

The Department of Vermont Health Access Medical Policy

Subject: Colon Cancer (Non-Polyposis Colorectal) Genetic Screening/Testing

Last Review: February 18, 2020*

Past Revisions: June 6, 2016 and August 26, 2015

***Please note: Most current content changes will be highlighted in yellow.**

Description of Service or Procedure

Lynch syndrome is the most common cause of inherited colorectal cancer (CRC). It is characterized by a significantly increased risk for CRC and endometrial cancer as well as a risk of several other malignancies. Lynch Syndrome (LS) is often referred to as hereditary nonpolyposis colorectal cancer (HNPCC). It is the most common form of hereditary colon cancer. The genes that have been associated with HNPCC are called MLH1, MSH2, MSH6, PMS2 and EPCAM. Everyone has two copies of these genes; one they inherit from their father and one they inherit from their mother. Individuals who have a mutation in one copy of these genes can pass it on to future generations. If a parent has a mutation in one of these genes, each one of his/her children has a 50% chance of inheriting the gene mutation and a 50% chance of inheriting the copy of the gene without the mutation. There is an elevated risk of early-onset colorectal cancer (CRC) and increased lifetime risk for other cancers of the endometrium, ovarian, stomach, pancreatic, small intestine, hepatobiliary system, kidney, ureter, ovary, and renal pelvis.

Family members of individuals with colorectal cancer found through genetic testing to have Lynch syndrome can benefit by:

1. Undergoing genetic testing to learn if they are also at increased genetic risk of Lynch syndrome. and
2. Having earlier and more frequent screening, which can prevent colorectal cancer, if the person is at increased genetic risk.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule or Health Care Administrative Rules that pertains to the beneficiary's aid category. Prior Authorization (PA) is only valid if the beneficiary is eligible for the applicable item or service on the date of service.



Medicaid Rule

Health Care Administrative Rules and can be found at <https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar>

Medicaid Rules

- 7102.2 Prior Authorization Determination
- 7103 Medical Necessity

Coverage Position

Colon cancer genetic screening may be covered for beneficiaries:

- When the colon cancer genetic screening is prescribed by a licensed medical provider, specializing in genetics, enrolled in the Vermont Medicaid program, operating within their scope of practice in accordance with Vermont State Practice Act, who is knowledgeable in the use of colon cancer genetic screening and counseling and who provides medical care to the beneficiary AND
- When the clinical guidelines below are met.

Coverage Criteria

The Department of Vermont Health Access (DVHA) considers genetic testing for HNPCC (MLH1, MLH2, MSH6, PMS2) medically necessary to establish a molecular diagnosis of an inheritable disease when following Medicare guidelines:

See Medicare's LCD L36793 Guidelines

<http://www.pathologylab.org/filesimages/Billing/Genetic%20Testing%20for%20Lynch%20Syndrome.pdf>

Coverage is limited to Group 1 codes.
LS-related cancer is preferred.

Considerations: Providers requesting this test should provide pre- and post-test genetic counseling for the beneficiary and family, if applicable.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) exception: Vermont Medicaid will provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions for Medicaid members under age 21.

Type of service or procedure not covered (this list may not be all inclusive)

Colon cancer genetic screening does not cover:

1. Genetic testing for all other gene mutations for Lynch syndrome or colorectal cancer.
2. In general, genetic testing for HNPCC is not recommended for at-risk individuals younger than age 18 years. Guidelines established jointly by the American College of Medical Genetics and the American Society of Human Genetics state that predictive genetic testing should only be performed in individuals younger than age 18 years when it will affect their medical management.

References

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