

BSC_CON_2.09 Oncology: Cancer Screening**Original Policy Date:** February 1, 2023**Effective Date:** February 1, 2025**Section:** 2.0 Medicine**Page:** Page 1 of 10**Example Test Table**

The tests, associated laboratories, CPT codes, and ICD codes contained within this document serve only as examples to help users navigate claims and corresponding coverage criteria; as such, they are not comprehensive and are not a guarantee of coverage or non-coverage. Please see the [Concert Platform](#) for a comprehensive list of registered tests.

Policy Statement Sections	Example Tests (Labs)	Common CPT Codes
Colorectal Cancer Screening Tests		
FIT-DNA Testing (Stool DNA Testing)	Cologuard (Exact Sciences Corporation, LLC)	81528
Urinary Biomarker Tests for Pre-cancerous Colon Polyps	PolypDx (Metabolomic Technologies)	0002U
Blood-based Biomarker Colorectal Cancer Screening Tests	BeScreened-CRC (Beacon Biomedical)	0163U
	FirstSight (CellMax Life)	0091U
	ColonSentry (StageZero Life Sciences)	81599
	Epi proColon (Epigenomics)	81327, G0327
	ColoVantage (Quest Diagnostics)	
	ColoScope Colorectal Cancer Detection (DiaCarta Clinical Lab)	0368U
	Guardant Shield (Guardant Health)	81479
Lung Cancer Screening Tests		
Blood-based Biomarker Lung Cancer Screening Tests	FirstLook (Delfi Diagnostics)	

Policy Statement**COLORECTAL CANCER SCREENING TESTS****FIT-DNA Testing (Stool DNA Testing)**

- I. The use of [FIT-DNA Testing](#) (stool DNA testing) (81528, 0464U) to screen for colorectal cancer may be considered **medically necessary** when **BOTH** of the following criteria are met:
 - A. The member is 45 years of age or older, **AND**
 - B. The member is an individual who is at average risk for colorectal cancer, because the member does not have **any** of the following:
 1. A personal history of colorectal cancer or adenoma or sessile serrated polyp, **OR**
 2. A family history of colorectal cancer in close relatives, **OR**
 3. A personal history of inflammatory bowel disease (ulcerative colitis or Crohn's disease), **OR**

4. A personal history of cystic fibrosis, **OR**
 5. A confirmed or suspected hereditary colorectal cancer syndrome, such as familial adenomatous polyposis (FAP) or Lynch syndrome (hereditary non-polyposis colon cancer or HNPCC), **OR**
 6. A personal history of receiving radiation to the abdomen (belly) or pelvic area to treat a prior cancer.
- II. The use of [FIT-DNA](#) Testing (stool DNA testing) (81528, 0464U) to screen for colorectal cancer is considered **investigational** for all other indications.

NOTE: Fecal immunochemical testing (FIT) alone is not in the scope of this policy (see [definitions](#))

Urinary Biomarker Tests for Pre-cancerous Polyps

- III. The use of urinary biomarker tests for pre-cancerous polyps (0002U) is considered **investigational**.

Blood-based Biomarker Colorectal Cancer Screening Tests

- IV. The use of blood-based biomarkers to screen for colorectal cancer (0091U, 0163U, 0368U, 0453U, 81327, 81479, 81599, G0327) is considered **investigational**.

LUNG CANCER SCREENING TESTS

Blood-based Biomarker Lung Cancer Screening Tests

- V. The use of blood-based biomarker tests for lung cancer screening are considered **investigational**.

NOTE: Refer to [Appendix A](#) to see the policy statement changes (if any) from the previous version.

Policy Guidelines

DEFINITIONS

1. **Fecal immunohistochemical testing (FIT):** Screening test for colon cancer that detects human blood in the lower intestines. (FIT testing alone does not involve any genetic test and is outside of the scope of this policy).
2. **FIT-DNA test:** Combination of the fecal immunochemical (FIT), which uses antibodies to detect blood in the stool, with a test that detects abnormal DNA from cancer or polyp cells in the stool.
3. **Low-dose computed tomography (LDCT):** Proposed as a method of screening asymptomatic, high risk individuals for lung cancer; it refers to a non contrast study with a multi-detector CT scanner during a single maximal inspiratory breath-hold with a scanning time of under 25 seconds. It has been suggested that LDCT may be an improved early lung cancer detection tool based on the advantages it appears to have over CXR and sputum cytology to detect lung cancer at an earlier stage.
4. **MicroRNAs (miRNAs):** Tissue specific, small, non-coding RNAs regulating gene expression which may identify candidates for early detection of lung cancer.

CLINICAL CONSIDERATIONS

It is important to note that screening tests are not diagnostic tests. The results from a screening test put an individual into a lower risk or higher risk status. For an individual that is put into the higher risk status, following up with an appropriate diagnostic test would be necessary to make a definitive diagnosis of cancer.

For lung cancer, approaches where a biomarker based initial screen is followed by [low-dose computed tomography \(LDCT\)](#), or in which a biomarker test is combined with LDCT, show promise for use in early detection. However, more high quality evidence is needed to support and guide the implementation of these tests.

Coding

See the [Codes table](#) for details.

Description

This policy relates to genetic and biomarker tests that aim to screen for specific cancers in individuals who are at risk to develop them. These screening tests can be designed for asymptomatic individuals that are at an average risk level for cancer, or for individuals that are known to be at a higher risk to develop a specific cancer. Genetic and biomarker cancer screening tests aim to identify the presence of cancer before symptoms appear and when treatment is often most effective. These tests are not currently diagnostic for cancer, but typically determine if an individual has an increased chance that cancer is present.

Screening tests for colorectal cancer may be performed by analyzing specific DNA present in fecal matter or peripheral blood. Cancer screening tests may also be performed on urine samples to screen for bladder cancer and colon polyps. These methods offer a noninvasive alternative to currently available screening approaches such as colonoscopy.

Screening tests for lung cancer are potentially useful adjuncts to the [low-dose computed tomography \(LDCT\)](#), a recommended lung cancer screening tool in high-risk populations. Biomarkers such as autoantibodies, metabolites, proteins, and [microRNA](#) may be sampled from many different bodily sources, including whole blood, serum, plasma, bronchial brushings, and sputum. Circulating blood-based and serum based biomarkers are convenient samples as they are relatively easy and inexpensive to collect.

Related Policies

This policy document provides coverage criteria for cancer screening tests. Please refer to:

- ***Oncology: Molecular Analysis of Solid Tumors and Hematologic Malignancies*** for criteria related to DNA testing of a solid tumor or a blood cancer.
- ***Genetic Testing: Hereditary Cancer Susceptibility*** for criteria related to genetic testing to determine if an individual has an inherited cancer susceptibility syndrome.
- ***Oncology: Algorithmic Testing*** for criteria related to gene expression profiling and tumor multianalyte assays with algorithmic analyses.
- ***Oncology: Circulating Tumor DNA and Circulating Tumor Cells (Liquid Biopsy)*** for criteria related to circulating tumor DNA (ctDNA) or circulating tumor cell testing performed on peripheral blood for cancer diagnosis, management and surveillance.
- ***Genetic Testing: General Approach to Genetic and Molecular Testing*** for coverage criteria related to cancer screening that is not specifically discussed in this or another non-general policy.

Benefit Application

Benefit determinations should be based in all cases on the applicable contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Some state or federal mandates (e.g., Federal Employee Program [FEP]) prohibits plans from denying Food and Drug Administration (FDA)-approved technologies as investigational. In these instances, plans may have to consider the coverage eligibility of FDA-approved technologies on the basis of medical necessity alone.

Regulatory Status

Starting on July 1, 2022 (per CA law SB 535) for commercial plans regulated by the California Department of Managed Healthcare and California Department of Insurance (PPO and HMO), health care service plans and insurers shall not require prior authorization for biomarker testing, including biomarker testing for cancer progression and recurrence, if a member has stage 3 or 4 cancer. Health care service plans and insurers can still do a medical necessity review of a biomarker test and possibly deny coverage after biomarker testing has been completed and a claim is submitted (post service review).

Rationale

Background

COLON CANCER SCREENING TESTS

FIT-DNA Testing (Stool DNA Testing)

National Comprehensive Cancer Network (NCCN)

Current NCCN guidelines on Colorectal Cancer Screening (1.2024) support the use of FIT-DNA for colorectal cancer screening in average-risk individuals aged 45-75 with a life expectancy greater than or equal to 10 years, and notes that the decision to screen individuals aged 76-85 should be individualized. (p. CSCR-1A). The choice of screening modality should be based on patient preference and availability after discussion. (p. CSCR-1).

Food and Drug Administration (FDA)

Cologuard (Exact Sciences):

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 with DNA markers and occult hemoglobin in human stool. A positive result may indicate the presence of CRC or advanced adenoma and should be followed by diagnostic colonoscopy. (p. 1)

On September 20, 2019, the FDA approved the expansion of the Cologuard label to include adults ages 45 years or older. Cologuard was previously indicated for those aged 50 years or older. Cologuard is not a replacement for diagnostic colonoscopy or surveillance colonoscopy in high-risk individuals.

Urinary Biomarker Tests for Pre-cancerous Colon Polyps

National Comprehensive Cancer Network (NCCN)

Current NCCN guidelines on Colon Cancer Screening (1.2024) do not include a recommendation for colorectal cancer screening via urine-based screening.

There is insufficient evidence to support the use of this test. No recommendations for or against this testing within standard professional society guidelines covering this area of testing were identified.

Blood-based Biomarker Colorectal Cancer Screening Tests*Concert Evidence Review for Coverage Determination (Published 12/21/2023)*

Multiple studies have been published on BeScreened, FirstSight CRC, ColonSentry, Epi proColon, Colovantage, ColoScape Colorectal Cancer Detection, and Guardant Shield and their ability to screen for increased risk of colorectal cancer, including several meta-analyses and validation studies. Most of these studies include a measure of clinical validity measured by sensitivity and specificity, and several studies compared these measures to those of colonoscopy, FIT or FOBT testing. The evidence for clinical validity does not consistently demonstrate superior sensitivity or specificity for these tests across studies. This lack of consistency highlights the importance of understanding the mechanism of these biomarkers in colorectal cancer in order to explain the observed variability. Further, there is limited evidence to demonstrate that these tests promote a safe and effective alternative to colonoscopy or useful screening test to prioritize patients who should get colonoscopies. While the United States Preventive Services Task Force (USPSTF) and the National Comprehensive Cancer Network (NCCN) address blood-based tests for colon cancer screening in their most recent recommendations, neither recommend the testing.

At the present time, blood-based biomarker tests such as BeScreened, FirstSight CRC, ColonSentry, Epi proColon, Colovantage, ColoScape Colorectal Cancer Detection and Guardant Shield have INSUFFICIENT EVIDENCE in peer-reviewed publications to effectively result in improved health outcomes compared to the current standard of care.

LUNG CANCER SCREENING TESTS**Blood-based Biomarker Lung Cancer Screening Tests***National Comprehensive Cancer Network (NCCN)*

Current NCCN guidelines on Lung Cancer Screening (2.2024) do not include a recommendation for lung cancer screening via blood-based or micro-RNA based screening. Current NCCN guidelines support lung cancer screening using LDCT for individuals with high risk factors.

There is insufficient evidence to support the use of this test. No recommendations for or against this testing within standard professional society guidelines covering this area of testing were identified.

References

1. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology: Colorectal Cancer Screening. Version 1.2024.
https://www.nccn.org/professionals/physician_gls/pdf/colorectal_screening.pdf
2. Summary of Safety and Effectiveness Data (SSED): Cologuard. U.S. Food & Drug Administration website. Available at:
https://www.accessdata.fda.gov/cdrh_docs/pdf13/P130017B.pdf.
3. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology for Lung Cancer Screening. Version 2.2024.
https://www.nccn.org/professionals/physician_gls/pdf/lung_screening.pdf
4. Concert. Evidence Review for Coverage Determination for ColoRectal Cancer Blood Based Biomarker Tests. Published 12/21/2023.

Documentation for Clinical Review

Please provide the following documentation:

- Name of the test being requested or the Concert Genetics GTU identifier.
The Concert Genetics GTU can be found at <https://app.concertgenetics.com>
- CPT codes to be billed for the particular genetic test (GTU required for unlisted codes)
- History and physical and/or consultation notes including:

- Clinical findings:
 - Signs/symptoms leading to a suspicion of genetic condition
 - Family history if applicable
- Prior evaluation/treatment:
 - Previous test results (i.e., imaging, lab work, etc.) related to reason for genetic testing
 - Family member's genetic test result, if applicable
- Rationale
 - Reason for performing test
 - How test result will impact clinical decision making

Post Service (in addition to the above, please include the following):

- Results/reports of tests performed

Coding

This Policy relates only to the services or supplies described herein. Benefits may vary according to product design; therefore, contract language should be reviewed before applying the terms of the Policy.

The following codes are included below for informational purposes. Inclusion or exclusion of a code(s) does not constitute or imply member coverage or provider reimbursement policy. Policy Statements are intended to provide member coverage information and may include the use of some codes for clarity. The Policy Guidelines section may also provide additional information for how to interpret the Policy Statements and to provide coding guidance in some cases.

Type	Code	Description
CPT®	0002U	Oncology (colorectal), quantitative assessment of three urine metabolites (ascorbic acid, succinic acid and carnitine) by liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring acquisition, algorithm reported as likelihood of adenomatous polyps
	0091U	Oncology (colorectal) screening, cell enumeration of circulating tumor cells, utilizing whole blood, algorithm, for the presence of adenoma or cancer, reported as a positive or negative result
	0163U	Oncology (colorectal) screening, biochemical enzyme-linked immunosorbent assay (ELISA) of 3 plasma or serum proteins (teratocarcinoma derived growth factor-1 [TDGF-1, Cripto-1], carcinoembryonic antigen [CEA], extracellular matrix protein [ECM]), with demographic data (age, gender, CRC-screening compliance) using a proprietary algorithm and reported as likelihood of CRC or advanced adenomas
	0368U	Oncology (colorectal cancer), evaluation for mutations of APC, BRAF, CTNNB1, KRAS, NRAS, PIK3CA, SMAD4, and TP53, and methylation markers (MYO1G, KCNQ5, C9ORF50, FLI1, CLIP4, ZNF132 and TWIST1), multiplex quantitative polymerase chain reaction (qPCR), circulating cell-free DNA (cfDNA), plasma, report of risk score for advanced adenoma or colorectal cancer
	0453U	Oncology (colorectal cancer), cell-free DNA (cfDNA), methylation-based quantitative PCR assay (SEPTIN9, IKZF1, BCAT1, Septin9-2, VAV3, BCAN), plasma, reported as presence or absence of circulating tumor DNA (ctDNA) (Code effective 7/1/2024)

Type	Code	Description
	0464U	Oncology (colorectal) screening, quantitative real-time target and signal amplification, methylated DNA markers, including LASS4, LRRC4 and PPP2R5C, a reference marker ZDHHCl, and a protein marker (fecal hemoglobin), utilizing stool, algorithm reported as a positive or negative result <i>(Code effective 7/1/2024)</i>
	81327	SEPT9 (Septin9) (e.g., colorectal cancer) promoter methylation analysis
	81479	Unlisted molecular pathology procedure
	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
	81599	Unlisted multianalyte assay with algorithmic analysis
HCPCS	G0327	Colorectal cancer screening; blood-based biomarker

Policy History

This section provides a chronological history of the activities, updates and changes that have occurred with this Medical Policy.

Effective Date	Action
02/01/2023	New policy.
03/01/2023	Coding update.
05/01/2023	Coding update.
02/01/2024	Annual review. Policy statement, guidelines and literature updated. Coding update.
09/01/2024	Coding update.
11/01/2024	Coding update.
02/01/2025	Annual review. Policy statement, guidelines and literature updated. Coding update.

Definitions of Decision Determinations

Medically Necessary: Services that are Medically Necessary include only those which have been established as safe and effective, are furnished under generally accepted professional standards to treat illness, injury or medical condition, and which, as determined by Blue Shield, are: (a) consistent with Blue Shield medical policy; (b) consistent with the symptoms or diagnosis; (c) not furnished primarily for the convenience of the patient, the attending Physician or other provider; (d) furnished at the most appropriate level which can be provided safely and effectively to the patient; and (e) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the Member's illness, injury, or disease.

Investigational/Experimental: A treatment, procedure, or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

Split Evaluation: Blue Shield of California/Blue Shield of California Life & Health Insurance Company (Blue Shield) policy review can result in a split evaluation, where a treatment, procedure, or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and

effective for other indications or conditions, and therefore potentially medically necessary in those instances.

Prior Authorization Requirements and Feedback (as applicable to your plan)

Within five days before the actual date of service, the provider must confirm with Blue Shield that the member's health plan coverage is still in effect. Blue Shield reserves the right to revoke an authorization prior to services being rendered based on cancellation of the member's eligibility. Final determination of benefits will be made after review of the claim for limitations or exclusions.

Questions regarding the applicability of this policy should be directed to the Prior Authorization Department at (800) 541-6652, or the Transplant Case Management Department at (800) 637-2066 ext. 3507708 or visit the provider portal at www.blueshieldca.com/provider.

We are interested in receiving feedback relative to developing, adopting, and reviewing criteria for medical policy. Any licensed practitioner who is contracted with Blue Shield of California or Blue Shield of California Promise Health Plan is welcome to provide comments, suggestions, or concerns. Our internal policy committees will receive and take your comments into consideration.

For utilization and medical policy feedback, please send comments to: MedPolicy@blueshieldca.com

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. Blue Shield of California may consider published peer-reviewed scientific literature, national guidelines, and local standards of practice in developing its medical policy. Federal and state law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over medical policy and must be considered first in determining covered services. Member contracts may differ in their benefits. Blue Shield reserves the right to review and update policies as appropriate.

Appendix A

POLICY STATEMENT	
BEFORE Red font: Verbiage removed	AFTER Blue font: Verbiage Changes/Additions
<p>Oncology: Cancer Screening BSC_CON_2.09</p> <p>Policy Statement: COLORECTAL CANCER SCREENING TESTS FIT-DNA Testing (Stool DNA Testing)</p> <ol style="list-style-type: none"> I. The use of FIT-DNA Testing (stool DNA testing) (81528, 0464U) to screen for colorectal cancer may be considered medically necessary when BOTH of the following criteria are met: <ol style="list-style-type: none"> A. The member is 45 years of age or older B. The member is an individual who is at average risk for colorectal cancer, because the member <u>does not</u> have ANY of the following: <ol style="list-style-type: none"> 1. A personal history of colorectal cancer or adenoma or sessile serrated polyp 2. A family history of colorectal cancer in close relatives 3. A personal history of inflammatory bowel disease (ulcerative colitis or Crohn's disease) 4. A personal history of cystic fibrosis 5. A confirmed or suspected hereditary colorectal cancer syndrome, such as familial adenomatous polyposis (FAP) or Lynch syndrome (hereditary non-polyposis colon cancer or HNPCC) 6. A personal history of receiving radiation to the abdomen (belly) or pelvic area to treat a prior cancer II. The use of FIT-DNA Testing (stool DNA testing) (81528, 0464U) to screen for colorectal cancer is considered investigational for all other indications. <p>NOTE: Fecal immunochemical testing (FIT) alone is not in the scope of this policy (see definitions)</p> <p>Urinary Biomarker Tests for Pre-cancerous Polyps</p>	<p>Oncology: Cancer Screening BSC_CON_2.09</p> <p>Policy Statement: COLORECTAL CANCER SCREENING TESTS FIT-DNA Testing (Stool DNA Testing)</p> <ol style="list-style-type: none"> I. The use of FIT-DNA Testing (stool DNA testing) (81528, 0464U) to screen for colorectal cancer may be considered medically necessary when BOTH of the following criteria are met: <ol style="list-style-type: none"> A. The member is 45 years of age or older, AND B. The member is an individual who is at average risk for colorectal cancer, because the member <u>does not</u> have any of the following: <ol style="list-style-type: none"> 1. A personal history of colorectal cancer or adenoma or sessile serrated polyp, OR 2. A family history of colorectal cancer in close relatives, OR 3. A personal history of inflammatory bowel disease (ulcerative colitis or Crohn's disease), OR 4. A personal history of cystic fibrosis, OR 5. A confirmed or suspected hereditary colorectal cancer syndrome, such as familial adenomatous polyposis (FAP) or Lynch syndrome (hereditary non-polyposis colon cancer or HNPCC), OR 6. A personal history of receiving radiation to the abdomen (belly) or pelvic area to treat a prior cancer. II. The use of FIT-DNA Testing (stool DNA testing) (81528, 0464U) to screen for colorectal cancer is considered investigational for all other indications. <p>NOTE: Fecal immunochemical testing (FIT) alone is not in the scope of this policy (see definitions)</p> <p>Urinary Biomarker Tests for Pre-cancerous Polyps</p>

POLICY STATEMENT

BEFORE <u>Red font: Verbiage removed</u>	AFTER <u>Blue font: Verbiage Changes/Additions</u>
<p>III. The use of urinary biomarker tests for pre-cancerous polyps (0002U) is considered investigational.</p> <p>Blood-based Biomarker Colorectal Cancer Screening Tests</p> <p>IV. The use of blood-based biomarkers to screen for colorectal cancer (0091U, 0163U, 0368U, 81327, 81599, G0327, 81479, 0453U, 0501U) is considered investigational.</p> <p>LUNG CANCER SCREENING TESTS Blood-based Biomarker Lung Cancer Screening Tests</p> <p>V. The use of blood-based biomarker tests (83520) for lung cancer screening are considered investigational.</p>	<p>III. The use of urinary biomarker tests for pre-cancerous polyps (0002U) is considered investigational.</p> <p>Blood-based Biomarker Colorectal Cancer Screening Tests</p> <p>IV. The use of blood-based biomarkers to screen for colorectal cancer (0091U, 0163U, 0368U, 0453U, 81327, 81479, 81599, G0327) is considered investigational.</p> <p>LUNG CANCER SCREENING TESTS Blood-based Biomarker Lung Cancer Screening Tests</p> <p>V. The use of blood-based biomarker tests for lung cancer screening are considered investigational.</p>