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Department of Health and Human Services

Coverage of Colorectal Screenings

Division of Health Care Financing and Policy

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Summary

- Not counting some kinds of skin cancer, colorectal cancer is the third most common cancer in men and women. It is the third leading cause of cancer-related deaths in the United States.
- Estimated 52,980 people in the U.S. projected to die of colorectal cancer in 2021.
- Colorectal cancer is most frequently diagnosed among persons aged 65 to 74 years. It is estimated that 10.5% of new colorectal cancer cases occur in persons younger than 50 years.
- Incidence of colorectal cancer (specifically adenocarcinoma) in adults aged 40 to 49 years has increased by almost 15% from 2000-2002 to 2014-2016.
- In 2016, 25.6% of eligible adults in the U.S. had never been screened for colorectal cancer and in 2018, 31.2% were not up-to-date with screening.
- The majority of cases in this younger population occur in patients in their 40's.
- Most colorectal cancer develops from precancerous growths in the colon and rectum through a well-established progression process that, in most cases, takes several years to occur.

Source: CDC and USPSTF

Medicaid Services Manual
Chapter 600 – Physician Services

Section 607 – Preventive Health Services

- Nevada Medicaid covers U.S. Preventive Services Task Force (USPSTF), A and B recommended screening tests.
- Colorectal screening has a Grade A & B recommendation by the USPSTF
  - 50 – 75 years old = Grade A
  - 45 – 49 years old = Grade B

Preventive medicine/health refers to health care that focuses on disease (or injury) prevention. Preventive health also assists the provider in identifying a patient's current or possible future health care risks through assessments, lab work and other diagnostic studies. The U.S. Preventive Services Task Force (USPSTF) is an independent volunteer panel of national experts in prevention and evidence-based medicine authorized by the U.S. Congress. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services. Each recommendation has a letter grade (an A, B, C, D grade or an I statement) based on the strength of the evidence and the balance of benefits and harms of a preventive service.

Nevada Medicaid reimburses for preventive health services for men, women and children as recommended by the USPSTF A and B recommendations. For the most current list of reimbursable preventive services, please see the USPSTF A and B recommendations located at https://www.uspreventiveservicestaskforce.org/.

Accuracy of Screening Tests

- No screening test is ever 100% accurate.
- Screening tests identify a chance on whether a person has a higher chance (+) or a lower chance (-) of colon or colorectal cancer.
- Stool screening tests can be followed up with another screening test (such as colonoscopy) to then be able to check for polyps, remove them, and send onto a laboratory for diagnostic testing.
- Colonoscopy is the only screening test to then get to a diagnostic test at the same time.

Types of Colorectal Screening Tests

- The USPSTF, Centers for Disease Control and Prevention (CDC), and the American Cancer Society list the following as screening tests that can be used to find polyps or colorectal cancer:
  - **Stool based tests**
    - High-sensitivity guaiac fecal occult blood test (gFOBT)
      - Uses the chemical guaiac to detect blood in the stool. It is done once a year. For this test, you receive a test kit from your health care provider. At home, you use a stick or brush to obtain a small amount of stool. You return the test kit to the doctor or a lab, where the stool samples are checked for the presence of blood. CPT = 82270 or 82272.
    - Fecal immunochemical test (FIT)
      - Uses antibodies to detect blood in the stool. It is also done once a year in the same way as a gFOBT. CPT = 82274
    - Stool DNA test (not covered by NV Medicaid)
      - Combines the FIT with a test that detects altered DNA in the stool. For this test, you collect an entire bowel movement and send it to a lab, where it is checked for cancer cells. It is done once every one or three years.
  - **Flexible Sigmoidoscopy**
    - For this test, the doctor puts a short, thin, flexible, lighted tube into your rectum. The doctor checks for polyps or cancer inside the rectum and lower third of the colon. Every 5 years, or every 10 years with a FIT every year. CPT = 45330 – 45350.
  - **Colonoscopy**
    - Similar to flexible sigmoidoscopy, except the doctor uses a longer, thin, flexible, lighted tube to check for polyps or cancer inside the rectum and the entire colon. During the test, the doctor can find and remove most polyps and some cancers. Colonoscopy also is used as a follow-up test if anything unusual is found during one of the other screening tests. Every 10 years (for people who do not have an increased risk of colorectal cancer). CPT = 45378 – 45398.
  - **CT Colonography**
    - Uses X-rays and computers to produce images of the entire colon, which are displayed on a computer screen for the doctor to analyze. Every 5 years. CPT = 74261 and 74262

Estimated Fiscal Impact FY22 - FY23 Biennium

Division of Health Care Financing and Policy (DHCFP) explored the option to add Cologuard (stool DNA test) as an additional cancer screening test and determined the fiscal impact to be as follows:

Estimated Fiscal Impact FY22 - FY23 Biennium

State Fiscal Year	Total Computable	Federal Funds	General Fund	County Funds
FY22	$964,288	$852,888	$108,823	$2,577
FY23	$913,543	$806,154	$104,593	$2,796
Total	**$1,877,831**	**$1,659,042**	**$213,416**	**$5,373**

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Questions?