



## Colorectal Cancer Screening

### I. Policy

University Health Alliance (UHA) will reimburse for colorectal cancer screening when determined to be medically necessary and within the medical criteria guidelines (subject to limitations and exclusions) indicated below.

### II. Criteria/Guidelines

- A. Screening for colorectal cancer (CRC) is covered (subject to Limitations/Exclusions and Administrative Guidelines) for individuals **at average risk for CRC** beginning at age 40 and continuing until age 85.
- B. The decision to screen for colorectal cancer in adults aged 76 to 85 years should be an individual one, taking into account the patient's overall health and prior screening history.
  1. Adults in this age group who have never been screened for colorectal cancer are more likely to benefit.
  2. Screening would be most appropriate among adults who:
    - a. Are healthy enough to undergo treatment if colorectal cancer is detected; and
    - b. Do not have comorbid conditions that would significantly limit their life expectancy.
- C. The following screening modalities are covered (subject to Limitations/Exclusions and Administrative Guidelines):
  1. Colonoscopy every ten years; or
  2. High-sensitivity fecal occult blood testing (FOBT) including guaiac and immunochemical tests every calendar year; or
  3. Fecal DNA testing (Cologuard, aka FIT-DNA) once every three years:
    - a. Cologuard is a noninvasive screening test for colorectal cancer that analyzes both stool DNA (sDNA) and blood biomarkers. If this test is positive, additional testing such as Colonoscopy may be recommended. Note: Cologuard requires Prior Authorization, see criteria below; or
  4. Flexible sigmoidoscopy every five years; or
  5. Flexible sigmoidoscopy every 10 years plus FIT every year.
- D. For screening of individuals at greater than average risk for colorectal cancer and for surveillance, please refer to MCG.

#### **NOTE:**

*This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine, and it should not deter a provider from expressing his/her judgment.*

*Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or members' individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.*

*UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may*

*request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.*

### **III. Limitations/Exclusions**

- A. Routine screening for colorectal cancer in adults at average risk for CRC who are less than 40 years of age and over the age of 85 may be covered if there is documentation that supports CRC screening in an individual patient.
- B. When a screening test results in the diagnosis of colorectal adenomas or cancer, screening guidelines are no longer applicable.
- C. Individuals with a personal or family history of cancer or personal history of adenomatous polyps who are followed by a surveillance regimen may be exempt from screening guidelines.
- D. Virtual colonoscopy (i.e., CT colonoscopy) is not covered for screening except as outlined in payment policy Virtual (CT) Colonoscopy.
- E. The services of an anesthesiologist are covered only for special indications as outlined in UHA's payment policy Anesthesia Services for Gastrointestinal Endoscopic Procedures.

### **IV. Administrative Guidelines**

- A. Prior authorization is not required for CRC, with exception of Cologuard. Supporting documentation should be legible, maintained in the patient's medical record, and available to UHA upon request. UHA reserves the right to perform retrospective review using the above criteria to validate if services rendered met payment determination criteria.
- B. Cologuard testing for colorectal cancer screening requires Prior Authorization. UHA may cover Cologuard once every 3 years for members between 50-85 years old and at average risk for developing colon cancer.
  - 1. Cologuard is not appropriate and will not be covered for members who have symptoms that may be related to colon cancer, who have had a positive colonoscopy that found polyps or cancer, or have a high-risk family history of colon cancer.
  - 2. Cologuard will not be covered for members who have completed any of the other USPSTF recommended modalities for CRC screening during the recommended screening interval.
  - 3. To request prior authorization, please submit via UHA's online portal. If a login has not been established, you may contact UHA at 808-532-4000 to establish one.

### **V. Policy History**

**Policy Number:** MPP-0025-120301

**Current Effective Date:** 06/02/2021

**Original Document Effective Date:** 03/01/2012

**Previous Revision Dates:** 10/05/2016, 12/01/2016, 11/01/2017, 01/09/2019

**PAP Approved Date:** 03/01/2012

**References:** USPSTF Guidelines