		MM-0092

management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination

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A. SUBJECT

Screening and Surveillance for Colorectal Cancer

B. BACKGROUND

Of malignancies affecting both men and women in the US colorectal carcinoma (CRC) is the 3rd most common resulting in over 50,000 deaths annually and rising to the 2nd leading cause of cancer deaths overall.

Uncommon before the age of 40 the incidence rises successively especially after the age of 50.



5-10 years, or a computed tomography (CT) Colonography every 5 years or a cancer detection test (fecal immunochemical test for blood, FIT).

The recommendation for screening when family history is positive for single first-degree relative with CRC or advanced adenoma diagnosed at age greater than 60 years of age is consistent with individuals at average risk. Individuals with single first-degree with CRC or advanced adenoma diagnosed less than 60 years of age should begin screening colonoscopy every 5 years at age 40 or 10 years younger than age at diagnosis of the youngest affected relative.

American Cancer Society (ACS)

The American Cancer Society (ACS) recommends men and women be screened for colorectal cancer beginning at age 50 with one of the following tests:

- Colonoscopy every 10 years
- CT Colonography every 5 years
- Flexible sigmoidoscopy every 5 years
- Double-contrast barium enema every 5 years

The ACS recommends men and women at an increased or high risk for colorectal cancer start screening before the age of 50. The ACS recognizes the following conditions as high risk factors:

- A personal history of colorectal cancer or adenomatous polyps
- A personal history of inflammatory bowel disease (ulcerative colitis or Crohn's Disease)
- A strong family history of colorectal cancer or polyps
- A known family history of a hereditary colorectal cancer syndrome such as familial adenomatous polyposis (FAP)

Fecal Immunochemical Testing: (FIT or iFOBT): a home screening test unaffected by food or medicines that utilizes a chemical reaction with hemoglobin to detect human blood from the lower intestine

Fecal Occult Blood Testing (FOBT): a home screening test that detects hidden blood arising from anywhere in the digestive tract in the stool through a chemical reaction

Flexible Sigmoidoscopy; an endoscopic examination of the lower half of the colon

Monitoring Colonoscopy: the evaluation of individuals after diagnosis or treatment for CRC

Screening Colonoscopy: the evaluation for CRC in individuals without symptoms

Multi-Targeted Stool DNA (Cologuard) : a home screening test utilizing an algorithmic analysis of stool DNA amplified by polymerase chain reaction (PCR) in combination with a



- B. Sigmoidoscopy
- C. Colonoscopy

V. Surveillance

Individuals with adenomatous polyps or CRC require surveillance following removal and/or resection. The US-10 (or-2.0u2G18.002 (y08 (y3.99o 8.002 (y08 (y(urvs)Tj o 8. .996 (no)3t 996 (n)-8.998 (ad).



