Medical Policy

Analysis of Human DNA in Stool Samples as a Technique for Colorectal Cancer Screening

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Policy Number: 557
BCBSA Reference Number: 2.04.29
NCD/LCD: Decision Memo for Screening for Colorectal Cancer - Stool DNA Testing (CAG-00440N)

Related Policies
None

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

Cologuard™, a multitarget stool DNA test, is considered MEDICALLY NECESSARY as a colorectal cancer screening test for asymptomatic, average risk patients who meet all of the following criteria:

- Age 50 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 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 cancers or adenomatous polyps, familial adenomatous polyposis, or hereditary nonpolyposis colorectal cancer).

All other DNA analysis of stool samples as a screening technique for colorectal cancer, in both patients with average to moderate risk and patients considered at high risk for colorectal cancer, is INVESTIGATIONAL.

Decision Memo for Screening for Colorectal Cancer - Stool DNA Testing (CAG-00440N)

Prior Authorization Information
Pre-service approval is required for all inpatient services for all products.
See below for situations where prior authorization may be required or may not be required for outpatient services.

Yes indicates that prior authorization is required.
No indicates that prior authorization is not required.
N/A indicates that this service is primarily performed in an inpatient setting.

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Outpatient</th>
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<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
<td>No</td>
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<tr>
<td>Commercial PPO and Indemnity</td>
<td>No</td>
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<tr>
<td>Medicare HMO Blue SM</td>
<td>No</td>
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<tr>
<td>Medicare PPO Blue SM</td>
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**CPT Codes / HCPCS Codes / ICD Codes**

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

**CPT Codes**

<table>
<thead>
<tr>
<th>CPT codes:</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>81528</td>
<td>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</td>
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**Description**

Several cellular genetic alterations have been associated with colorectal cancer (CRC). In the proposed multistep model of carcinogenesis, the tumor suppressor gene *p53* and the proto-oncogene *K-ras* are most frequently altered. Mutations in *APC* (adenomatous polyposis coli) genes and epigenetic markers (eg, hypermethylation of specific genes) have also been detected. CRC is also associated with DNA replication errors in microsatellite sequences (termed microsatellite instability [MSI]) in patients with Lynch syndrome (formerly known as hereditary nonpolyposis colorectal cancer) and in subgroups of patients with sporadic colon carcinoma. Tumor-associated gene mutations and epigenetic markers can be detected in exfoliated intestinal cells in stool specimens. Because cancer cells are shed into stool, tests have been developed to detect these genetic alterations in the DNA from shed CRC cells isolated from stool samples.

**REGULATORY STATUS**

On August 12, 2014, Cologuard™ (Exact Sciences) was approved by the U.S. Food and Drug Administration (FDA) through the premarket approval process as an automated fecal DNA testing product (P130017). Cologuard™ is intended for the qualitative detection of colorectal neoplasia associated DNA markers and of occult hemoglobin in human stool. A positive result may indicate the presence of CRC or advanced adenoma and should be followed by diagnostic colonoscopy. Cologuard™ is indicated to screen adults of either sex, 50 years or older, who are at average risk for CRC. Cologuard™ is not a replacement for diagnostic colonoscopy or surveillance colonoscopy in high-risk individuals.

Over the past several years, different stool DNA tests have been evaluated in studies and some have been marketed. One previously marketed test, PreGen-Plus™ (LabCorp.), tests for 21 different mutations in the *p53*, *APC*, and *K-ras* genes; the BAT-26 MSI marker; and incorporates the DNA Integrity Assay (DIA®). PreGen-Plus™ has not been cleared by FDA. In January 2006, FDA sent correspondence to LabCorp indicating that PreGen-Plus™ may be subject to FDA regulation as a medical device. As a
consequence, and as a result of studies showing better performance of other tests, this test is no longer offered. Another previously marketed test is called ColoSure™ (OncoMethylome Sciences; now MDxHealth), which detects aberrant methylation of the vimentin (hV) gene. This test was offered as a laboratory-developed test and is not subject to FDA regulation.

Summary
Detection of DNA abnormalities associated with colorectal cancer (CRC) in stool samples has been proposed as a screening test for CRC. This technology is another potential alternative to currently available screening approaches such as fecal occult blood testing, fecal immunochemical testing (FIT), or colonoscopy. The currently available stool DNA test combines FIT and DNA analysis and will be referred to as FIT-DNA in this review.

For individuals who are asymptomatic and at average risk of CRC who receive FIT-DNA, the evidence includes a number of small studies comparing FIT-DNA (in early stages of development) with colonoscopy, 2 screening studies comparing the final version of the FIT-DNA (using colonoscopy as the reference standard), and 2 modelling studies. Relevant outcomes are overall survival, disease-specific survival, and test accuracy. The 2 studies have reported that FIT-DNA has higher sensitivity and lower specificity than FIT. There are no studies directly assessing health outcomes such as overall survival or disease-specific survival. The test characteristics of FIT-DNA show the potential of the test to be an effective CRC screening test, but there is uncertainty about other aspects of the test. The screening interval for the test has not been firmly established, nor is there evidence on the adherence of the test at a recommended screening interval. Effective screening for CRC requires a screening program with established screening intervals and appropriate follow-up for positive tests. Modelling studies comparing different screening strategies have demonstrated that the diagnostic characteristics of FIT-DNA as shown in the existing studies are consistent with decreases in CRC mortality that are in the range of other accepted modalities. FIT-DNA every year is estimated to be close to but not as effective as colonoscopy every 10 years. FIT-DNA every 3 years is estimated to be less effective than most of the other accepted screening strategies. Estimates of harms and burdens are in the range of other screening strategies, but the test was considered less efficient than other methods. The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
<th>Action</th>
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<tbody>
<tr>
<td>10/2015</td>
<td>New medically necessary statement added for commercial plans. Effective</td>
<td>New medically necessary statement added for commercial plans. Effective</td>
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<tr>
<td></td>
<td>10/1/2015</td>
<td>10/1/2015</td>
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<tr>
<td></td>
<td>No changes to policy statements.</td>
<td>No changes to policy statements.</td>
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Information Pertaining to All Blue Cross Blue Shield Medical Policies
Click on any of the following terms to access the relevant information:
Medical Policy Terms of Use
Managed Care Guidelines
Indemnity/PPO Guidelines
Clinical Exception Process
Medical Technology Assessment Guidelines
References


Endnotes

1 Based on Medicare Decision Memo for Screening for Colorectal Cancer - Stool DNA Testing (CAG-00440N)