Subject: Genetic Testing: Colorectal Cancer (CRC) Screening

Medical Policy #: 7.4 **Original Effective Date:** 06/30/2016

Status: Reviewed **Last Review Date:** 07/26/2023

Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description

Cologuard is a noninvasive, multi-target fecal test for the qualitative detection of colorectal neoplasia-associated DNA markers in addition to the presence of occult hemoglobin in stool. The test must be prescribed by a healthcare provider. Cologuard is not a replacement for diagnostic colonoscopy or surveillance colonoscopy in people at high risk for colorectal cancer (CRC).

PHP follows USPSTF recommendation for colorectal screening.

PHP uses NCCN guideline for definition of high risk for colorectal cancer.

Coverage Determination

For other colorectal Cancer Screening, see CMS NCD 210.3

1. **For Medicare:**
   PHP follows NCD 210.3, for Colorectal Cancer Screening Tests.

   A. **Cologuard™ (81528)**, Multitarget Stool DNA (sDNA) test is covered once every three years for beneficiaries that meet **all** of the following criteria:

   Prior authorization is not required.

   - Age 45 to 85 years
     and
   - Asymptomatic (no signs or symptoms of colorectal disease, including but not limited to, lower gastrointestinal pain, blood in stool, positive guaiac fecal occult blood test [FOBT or gFOBT] or fecal immunochemical test [FIT]),
     and
   - At average risk of developing colorectal cancer (family history related to high risk colorectal cancer syndrome as defined by NCCN) (No personal history of adenomatous polyps, colorectal cancer, or inflammatory bowel disease, including Crohn's Disease and ulcerative colitis)

   B. **Colorectal cancer screening using MT-sDNA and Blood-Based Biomarker Tests (code G0327)**

   Prior authorization is required.

   For Medicare only and will be reviewed on case-by-case basis.
   Blood-based DNA testing detects molecular markers of altered DNA that are contained in the cells shed into the lumen of the large bowel by colorectal cancer and premalignant colorectal epithelial neoplasia.
   Effective for dates of service on or after January 19, 2021, a blood-based biomarker test is covered as an appropriate colorectal cancer screening test once every 3 years for Medicare beneficiaries when performed in a CLIA-certified laboratory, when ordered by a treating physician and when **all** of the following requirements are met:

   The patient is:

   - Age 45 to 85 years,
     and,
   - asymptomatic (no signs or symptoms of colorectal disease including but not limited to lower gastrointestinal pain, blood in stool, positive guaiac FOBT or fecal immunochemical test),
     and,
   - at average risk of developing colorectal cancer (no personal history of adenomatous polyps, colorectal cancer, or inflammatory bowel disease, including Crohn's Disease and ulcerative colitis; no family history of colorectal cancer or adenomatous polyps, familial adenomatous polyposis, or hereditary nonpolyposis colorectal cancer).

   The blood-based biomarker screening test must have **all** of the following:

   - FDA market authorization with an indication for colorectal cancer screening;
     and,

- proven test performance characteristics for a blood-based screening test with both sensitivity greater than or equal to 74% and specificity greater than or equal to 90% in the detection of colorectal cancer compared to the recognized standard (accepted as colonoscopy at this time), as minimal threshold levels, based on the pivotal studies included in the FDA labeling.

C. Non-Covered:

Epi proColon® test (a Blood-based Biomarker Screening test) (Code 81327).

Prior authorization is required.

PHP follows CMS Decision Memo Coverage and Analysis Group (CAG-00454N), Epi proColon, currently the only FDA approved Blood-Based Biomarker test, does not meet the criteria for an appropriate blood-based biomarker Colorectal Cancer screening test, and therefore, will not cover the Epi proColon test. PHP considers Epi proColon not medically necessary.

2. **For non-Medicare**:

Prior Authorization is required for Commercial and Medicaid, except for Cologuard (code 81528). Logon to Pres Online to submit a request: https://ds.phs.org/preslogin/index.jsp

A. PHP follows USPSTF for **Cologuard™** Multitarget Stool DNA (sDNA) test (CPT 81528)**,** once every three years for members that meet **all** of the following criteria:

- Age 45 through age 75 years old,

  and
- Asymptomatic (no signs or symptoms of colorectal disease, including but not limited to, lower gastrointestinal pain, blood in stool, positive guaiac fecal occult blood test [FOBT or gFOBT] or fecal immunochemical test [FIT]),

  and
- At average risk of developing colorectal cancer (family history related to high risk colorectal cancer syndrome as defined by NCCN) (No personal history of adenomatous polyps, colorectal cancer, or inflammatory bowel disease, including Crohn's Disease and ulcerative colitis)

B. **Blood-based Biomarker Tests (code G0327) Blood-based DNA testing is non-covered**, it is considered investigational for Commercial and Medicaid.

C. **Epi proColon® test (code 81327)** does not meet the proposed criteria for an appropriate blood-based biomarker CRC screening test. Based on the evidence at this time, Epi proColon® test will be non-covered.

Exclusions:

- Individuals not meeting medical selection criteria.
- Individual not at average risk for colorectal cancer.

Definitions:

CRC: Colorectal cancer
NCCN: National Comprehensive Cancer Network
NCQA: National Committee for Quality Assurance
HEDIS: Healthcare Effectiveness Data and Information Set
USPSTF: United States Preventive Services Task Force

Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

CPT Codes	Description
81528	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (*KRAS* mutations, promoter methylation of *NDRG4* and *BMP3*) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result. (Cologuard)
G0327	Colorectal cancer screening; blood-based biomarker (for Medicare only)

CPT Code	Non-Covered for Medicare, Medicaid and commercial.
81327	SEPT9 (Septin9) (eg, colorectal cancer) promoter methylation analysis

ICD-10 Codes	Description- (not an all-inclusive list)
Z12.11	Encounter for screening for malignant neoplasm of colon
Z12.12	Encounter for screening for malignant neoplasm of rectum

Reviewed by / Approval Signatures

Clinical Quality & Utilization Mgmt. Committee: Gray Clarke MD
Senior Medical Director: David Yu MD
Medical Director: Ana Maria Rael MD
Date Approved: 07/26/2023

References

1. Center for Medicare & Medicaid Services (CMS), National Coverage Determination (NCD) for Colorectal Cancer Screening Tests (210.3), Version #7, Effective date: 01/01/2023. [Cited 06-06-2023]
2. United States Preventive Services Task Force (USPSTF). Colorectal Cancer: Screening U.S. Preventive Services Task Force Recommendations. Release Date: May 2021. [Cited 06/06/2023]
3. CMS, MLN, Removal of a National Coverage Determination & Expansion of Coverage of Colorectal Cancer Screening, MM13017 (revised), CR#13017, Related CR TN# R11865CP, R11865BP, and R11865NCD, Effective Date: January 01, 2023 [Cited 01/2023]
1. CMS, Preventive Services, MLN Educational Tool, Medicare Preventive Services, MLN006559 March 2022, [Cited 06/06/2023]
2. Hayes, Epi proColon (Epigenomics Inc.), Molecular Test Assessment Annual review Oct 14, 2022. [Cited 06/06/2023]
3. Hayes, Liquid Biopsy Tests for Colorectal Cancer Screening, Clinical Utility Evaluation, Annual review: Mar 30, 2023. [Cited 06/06/2023]
4. Aetna, Colorectal Cancer Screening, Policy number: 0516, Last review 01/25/2022, Next review 05/25/2023 (for code 81327), [Cited 06/06/2023]
5. Humana, Liquid Biopsy, Policy Number: HUM-0555-019, Revision date: 05/25/2023. [Cited 06/06/2023]
6. Cigna, Molecular Diagnostic Testing for Hematology and Oncology Indications, Coverage number: 0520, effective date: 04/01/2022, next review date02/15/2024. [Cited 06/06/2023]
7. UHC, Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions, Policy Number: LABORATORY 025.23 T2, Effective Date: April 1, 2023 (for epi ProColon) [Cited 06/06/2023]
8. CMS, Pub 100-03 Medicare National Coverage Determinations, Transmittal 10818, Change Request 12280, Date: May 20, 2021 (see codes listing) [Cited 06/06/2023].
9. MCG, Septin 9 (SEPT9) DNA Methylation Testing, (A-0706), 27th Edition, Last Update: 2/1/2023. [Cited 06/06/2023]

Publication History

06-30-16: Original effective date
08-10-16: Updated with CMS NCD 210.3 reference.
03-22-17: Updated with HEDIS 2017 Technical Specifications. Updated with USPSTF Level A & Level B Recommendations
05-22-19: Annual review: No change to CMS criteria. Noted Hayes rating changed.
11-18-20 Annual review. Reviewed by PHP Medical Policy Committee on 10-07-20. Considered Exact Science inquiry in the review. Created a new criteria section in the policy specific to Commercial and Medicaid which will follow USPSTF age recommendation. Continue to require PA for CPT 81528 for Commercial and Medicaid. No change to Medicare, will continue without PA and the recommended age by Medicare will remain unchanged and will follow NCD 210.3 **(Policy uses NCCN guideline for definition of high risk for colorectal cancer).*
07-28-21 Annual review. Reviewed by PHP Medical Policy Committee on 07/09/2021. No change to Medicare Cologuard criteria. Cologuard criteria changed for non-Medicare based on the USPSTF age requirement updated on March 2021; the age requirements from 50 through age 74 changed to 45 through age 74 years old, (using the B rating). Blood-Based Biomarker Tests is a new addition to NCD policy. However, according to CMS there is no current tests that meet all the requirements within the NCD 210.3 for blood-based biomarker as of 07/14/2021. New HCPCS code G0327 will require PA for all LOB and will be set to pay for only for Medicare. Continue PA requirement for non-Medicare and no PA for Medicare. Removed "Cologuard" from title since NCD is starting to extend colorectal genetic testing. EpiproColon test is considered investigational for all LOB.
07-27-22 Annual review. Reviewed by PHP Medical Policy Committee on 06/03/2022. **For Medicare:** Cologuard (code 81528) will continue to follow the NCD 210.3 criteria. The starting screening age changed from (50 to 45 y/o). The age changed per USPSTF recommendation (B), since NCD normally follows USPSTF recommendation and the update of NCD may have been done before the update USPSFT. The Blood-Based Biomarker Tests will continue to follow NCD 210.3, the starting age also changed from (50 to 45 y/o) per USPSTF recommendation for cologuard. The Epi proColon test (blood-based) continues as non-covered per CMS National Coverage

	Analysis (CAG- 00454N). **For Commercial**: Cologuard will continue to follow USPSTF. Correction on age to say, "through 75" instead of "through 74", since the recommended age by USPSTF is up to "75" y/o. The blood-based biomarker test using codes G0327 and 81327 will continue to be non-covered based on Hayes, MCG, and other payers. The blood-based biomarker test using codes G0327 and 81327 will continue to be non-covered for Medicaid and commercial as these tests are unproven and not medically necessary due to insufficient evidence of efficacy. Configure G0327 non-covered for commercial and Medicaid; and configure 81327 non-covered for all LOB, as these tests are unproven and not medically necessary due to insufficient evidence of efficacy. 09-28-2022: Update only. Reviewed by PHP Medical Policy Committee on 09/14/2022, code 81528 will not require PA for Medicaid and commercial, effective 10-01-2022.
07-26-23	Annual review. Reviewed by PHP Medical Policy Committee on 06-09-2023. **For Medicare:** Continue to follow the NCD 210.3. Cologuard (code 81528) criteria changed effective January 1, 2023; the updated minimum age for blood-based biomarker test is reduced to 45 years and older. **For non-Medicare:** Continue to follow USPSTF for Cologuard test. The Blood-based Biomarker Tests (codes G0327) will continue as investigational. Continue CY 2021 config for code G0327 as non-covered for commercial and Medicaid. Code G0327 to continue PA requirement for ALOB. Continue non-coverage of Septin9 (81327) for ALOB. The PA requirement for 81327 will be removed since in CY 2021 config as experimental for ALOB.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: ***Click here for Medical Policies***

Web links:

At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.