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- askbracco@reimbursement.bracco.com
CT COLONOSCOPY SCREENING

Cecelia C. Brewington, M.D.
Professor & Vice Chairman of Community Radiology

UT Southwestern Medical Center
Radiology

Disclosure

Grant funding from
Canon America Medical Systems on
CT Lung Perfusion
IMPORTANCE?

- CRC 3rd m/c cause of CA
- 149,000 Americans in 2021
- 2nd leading cause of CA death
- 52,000 will die in 2021
- Mostly Preventable
- 1/3 don’t get screened

COVID EFFECT

- 90% of men diagnosed in late stage
- 18,800 deaths when screening with CT colonography
- 1.7M savings due to reduced hospitalization
- 4,500+ savings due to reduced hospitalization

THE BIGGEST TARGET GROUP? 50-64 Y.O.

Barriers to screening
- procrastination
- cost of the procedure
- perceived unpleasantness
- lack of symptoms

Colorful common personas:
- Fearful Delayers
- Invincibles
- Preoccupied Busy Bees
- Financially Challenged

CT Colonography: Another Viable Option!!!

- 50% increase in screening computed tomography colonography (CTC) rates after the U.S. Preventive Services Task Force (USPSTF) announcement of the updated recommendation on colorectal cancer screening in 2016.

HEDIS MEASURE FOR CRC SCREENING

- This measure is based on USPSTF clinical guidelines. The measure assesses whether adults 50–75 years of age have had one or more screenings for colorectal cancer:
  - Fecal occult blood test (FOBT) during the measurement year.
  - Flexible sigmoidoscopy during the measurement year or the four years before the measurement year.
  - Colonoscopy during the measurement year or the nine years before the measurement year.
  - CT colonography during the measurement year or the four years before the measurement year.
  - FIT-DNA test during the measurement year or the two years before the measurement year.
The Test

CT Colonoscopy

- REQUIRES A BOWEL PREP
- NO ANESTHESIA
- NO DRIVER HOME
- RESUME ALL DAILY ACTIVITIES
2 DAY PREP
WHAT CAN I EAT???

2 Days Before:
- Low Residue Diet
- Milk
- Well-Cooked Veggies
- Baked chicken, beef, fish

Day Before:
- Clear Liquid Diet
- Sprite, PowerAde
- Black coffee
- Clear soup

AVOID:
- raw veggies
- fried meats
- whole grain breads

AVOID:
- Milk, O.J., tomato juice

BOWEL PREP
Day Before the EXAM

TAGITOL™ V
(barium sulfate)
oral suspension

8:00 am
1 bottle of TAGITOL V (20 ml) with a glass of water

11:00 am
½ bottle of TAGITOL V (10 ml) with a glass of water

2:00 pm
½ bottle of TAGITOL V (10 ml) with a glass of water

5:30 pm
Drink 1 Bottle (16 ounces) magnesium citrate as instructed

7:30 pm
Take 4 Dulcolax tablets with 8-ounces of water

9:00 pm
20 ml of GASTROGRAFIN® (diatrizoate meglumine and diatrizoate sodium solution USP) with water
Repeat 2 times
CT SCAN PATIENT POSITIONS

Supine

Supine

Prone

CT Colonography, Connecting Coding and Clinical Application
April 2021
CT Technology

Screening Candidates

AVG. RISK
- ASYMPTOMATIC
- STARTING AT AGE 45-50

Not Recommended
- HIGH RISK FOR COLON CANCER
- POLYPOSIS SYNDROMES
- INFLAMMATORY BOWEL Disease
- HX OF 3 OR MORE ADENOMATOUS POLYPS

OTHER CONSIDERATIONS
- CMS VS. MANAGED CARE
- FAILED COLONOSCOPY
- SAFETY RISK (lung dx; bleeding hx; anesthesia risk)
- BOWEL OBSTRUCTION
- ABNORMAL ANATOMY
  - Hernia; Colon Tortuosity
- CO-MORBIDITIES
- TRANSPLANT PTS
CTC QUICK FACTS

- **SENSITIVITY 92-94%**
  - Detection of 1cm
- **Complications**
  - < .03%
- **SCREENING INTERVAL**
  - Every 5 Years for most


Screening for CRC is not about the EXAM, it’s about the program!

<table>
<thead>
<tr>
<th>Colon Cancer Screening</th>
<th>PRE-SCHEDULE</th>
<th>SCHEDULING</th>
<th>POST-EXAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Referral Source</strong></td>
<td>Patient is referred to Referral Source by Primary Care Physician (PCP)</td>
<td>Patient is referred to Referral Source by Primary Care Physician (PCP)</td>
<td>Patient is referred to Referral Source by Primary Care Physician (PCP)</td>
</tr>
<tr>
<td><strong>Risk Assessment</strong></td>
<td>≥ 10% family history of colorectal cancer</td>
<td>≥ 10% family history of colorectal cancer</td>
<td>≥ 10% family history of colorectal cancer</td>
</tr>
<tr>
<td><strong>Screening Interval</strong></td>
<td>Every 5 years for most</td>
<td>Every 5 years for most</td>
<td>Every 5 years for most</td>
</tr>
</tbody>
</table>

- **Patient Navigator**
  - Patient is referred to Referral Source by Primary Care Physician (PCP)
  - Patient is referred to Referral Source by Primary Care Physician (PCP)
  - Patient is referred to Referral Source by Primary Care Physician (PCP)

- **Referral Source**
  - Referral Source is notified of patient's screening
  - Referral Source is notified of patient's screening
  - Referral Source is notified of patient's screening

- **Patient**
  - Patient is referred to Referral Source by Primary Care Physician (PCP)
  - Patient is referred to Referral Source by Primary Care Physician (PCP)
  - Patient is referred to Referral Source by Primary Care Physician (PCP)
Diagnostic Indications

- Multiple
  - Colorectal bleeding
  - Known Colonic Mass
  - Change in Bowel habit
  - Abdominal Pain

Assessment of Volumetric Growth Rates of Small Colorectal Polyps With CT Colonography: A Longitudinal Study of Natural History. (Lancet Onc. June 2013)

- 22,000 plus study candidates
- Clinical relevance and in-vivo growth rates of small (6–9 mm) colorectal polyps
- Advanced adenomas show more rapid growth than non-advanced adenomas
- Most other small polyps remain stable or regress.
- Findings allow for less invasive surveillance strategies, reserving polypectomy for lesions that show substantial growth

HX: 55 y.o. with a newly dx colon ca. Failed OC

VIRTUAL “APPLE-CORE”
### Malignant Stricture vs. Benign Strictures

**Malignancy**
- Pericolonic Neovascularity
- Pericolonic nodes
- Colonic “shelving”
- Or “Apple-Core"
  - Short
  - Overhanging margins
  - Irregular lumen
  - DDX: lymphoma; UC; Crohn’s; Ischemic colitis

**Benign**
- Common with chronic diverticulitis
- “wall hyperplasia”
- Wall thickening, no “shelving”

### Benign Stricture

![Benign Stricture Diagram](image_url)
CASE 1
IDENTIFYING NORMAL

- Commonly fatty
- Beware of adjacent Cancers
- Utilize 2d anatomy
CASE 2 Fly-through
HX: 55-year old with a newly dx colon ca.  
Failed OC

Malignant stricture with distal lesion
Prone polyp with stalk

THANK YOU FOR YOUR TIME AND INTEREST IN INCREASING CRC SCREENING

Cecelia C. Brewington, M.D.
Professor & Vice Chairman of Community Radiology

@ BREWINGTON_UTSW  IN  CECELIA BREWINGTON
CPT Codes

- 74261  Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material
- 74262  Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed
- 74263  Computed tomographic (CT) colonography, screening, including image postprocessing

All 3 codes include image postprocessing
- Do NOT also code 76376 or 76377
- Interpretation should include findings of both intra- and extraluminal evaluation
- Do not report conventional CT abdomen in addition to CTC
CPT Codes

Medicare Reimbursement
OPPS:
74261 – $108.97
74262 – $178.55
74263 – Non covered

MPFS: (National payment amount)
74261 – $480.83/global; $117.94/26; $362.89/TC
74262 – $541.89/global; $122.48/26; $419.42/TC
74263 – Non covered

Tagging Agent and Contrast Material

- Tagging agents such as Tagitol™ V (barium sulfate) Oral Suspension, 40% w/v do not have a HCPCS billing code
  - Included in the procedure if provided by the facility
  - Hospitals may report under revenue codes such as 0255, 0270, or 0621
  - Prescription required if the patient will obtain from a pharmacy
Tagging Agent and Contrast Material

- When IV contrast is used for diagnostic exams, the appropriate HCPCS code for the contrast material should be reported by the facility
  - Low osmolar contrast material will be separately paid to non-hospital imaging centers, but is packaged for outpatient hospital under OPPS
    - Q9966 – ISOVUE®-200 (Iopamidol Injection 41%) or ISOVUE®-250 (Iopamidol Injection 51%)
    - Q9967 – ISOVUE®-300 (Iopamidol Injection 61%) or ISOVUE®-370 (Iopamidol injection 76%)
  - High osmolar contrast material is not paid separately under OPPS or MPFS, but should be reported
    - Q9963 - Gastrografin (diatrizoate meglumine and diatrizoate sodium solution USP)

Other Supplies

- PROTOCO₂L Touch® - Colon Insufflator for CT Colonography
  - Disposables
  - No specific HCPCS codes
  - May be reported under revenue codes such as 0270 or 0621
  - No separate payment

Diagnosis Codes

- Screening Exam
  - Z12.11 Encounter for screening for malignant neoplasm of colon
  - Z12.10- screening for malignant neoplasm of intestinal tract, unspecified
  - Z12.12- screening for malignant neoplasm of rectum
  - Z12.13- screening for malignant neoplasm of small intestine

- Diagnostic Exam
  - Z86.010 Personal history of colonic polyps
  - R93.3 Abnormal findings on diagnostic imaging of other parts of digestive tract
  - K92.2 Gastrointestinal hemorrhage, unspecified
  - K62.5 Hemorrhage of anus and rectum
Diagnosis Codes

- Possible additional codes
  - Z80.0 Family history of malignant neoplasm of digestive organs
  - Z83.71 Family history of colonic polyps
  - Z15.09 Genetic susceptibility to other malignant neoplasm
  - Z15.89 Genetic susceptibility to other disease
  - Z79.01 Long term (current) use of anticoagulants

Screening Coverage – Private Payers

- Check state law:
  - Many states mandate private payer coverage of CRC screening
  - Either specifically requiring CTC coverage or by requiring coverage of procedures endorsed by the American Cancer Society or USPSTF
  - Some states allow coverage for younger patients

For your CRC program navigators…did you know?

- 2017 study showed that when patient have insurance coverage and choice, CRC screening increases by nearly 50%. Patients mostly opted for preventative tests such as CTC and Colonoscopy. (Maureen A. Smith, PhD et al. Insurance Coverage for CT Colonography Screening: Impact on Overall Colorectal Cancer Screening Rates) http://pubs.rsna.org/doi/abs/10.1148/radiol.2017170924
Screening Coverage – Private Payers

Broad nationwide private payer coverage for CTC screening:

- **Top 5 national insurers:** Aetna, UHC, Anthem / Wellpoint, Cigna, Healthcare Services Corporation
- Many Blue Shield Blue Cross plans across the country & 100 of
  - Anthem Blue Cross and Blue Shield (CA, CO, CT, IN, KY, ME, MO, NV, NH, OH, VA, WI, FL)
  - Blue Choice (SC)
  - Blue Cross and Blue Shield (GA, TN, TX)
  - Cigna
  - Empire (NY)
  - Excellus (NY)
- Humana
- Independence Blue Cross
- Kaiser Permanente (MD, DE, PA, NJ, NY)
- Priority Health (MI)
- United Healthcare (UHC) River Valley (AR, GA, IL, IA, NC, OH, SC, TN, VA)
- Unicare

See Handout Attachment A for complete list.
Screening Coverage – Private Payers

United HealthCare (UHC)


- Computed tomographic colonography is proven and medically necessary for any of the following:
  - As a diagnostic tool for individuals on anticoagulation therapy
  - As a diagnostic tool for symptomatic individuals who are unable to undergo or are unable to tolerate a complete colonoscopy
  - As a screening test for colon cancer for average risk individuals

- Provider should call the number on the member’s ID card when referring for radiology services
  - Medical notes documenting all of the following:
    - Recent history and physical
    - Co-morbid medical condition(s)
    - Documentation to support medical necessity
Diagnostic Coverage – Private Payers

Most payers will cover diagnostic CTC for patients with:
- known colonic obstruction when standard optical colonoscopy is contraindicated
- incomplete colonoscopy due to diverticulosis, obstructive or stenosing colonic lesions
- chronic anti-coagulation that cannot be interrupted
- complications from prior optical colonoscopy
- active diverticulitis and an increased risk of perforation

Screening Coverage – Medicare

- Currently Medicare does not cover CTC for screening purposes
- The Coalition* continues to work on re-opening the CMS NCD for CTC via on-going dialogue and education on how CTC, as per the USPSTF, should be an integral part of a CRC program – “the best test is the one that gets done”

This CMS refusal to cover CT colonography creates a two-tier system where the privately insured have covered access to this modern, safe and effective screening tool, while seniors do not. Seniors are the group most affected by colorectal cancer death and morbidity (most frequently diagnosed among adults aged 65-74 years, with a median age at death of 68 years, ACS, CRC Facts & Flags, 2017-19). [https://www.cancer.org/cancer-colon-colorectal-cancer/facts-figures/colon-colorectal-cancer-facts-and-figures.html](https://www.cancer.org/cancer-colon-colorectal-cancer/facts-figures/colon-colorectal-cancer-facts-and-figures.html)

- Join forces with the Coalition to support Medicare coverage for Screening CT Colonography

*Email Viviane.guay@diag.bracco.com for more information or to join forces with the Coalition.
Value of CTC in Medicare Population

- Medicare cost of colorectal cancer screening: CT colonography vs. optical colonoscopy
  Bruce Pyenson, Perry J. Pickhardt, Tia Goss Sawhney, Michele Berrios

Value of CTC in Medicare Population, continued

- Extracolonic Findings at CT Colonography: Systematic Review and Meta-Analysis
  Perry J. Pickhardt, Loredana Correale, Lia Morra, Daniele Regge and Cesare Hassan
  [https://www.ajronline.org/doi/10.2214/AJR.17.19495](https://www.ajronline.org/doi/10.2214/AJR.17.19495)

- CT Colonography Performance for the Detection of Polyps and Cancer in Adults ≥ 65 Years Old: Systematic Review and Meta-Analysis
  Perry J. Pickhardt, Loredana Correale, Silvia Delsanto, Daniele Regge and Cesare Hassan
Diagnostic Coverage – Medicare

- Medicare Administrative Contractors with Billing and Coding Articles and/or LCDs for CTC:
  - NGS,
  - CGS,
  - Palmetto GBA

NGS (A57026)

NGS (L33562)

CGS (A56800)
Diagnostic Coverage – Medicare

- Palmetto (A56772)

- Palmetto (L33452)
  - [Link](https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?_LCDId=33452&ver=30&articleid=56772&keyword=&keywordType=starts&areaId=all&docType=6%2c3%2c5%2c1%2cF%2cP&contractOption=all&hcpcsOption=code&hcpcsStartCode=74261&hcpcsEndCode=74261&sortBy=title&bc=AAAAAAQAEAAA&)

Diagnostic Coverage – Medicare

- Palmetto
  - Virtual colonoscopy is only indicated in those patients in whom a diagnostic or surveillance instrument colonoscopy of the entire colon is incomplete due to an inability to fully pass the colonoscope proximally, and a repeat attempt is not indicated, or in patients with a valid contraindication to the safe performance of an instrument colonoscopy. Incomplete colonoscopy must be due to 1 of the following:
    - 1. An obstructing neoplasm
    - 2. Intrinsic scarring, stricture, aberrant anatomy, or obstruction from prior surgery, radiation, or diverticular disease
    - 3. Extrinsic compression

- There are few absolute contraindications to instrument colonoscopy. Relative contraindications do not create medical necessity for using CT colonography as a screening procedure, and the above indications must still be met.

The following relative contraindications to instrument colonoscopy may be indications for CT colonography if well documented in the medical record:

- Severe coagulopathy
- Long-term anticoagulation
- Increased sedation risk (such as from severe chronic obstructive pulmonary disease (COPD) or previous anesthesia adverse reaction)
Diagnostic Coverage – Medicare

- Palmetto (continued)
  - CT colonography is not covered when used for screening, or in the absence of signs or symptoms of disease, regardless of family history or other risk factors for the development of colonic disease.
  - CT colonography is not covered when used as an alternative to instrument colonoscopy for screening or in the absence of signs or symptoms of disease.
  - CT colonography is not covered following incomplete colonoscopy if the reason for the colonoscopy is other than one of those described above.
  - CT colonography is intended for use in pre-operative planning when imaging of the non-visualized colon proximal to the obstruction is necessary in making decisions involving the approach to the patient.

Diagnostic Coverage – Medicare

- NGS
  - **Indications:**

    CT colonography is indicated in those patients in whom a diagnostic (performed for signs/symptoms of disease) optical colonoscopy of the entire colon is incomplete. Failure to complete the optical colonoscopy may be secondary to conditions such as, but not limited to, an obstructing neoplasm, stricture, tortuosity, spasm, redundant colon diverticulitis, extrinsic compression or aberrant anatomy scarring from prior surgery.

    CT colonography is indicated when a board certified or board eligible gastroenterologist, a surgeon trained in endoscopy or a physician with equivalent endoscopic training determines from an evaluation of the patient that optical colonoscopy cannot be safely attempted.

    CT colonography is also indicated for the evaluation of a submucosal abnormality detected on colonoscopy or other imaging study.

    CT colonography should be performed soon after the failed standard colonoscopy, if appropriate, so that the patient will not have to endure repeat colonic preparation.
Diagnostic Coverage – Medicare

- NGS (continued)
- **Limitations:**

CT colonography is not reimbursable when used in the absence of signs or symptoms of disease, regardless of family history or other risk factors for the development of colonic disease.

Since any colonography with abnormal or suspicious findings would require a subsequent instrument colonoscopy for diagnosis (e.g., biopsy) or for treatment (e.g., polypectomy), CT colonography is not reimbursable when used initially as an alternative to an instrument colonoscopy, even though performed for signs or symptoms of disease.

Irritable bowel syndrome and abdominal pain when representing chronic stable symptoms rarely represent reasonable indications for colonoscopy and CT colonography. These conditions have been placed on the list of covered diagnoses for use when a colonoscopy/colonography exam is normal in the face of compelling symptoms. When diagnosis codes representing these conditions are used, the codes must be applicable and the rationale for the colonoscopy/colonography must be carefully documented in the medical record.

---

CT Colonography

Image courtesy of Dr. Ronald M. Summers, Diagnostic Radiology Department, Clinical Center, National Institutes of Health.
MyCTColonography.com

Information for referring physician, patient, and radiology

Referring Physician
If you are a physician looking for more information on CT Colonography, click here for:
  - More about the test
  - Insurance information by state
  - Download tools
  - Find a screening center

Patient Advocacy
Want to learn more about Colon Health and CT Colonography?
  - Find a screening center
  - Resources

Radiologists
The Radiologist’s role is more important than ever in early prevention. We want to be your CT Colonography partner.
  - radiologist reimbursement codes
  - Downloadable templates
  - Submit your center
  - Downloadable tools

See insurance coverage for screening and diagnostic testing

- Download the summary documents here:
  - Status of CT Colonoscopy (CTC) coverage (pdf)
  - States that mandate colorectal cancer screening (pdf)

Insurance information:

- UnitedHealthcare
- Anthem / Wellpoint
- Aetna
- Healthcare Services Corporation Cigna
- UniCare
- Many Blue Cross Blue Shield across the USA (state specific)
ACR Center Locator

My CT Colonography Center Locator

Are you on the map?

Make sure patients can easily find your center

Facilities that offer CT Colonography (CTC) are invited to join the new ACR® My CT Colonography Center Locator—an easy-to-use, online tool that helps patients quickly find a nearby CTC screening location.

Patients enter their zip code to find nearby centers. Listing your center is free.

Register your center today!

Register at acr.org/register-my-center

American College of Radiology Resources

Colon Cancer Screening Resources

We have compiled a listing of resources for radiologists who perform CT colonography (CTC), including patient-friendly information on the CTC exam and private payer coverage.

https://www.acr.org/Clinical-Resources/Colon-Cancer-Screening-Resources
ACR Center Locator


Colon Cancer Screening

- 50% of people don’t get screened
- 37 states + D.C. mandate coverage of screening including CTC
- 20 minutes is the average procedure time
- 90% early detection survival rate

Highest population of unscreened is between 50-54 based on NCCRT data presented at 2019 annual meeting
In October 2020, the USPSTF released an updated draft recommendation and opened a public comment period. The final recommendation is update is in progress.


<table>
<thead>
<tr>
<th>Population</th>
<th>Recommendation</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults ages 50 to 75 years</td>
<td>The USPSTF recommends screening for colorectal cancer in all adults ages 50 to 75 years. See the “Practice Considerations” section and Table 1 for details about screening strategies.</td>
<td>A</td>
</tr>
<tr>
<td>Adults ages 45 to 69 years</td>
<td>The USPSTF recommends screening for colorectal cancer in adults ages 45 to 69 years. See the “Practice Considerations” section and Table 1 for details about screening strategies.</td>
<td>B</td>
</tr>
<tr>
<td>Adults ages 76 to 85 years</td>
<td>The USPSTF recommends that clinicians selectively offer screening for colorectal cancer in adults ages 76 to 85 years. Evidence indicates that the net benefit of screening all persons in this age group is small. In determining whether this service is appropriate in individual cases, patients and clinicians should consider the patient’s overall health and prior screening history.</td>
<td>C</td>
</tr>
</tbody>
</table>

The recommendation includes CT Colonography as one of the potential screening modalities.

The Affordable Care Act (ACA) requires most commercial insurance plans to cover exams that receive a Grade A or B recommendation from the USPSTF.

• With no cost to the patient
HEDIS Quality Measures

- Healthcare Effectiveness Data and Information Set
  - HEDIS Measure for colorectal cancer screening includes CTC
  - More than 90 percent of America's health plans measure quality based on HEDIS criteria
    - CMS uses HEDIS as a primary source to guide quality measures for Medicare Advantage plans
  - Health care providers, systems and plans can now receive quality credit when patients are screened via CT Colonography

American Cancer Society

- Recommendation for people at average risk*
  - Starting at age 45
  - Continue through age 75 (people who are in good health and with a life expectancy of more than 10 years)
  - Ages 76 – 85 – based on a person’s preferences, life expectancy, overall health, and prior screening history
  - Over age 85 should no longer get colorectal cancer screening

*For screening, people are considered to be at average risk if they do not have:
  - A personal history of colorectal cancer or certain types of polyps
  - A family history of colorectal cancer
  - A personal history of inflammatory bowel disease (ulcerative colitis or Crohn's disease)
  - A confirmed or suspected hereditary colorectal cancer syndrome, such as familial adenomatous polyposis (FAP) or Lynch syndrome (hereditary non-polyposis colon cancer or HNPCC)
  - A personal history of getting radiation to the abdomen (belly) or pelvic area to treat a prior cancer
American Cancer Society

Tests for people of average risk

- **Stool-based tests**
  - Highly sensitive fecal immunochemical test (FIT) every year
  - Highly sensitive guaiac-based fecal occult blood test (gFOBT) every year
  - Multi-targeted stool DNA test (MT-sDNA) every 3 years

- **Visual (structural) exams of the colon and rectum**
  - Colonoscopy every 10 years
  - CT colonography (virtual colonoscopy) every 5 years
  - Flexible sigmoidoscopy (FSIG) every 5 years

“There are some differences between these tests to consider (see Colorectal Cancer Screening Tests), but the most important thing is to get screened, no matter which test you choose. Talk to your health care provider about which tests might be good options for you, and to your insurance provider about your coverage.”

American Cancer Society

- **For people at increased or high risk**

People at increased or high risk of colorectal cancer might need to start colorectal cancer screening before age 45, be screened more often, and/or get specific tests. This includes people with:

- A strong family history of colorectal cancer or certain types of polyps (see Colorectal Cancer Risk Factors)
- A personal history of colorectal cancer or certain types of polyps
- A personal history of inflammatory bowel disease (ulcerative colitis or Crohn’s disease)
- A known family history of a hereditary colorectal cancer syndrome such as familial adenomatous polyposis (FAP) or Lynch syndrome (also known as hereditary non-polyposis colon cancer or HNPCC)
- A personal history of radiation to the abdomen (belly) or pelvic area to treat a prior cancer
National Colorectal Cancer Roundtable

- Established by the American Cancer Society and the Centers for Disease Control and Prevention
- A national coalition of public and private organizations, voluntary organizations, and invited individuals
- Dedicated to reducing incidence of and mortality from colorectal cancer in the US
- Bracco is pleased to have taken the 80% pledge

http://nccrt.org

American Health & Drug Benefits

Computed Tomography Colonography Less Costly Than Colonoscopy for Colorectal Cancer Screening of Commercially Insured Patients

- BACKGROUND: Computed tomography (CT) colonography’s effectiveness, its associated patient advantages, and its potential role to increase colorectal cancer (CRC) screening rates have been demonstrated in previous research, but whether CT colonography has a cost advantage relative to optical colonoscopy for the commercially insured US population has not been assessed.
- OBJECTIVE: To compare the costs of CRC screening using CT colonography or optical colonoscopy for commercially insured people in the United States.
- RESULTS: In 2016, the average optical colonoscopy screening cost for commercial payers was $2033 (N = 406,068), or $340 per screening year per person. With our highest-cost CT colonography scenario, CT colonography costs 22% less, or $265 per screening year, than optical colonoscopy, mostly because of the advantages for patients of no anesthesia and the greatly reduced use of pathology services.
- CONCLUSIONS: The use of CT colonography for CRC testing offers effective screening, patient-centered advantages, and lower costs compared with optical colonoscopy, and may be particularly appealing to the currently unscreened population with commercial health insurance. If the availability of CT colonography expands to meet the increased demand for it, CT colonography could cost up to 50% less than optical colonoscopy per screening year.

Am Health Drug Benefits.
2018;11(7):353-361
www.AHDBonline.com
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6306102/
Remember the hotline!

1-800-349-1388

- askbracco@reimbursement.bracco.com

- Register your clinic(s) on [https://www.acr.org/Clinical-Resources/Colon-Cancer-Screening-Resources/My-CT-Colonography](https://www.acr.org/Clinical-Resources/Colon-Cancer-Screening-Resources/My-CT-Colonography) so patients can find you!
**GASTROGRAFIN** (diatrizoate meglumine and diatrizoate sodium solution USP)

**Indications and Usage:**

GASTROGRAFIN (diatrizoate meglumine and diatrizoate sodium solution USP) is indicated for the radiographic examination of segments of the gastrointestinal tract (esophagus, stomach, small intestine, colon), and the pancreas. The preparation is particularly indicated when a more viscous agent such as barium sulfate, which is not water soluble, is a disadvantage or a potential disadvantage.

GASTROGRAFIN (diatrizoate meglumine and diatrizoate sodium solution USP) may also be used as an adjunct to contrast reduction or as computed tomography of the brain (CT brain imaging). For preparations is indicated, in conjunction with intravenous administration of a radiopaque contrast agent, when unenhanced imaging may provide sufficient definition in distinguishing normal loops of bowel from adjacent organs or areas of suspected pathology.

**IMPORTANT SAFETY INFORMATION:**

Not for parenteral use. Do not inject. For oral or enema administration only. It should be kept in mind that some or all of the reactions described above may occur with intravenous administration of radiopaque contrast agents. It is not uncommon for patients to experience some or all of these reactions, even though they are not experiencing any adverse effects. If a patient experiences any adverse effects, such as diarrhea, nausea, vomiting, or fever, the patient should be immediately referred to a healthcare professional for further evaluation.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

**GASTROGRAPIN** is manufactured for Bracco Diagnostics Inc., Monroe Township, NJ 08831, by Therion, Division of E-Z-Em, Inc., Arches, Quebec, Canada.

**GASTROGRAPIN** is a registered trademark of Bracco Diagnostics Inc.
PROTOCOL TOUCH® Colon Insufflator

INDICATIONS AND USAGE:
The PROTOCOL TOUCH® COLON INSUFFLATOR® administers regurgitable carbon dioxide as a distention media to the colon during CT Colonography (CTC or Virtual Colonoscopy) and conventional Colonoscopy.

IMPORTANT SAFETY INFORMATION / CONTRAINDICATIONS FOR USE:
The PROTOCOL TOUCH COLON INSUFFLATOR should be used only when colon insufflation is indicated, and should therefore not be used for any other treatments. It should only be used under the direct guidance of a physician experienced in colon insufflation.

This device is contraindicated for hydrostatic insufflation, i.e., it must not be used for intravascular distention.

This product should not be used in patients with known or suspected colonic perforation or toxic megacolon. It should not be used within 5 days of large enteric or “hot” biopsy, or seven polypectomy.

Do not use this product in a colostomy stoma.

Do not use this product following recent rectal surgery or low rectal anastomoses, or when proctitis or other rectal conditions such as inflammatory or neoplastic diseases are suspected.

The PROTOCOL TOUCH Operator’s Manual may be obtained by contacting Bracco Diagnostics Inc. Professional Services Department at 800-257-5101, Option 2.

PROTOCOL TOUCH is manufactured for Bracco Diagnostics Inc., Monroe Twp., NJ 08831.

PROTOCOL TOUCH is a registered trademark of E-Z-EM, Inc.

Bracco Diagnostics Inc.
229 Prospect Plains Road, Building H
Monroe Township, NJ 08831 USA
Phone: 409-514-2200
Toll Free: 1-877-272-2209 (U.S. only)
Fax: 409-514-2446

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TAGITOL™ V (barium sulfate) oral suspension

Indications and Usage:
TAGITOL™ V (barium sulfate) oral suspension is indicated for use in adult patients for use in computed tomography (CT) colonography as an opacifying agent.

IMPORTANT SAFETY INFORMATION:
For Oral Administration. This product is contraindicated in patients with known or suspected perforation of the gastrointestinal (GI) tract, known obstruction of the GI tract, or hypersensitivity to barium sulfate products. Rarely, severe allergic reactions of anaphylactic nature have been reported following administration of barium sulfate contrast agents.

Please see full Prescribing Information for TAGITOL V (barium sulfate) oral suspension https://images.bracco.com/us-eng/products/ct-ct-colonography/tagitol-v

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.


TAGITOL is a trademark of E-Z-EM, Inc.

Bracco Diagnostics Inc.
229 Prospect Plains Road, Building H
Monroe Township, NJ 08831 USA
Phone: 409-514-2200
Toll Free: 1-877-272-2209 (U.S. only)
Fax: 409-514-2446

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Thank You!
### Status of CT Colonography (CTC) Coverage for: Commercial Insurance Plans
**Effective: 02/19/2021**

<table>
<thead>
<tr>
<th>CTC as Screening &amp; Diagnostic Test</th>
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<tbody>
<tr>
<td>Aetna</td>
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<td>AIM Specialty Health</td>
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<td>Amerigroup Real Solutions</td>
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<td>AmeriHealth</td>
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<td>Anthem (Wellpoint)</td>
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<td>Arise Health Plan</td>
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<td>BCBS of Alabama</td>
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<td>BCBS of Arizona</td>
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<td>BCBS of Arkansas</td>
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<td>BCBS of California (Wellpoint)</td>
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<td>BCBS of Colorado (Wellpoint)</td>
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<td>BCBS of Connecticut (Wellpoint)</td>
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<td>BCBS of Florida</td>
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<td>BCBS of Georgia</td>
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<tr>
<td>BCBS Health Advantage</td>
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<td>BCBS of Idaho</td>
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<td>BCBS Illinois</td>
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<td>BCBS of Indiana (Wellpoint)</td>
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<td>BCBS of Kansas</td>
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<tr>
<td>BCBS of Kentucky (Wellpoint)</td>
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<tr>
<td>BCBS of Louisiana*</td>
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<td>BCBS of Maine (Wellpoint)</td>
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<td>BCBS of Massachsetts*</td>
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<td>BCBS of Missouri (Wellpoint)</td>
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<td>BCBS of New Hampshire (Wellpoint)</td>
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<td>BCBS of New Mexico (HSCA)</td>
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<td>BCBS of New York (Wellpoint)</td>
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<td>BCBS North Carolina</td>
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<td>BCBS of Oklahoma</td>
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<td>BCBS of Rhode Island</td>
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<td>BCBS South Carolina</td>
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<td>BCBS of Tennessee</td>
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<td>BCBS of Texas (HSCA)</td>
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<td>BCBS of Vermont</td>
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<td>BCBS of Virginia (Wellpoint)</td>
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<tr>
<td>Blue Choice of South Carolina Medicaid</td>
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<td>Blue Cross of Idaho</td>
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<td>Blue Shield of California</td>
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<td>Care First BCBS</td>
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<table>
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<tr>
<th>CTC as a Diagnostic ONLY Test</th>
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<td>AvMed</td>
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<td>BCBS Federal Employee Program</td>
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<td>Blue Cross of NE Pennsylvania</td>
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<td>BCBS of Michigan</td>
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<td>BCBS of Minnesota</td>
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<td>BCBS of Mississippi</td>
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<td>BCBS North Dakota</td>
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<td>Centene Corporation</td>
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<td>ConnectiCARE</td>
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<td>Coventry (Medicare Advantage)</td>
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<td>Dean Health Plan</td>
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<td>Department of Veteran Affairs</td>
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<td>Emblem Health (Medicare Advantage)</td>
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<td>First Carolina Care</td>
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<td>Gateway Health Plan (PA Medicaid)</td>
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<td>Horizon NJ Medicaid</td>
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<td>Iowa Medicaid</td>
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<tr>
<td>Keystone First</td>
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<td>Maine Medicaid</td>
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<td>Medical Card Systems</td>
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<td>Memorial Hermann Health Solutions</td>
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<td>Piedmont WellStar Health Plans</td>
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<td>Presbyterian Healthcare Services</td>
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<td>Priority Health Michigan (Medicare and Medicaid)</td>
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<td>QualChoice</td>
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<td>Regence BCBS of Oregon</td>
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<td>Regence BCBS of Utah</td>
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<td>Select Health of South Carolina</td>
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<td>Tufts Health Plan</td>
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<td>Universal Health Alliance</td>
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<td>Wellcare</td>
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<td>West Virginia Health Plan</td>
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<tr>
<td>Your Care Health Plan</td>
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<tr>
<td>Your Care Health Plan</td>
</tr>
</tbody>
</table>
### CTC as Screening & Diagnostic Test

- Empire BCBS
- eviCore Healthcare
- Excellus (BCBS)
- Fallon Health Plan of Massachusetts
- Geisenger
- Healthlink
- Health New England
- HealthNow New York
- HealthPlan of Nevada
- Highmark - Delaware based on individual plans
- Highmark - Pennsylvania based on individual plans
- Highmark - West Virginia based on individual plans
- HCSC of Illinois
- HCSC of Montana
- HCSC of New Mexico
- HCSC of Texas
- Horizon of New Jersey
- Humana
- Independence BCBS
- Independent Health
- John’s Hopkins Healthcare*
- LifeWise Health Plan
- Medica Health Plan
- Medical Mutual
- Mercy Health Plan
- Moda Health (Commercial)
- Nebraska Blue
- Neighborhood Health Partnership (CT, NJ, VA)
- Neighborhood Plan of Rhode Island
- Network Health of Wisconsin
- Oscar Health Insurance
- Oxford Health Plan (CT, NJ, VA)
- Passport Healthcare
- Premera
- Priority Health of Michigan (Commercial Plans)
- QualCare
- Rocky Mountain Health Plan
- Scott and White Health Plan
- Sierra Health and Life
- Tri-Care
- UniCare (Wellpoint)
- United Health Care (UHC)
- UHC River Valley
- Univera
- Virginia Premier Health Plan
- Wellpoint (BCBS Affiliates)
- Well Sense Health Plan

### CTC as a Diagnostic ONLY Test

#### Medicare A/B MAC
- CGS (KY, OH)
- First Coast Options (FL)
- Palmetto GBA (NC, SC, VA, WV) AL, GA, TN)

#### Medicare A/B MAC - Retired Policies
- National Government Services (NY,CT,MA,RI,VT,NH,ME)
- National Government Services (MN, IL, WI)
- Noridian Healthcare Solutions (CA, NV, HI)
- Noridian Healthcare Solutions (WA, OR, AK, MT, UT, ID, ND, SD, WY, AZ)
- Novitas Solutions (DC, PA, NJ, MD, DE)
- Novitas Solutions (CO, OK, NM, MS, LA, AR, TX)
- Wisconsin Physician Services (IA, KS, NE, MO) (IN, MI)
- Novitas Solutions (CO, OK, NM, MS, LA, AR, TX)
- Wisconsin Physician Services (IA, KS, NE, MO) (IN, MI)

### Policies Including Surveillance CT

- Amerigroup Real Solutions
- AmeriHealth
- Anthem (Wellpoint)
- BCBS of Alabama
- BCBS of California (Wellpoint)
- BCBS of Colorado (Wellpoint)
- BCBS of Connecticut (Wellpoint)
- BCBS of Georgia
- BCBS of Illinois (HSCA)
- BCBS of Indiana (Wellpoint)
- BCBS of Kentucky (Wellpoint)
- BCBS of Maine (Wellpoint)
- BCBS of Missouri (Wellpoint)
- BCBS of Montana (HCSA)
- BCBS of Nevada (Wellpoint)
- BCBS of New Hampshire (Wellpoint)
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- BCBS of Ohio (Wellpoint)
- BCBS of Oklahoma
- BCBS of Texas (HSCA)
- BCBS of Virginia (Wellpoint)
- BCBS of Wisconsin (Wellpoint)
- Blue Choice of South Carolina
- BMC Healthinet
- Community Connect Health Plan
- Empire BCBS
- eviCORE
- Fallon Health Plan of MA
- Healthlink
- Health New England
- Independence BCBS
- Mercy Health Plan
- UniCare (Wellpoint)

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The USPSTF Colorectal Cancer Screening Recommendation was issued June 15th 2016. Insurance plans have one year to change their coverage policy to cover CT Colonography as a screening test.


Source: Policy Reporter™ - Live Medical Insurance Updates

*These policies have been retired*
<table>
<thead>
<tr>
<th>State</th>
<th>State Link</th>
<th>Consumers Covered</th>
<th>Services Covered</th>
<th>Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>CRC Screening Law: State of Alabama</td>
<td>Colorectal cancer examinations for covered persons who are 50 years of age or older, or for persons who are less than 50 years of age and at high risk for colorectal cancer</td>
<td>Mandates coverage to include colorectal cancer examinations as recommended by American Cancer Society guidelines</td>
<td>American Cancer Society</td>
</tr>
<tr>
<td>Alaska</td>
<td>CRC Screening Law: State of Alaska</td>
<td>Persons at least 50 years of age, or less than 50 years of age and at high risk for colorectal cancer. Choice of option determined by the covered individual in consultation with the health care provider</td>
<td>1. Fecal occult blood test annually 2. Flexible sigmoidoscopy every 5 years 3. Colonoscopy every 10 years 4. Double contrast Barium Enema 5. Any additional medically recognized screening tests for colorectal cancer as required by the commissioner of health and social services</td>
<td>American Cancer Society</td>
</tr>
<tr>
<td>Alaska</td>
<td>Arizona CRC Health Department Recommendation</td>
<td></td>
<td>A2 State Health Department initiative encouraging residents to get screening fecal occult blood test and colonoscopy</td>
<td>American Cancer Society</td>
</tr>
<tr>
<td>Arkansas</td>
<td>CRC Screening Law: State of Arkansas</td>
<td>Colorectal cancer examinations for covered persons who are 50 years of age or older, or for persons who are less than 50 years of age and at high risk for colorectal cancer</td>
<td>1. Fecal occult blood test annually 2. Flexible sigmoidoscopy every 5 years 3. Colonoscopy every 10 years 4. Double contrast Barium Enema 5. Any additional medically recognized screening tests for colorectal cancer as required by the commissioner of health and social services</td>
<td>American Cancer Society</td>
</tr>
<tr>
<td>California</td>
<td>CRC Screening Law: State of California</td>
<td>All covered individuals</td>
<td>Mandate covers ALL medically accepted cancer screening tests as recommended by U.S. Preventive Task Force</td>
<td>U.S. Preventive Task Force</td>
</tr>
<tr>
<td>Colorado</td>
<td>CRC Screening Law: State of Colorado</td>
<td>In addition to covered persons eligible for colorectal cancer screening coverage in accordance with A or B recommendations of the task force, colorectal cancer screening coverage required by this subparagraph (V) shall also be provided to covered persons who are at high risk for colorectal cancer, including covered persons who have a family medical history of colorectal cancer; a prior occurrence of cancer or precursor neoplastic polyps; a prior occurrence of a chronic digestive disease condition such as inflammatory bowel disease, Crohn's disease, or ulcerative colitis; or other predisposing factors as determined by the provider</td>
<td>Mandates colorectal cancer screening coverage for tests in the early detection of colorectal cancer and adenomatous polyps as per U.S. Preventive Services Task Force</td>
<td>U.S. Preventive Task Force</td>
</tr>
<tr>
<td>Connecticut</td>
<td>CRC Screening Law: State of Connecticut</td>
<td>Coverage for colorectal cancer screening based on American Cancer Society guidelines for age and family history</td>
<td>Fecal occult blood test annually, flexible sigmoidoscopy, Colonoscopy or radiologic imaging, in accordance with the recommendations established by the American College of Gastroenterology, after consultation with the American Cancer Society</td>
<td>American Cancer Society</td>
</tr>
<tr>
<td>Delaware</td>
<td>CRC Screening Law: State of Delaware</td>
<td>Colorectal cancer examinations for covered persons who are 50 years of age or older, or for persons who are less than 50 years of age and at high risk for colorectal cancer</td>
<td>Added Virtual Colonoscopy for colorectal cancer screening on December 1, 2009</td>
<td>American Cancer Society/ U.S. Preventive Task Force</td>
</tr>
<tr>
<td>State</td>
<td>State Link</td>
<td>Consumers Covered</td>
<td>Services Covered</td>
<td>Guidelines</td>
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<tr>
<td>District of Columbia (31-2931)</td>
<td>CRC Screening Law: District of Columbia</td>
<td>In accordance with guidelines of American Cancer Society</td>
<td>In accordance with guidelines of American Cancer Society</td>
<td>American Cancer Society</td>
</tr>
<tr>
<td>Florida Health Department</td>
<td>Florida CRC Health Department Recommendation</td>
<td></td>
<td>The Colorectal Cancer Control Program’s purpose is to increase colorectal cancer (CRC) screening rates among a defined target population of persons 50-75 years of age by implementing evidence-based interventions and other strategies in partnership with health systems to institute organized screening programs</td>
<td>National Colorectal Cancer Roundtable Initiative</td>
</tr>
<tr>
<td>Georgia (33-24-56.3)</td>
<td>CRC Screening Law: State of Georgia</td>
<td>Refer to guidelines for recommended ages and family history</td>
<td>Every benefit plan shall provide coverage for colorectal screening in accordance with most recently published guidelines and recommendations established by the American Cancer Society, in consultation with the American College of Radiology</td>
<td>American Cancer Society / American College of Radiology</td>
</tr>
<tr>
<td>Hawaii (SB 2599)</td>
<td>CRC Screening Law: State of Hawaii</td>
<td>Individuals age 50-75</td>
<td>In accordance with the evidence-based recommendations established by the U.S. Preventive Services Task Force</td>
<td>U.S. Preventive Task Force</td>
</tr>
<tr>
<td>Idaho Health Department</td>
<td>Idaho CRC Health Department Recommendation</td>
<td>Comprehensive Cancer Control of Idaho</td>
<td>U.S. Preventive Task Force recommendations</td>
<td>U.S. Preventive Task Force</td>
</tr>
<tr>
<td>Illinois (SB 1417)</td>
<td>CRC Screening Law: State of Illinois</td>
<td>Refer to guidelines for recommended ages and family history</td>
<td>Every benefit plan shall provide coverage for colorectal screening in accordance with most recently published guidelines and recommendations established by the American Cancer Society, in consultation with the American College of Radiology</td>
<td>American Cancer Society / American College of Radiology</td>
</tr>
<tr>
<td>Indiana (HB 1293)*</td>
<td>CRC Screening Law: State of Indiana</td>
<td>Colorectal cancer examinations for covered persons who are 45 years of age or older, or for persons who are less than 45 years of age and at high risk for colorectal cancer</td>
<td>American Cancer Society colorectal screening guidelines</td>
<td>American Cancer Society</td>
</tr>
<tr>
<td>Iowa Department of Health</td>
<td>Iowa CRC Health Department Recommendation</td>
<td>Iowa Get Screened</td>
<td>Describes programs and directs residents to screening centers</td>
<td>American Cancer Society</td>
</tr>
<tr>
<td>Kansas Health Department</td>
<td>Kansas CRC Health Department Recommendation</td>
<td>Kansas Health Matters - Archived data</td>
<td>Fecal occult blood testing by mail available</td>
<td>No guideline reference</td>
</tr>
<tr>
<td>Kentucky* (304.17A-257)</td>
<td>CRC Screening Law: State of Kentucky</td>
<td>Colorectal cancer examinations for covered persons who are 45 years of age or older, or for persons who are less than 45 years of age and at high risk for colorectal cancer</td>
<td>American Cancer Society colorectal screening guidelines</td>
<td>American Cancer Society</td>
</tr>
<tr>
<td>Louisiana (HB 36 Act 505)</td>
<td>CRC Screening Law: State of Louisiana</td>
<td>Refer to guidelines for recommended ages and family history</td>
<td>Fecal occult blood test, Flexible Sigmoidoscopy, Colonoscopy, in accordance with the most recent published recommendations established by the American College of Gastroenterologists, in consultation with the American Cancer Society</td>
<td>American Cancer Society</td>
</tr>
<tr>
<td>State</td>
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<td>Services Covered</td>
<td>Guidelines</td>
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<tr>
<td>Maine</td>
<td>CRC Screening Law: State of Maine</td>
<td>Individuals 50 years and older; or less than 50 and high risk for colorectal cancer based on American Cancer Society guidelines</td>
<td>Screening tests as recommended by healthcare provider in accordance with the most recently published guidelines of American Cancer Society</td>
<td>American Cancer Society</td>
</tr>
<tr>
<td>Maryland</td>
<td>CRC Screening Law: State of Maryland</td>
<td>Refer to guidelines for recommended ages and family history</td>
<td>DNA Stool test and CT Colonography added to screening menu effective September 15, 2008</td>
<td>National Cancer Institute</td>
</tr>
<tr>
<td>Massachusetts Health Department Recommendation</td>
<td>Massachusetts CRC Health Department Recommendation</td>
<td>Men and women who are 50 or older; If you have a personal or family history of polyps or colon cancer, you may need to start getting screened earlier; African Americans have a greater risk for colon cancer. If you’re African American, it is especially important to be screened</td>
<td>Fecal occult blood test or fecal immunochemical test (FIT)</td>
<td>No guideline reference</td>
</tr>
<tr>
<td>Michigan Health Department Recommendation</td>
<td>Michigan CRC Health Department Recommendation</td>
<td>No state mandate - providing state department of health recommendation. Recommendation applies to low income residents only.</td>
<td>Men and women: Aged 50-64 years, low income (&lt;250% of the Federal Poverty Level), who have no symptoms, who are underinsured or uninsured. The screening portion of the Michigan Colorectal Cancer Early Detection Program ended June 29, 2020.</td>
<td>Michigan Department of Health and Human Services has developed a guide to navigation utilizing evidence-based strategies in colorectal cancer screening</td>
</tr>
<tr>
<td>Minnesota</td>
<td>CRC Screening Law: State of Minnesota</td>
<td>Individuals defined by the standard practice of medicine</td>
<td>In accordance to standard practices of medicine</td>
<td>No guideline reference</td>
</tr>
<tr>
<td>Mississippi Health Department Recommendation</td>
<td>Mississippi CRC Health Department Recommendation</td>
<td>Recommend residents over 50 be screened</td>
<td>Identifies screening tests: fecal occult blood test, colonoscopy and virtual colonoscopy</td>
<td>No guideline reference</td>
</tr>
<tr>
<td>Missouri</td>
<td>CRC Screening Law: State of Missouri</td>
<td>Refer to guidelines for recommended ages and family history</td>
<td>Screening tests as recommended by healthcare provider in accordance with the most recently published guidelines of NCS</td>
<td>National Cancer Institute</td>
</tr>
<tr>
<td>Montana</td>
<td>CRC Screening Law: State of Montana</td>
<td>Individuals 50 and older; those less than 50 at risk for colon cancer</td>
<td>American Cancer Society recommendations</td>
<td>American Cancer Society</td>
</tr>
<tr>
<td>Nebraska</td>
<td>CRC Screening Law: State of Nebraska</td>
<td>Individuals over 50</td>
<td>Such screening coverage shall include a maximum of 1 screening fecal occult blood test annually and a flexible sigmoidoscopy every 5 years, a colonoscopy every 10 years, or a barium enema every 5 to 10 years, or any combination, or the most reliable, medically recognized screening test available</td>
<td>No guideline reference</td>
</tr>
<tr>
<td>Nevada</td>
<td>CRC Screening Law: State of Nevada</td>
<td>Refer to guidelines for recommended ages and family history</td>
<td>Screening tests as recommended by healthcare provider in accordance with the most recently published guidelines of NCS</td>
<td>National Cancer Institute</td>
</tr>
<tr>
<td>New Hampshire Health Department Recommendation</td>
<td>New Hampshire CRC Health Department Recommendation</td>
<td>Recommend residents over 50 be screened</td>
<td>NHCRCSP is working with healthcare systems, employers, healthcare plans, media and community organizations to implement proven evidence-based initiatives to impact colorectal cancer in NH</td>
<td>No guideline reference</td>
</tr>
</tbody>
</table>
## States that Mandate Colorectal Screening Coverage & States with Health Department Recommendation, if no State Law
**Updated February 19, 2021**

<table>
<thead>
<tr>
<th>State</th>
<th>State Link</th>
<th>Consumers Covered</th>
<th>Services Covered</th>
<th>Guidelines</th>
</tr>
</thead>
</table>
| New Jersey           | CRC Screening Law: State of New Jersey                         | Colorectal cancer examinations for covered persons who are 50 years of age or    | 1. Fecal occult blood test annually  
| (17B:26-2.1u)        |                                                                  | older, or for persons who are less than 50 years of age and at high risk for     | 2. Flexible sigmoidoscopy every 5 years  
|                      |                                                                  | colorectal cancer                                                                 | 3. Colonoscopy every 10 years  
|                      |                                                                  |                                                                                | 4. Double contrast Barium Enema  
<p>|                      |                                                                  |                                                                                | 5. Any additional medically recognized screening tests for colorectal cancer as required by the commissioner of health and social services |
| New Mexico           | CRC Screening Law: State of New Mexico                         | For anyone determined by health care provider                                    | In accordance with the evidence-based recommendations established by the U.S. Preventive Services Task Force |
| (59A 22.47)          |                                                                  |                                                                                | U.S. Preventive Task Force                                                      |
| New York Health      | New York CRC Health Department Recommendation                  | Individuals 50 and older, those less than 50 at risk for colon cancer            | Identifies the following screening tests: fecal occult blood test, Sigmoidoscopy, Colonoscopy |
| Department           |                                                                  |                                                                                | No guideline reference                                                         |
| New York Health      | NCS American Cancer Society                                    |                                                                                |                                                                                |
| Department Recommendation |                                                            |                                                                                |                                                                                |
| North Carolina       | CRC Screening Law: State of North Carolina                      | Colorectal cancer examinations for covered persons who are 50 years of age or    | Screening tests as recommended by healthcare provider in accordance with the most recently published guidelines of NCS |
| (§ 58-3-179)         |                                                                  | older, or for persons who are less than 50 years of age and at high risk for     | American Cancer Society                                                        |
|                      |                                                                  | colorectal cancer                                                                |                                                                                |
| North Dakota Health  | North Dakota CRC Health Department Recommendation              | ND Colorectal Cancer Rountable                                                   | Fact sheet with risks and screening recommendations                             |
| Department Recommendation |                                                        |                                                                                | American Cancer Society                                                        |
| Ohio                 | CRC Screening Law: State of Ohio                               | Colorectal cancer examinations for covered persons who are 50 years of age or    | American Cancer Society recommendations                                        |
| (HB 556)             |                                                                  | older, or for persons who are less than 50 years of age and at high risk for     | American Cancer Society                                                        |
|                      |                                                                  | colorectal cancer                                                                |                                                                                |
| Oklahoma             | CRC Screening Law: State of Oklahoma                            | Individuals defined by American Cancer Society as average and high risk           | Plans required to offer coverage for colorectal examinations and laboratory tests in accordance with accepted published medical practice guidelines |
| (§36-6060.8a)        |                                                                  |                                                                                | American Cancer Society                                                        |
| Oregon               | CRC Screening Law: State of Oregon                             | Individuals age 50 and over and high risk as recommended by a physician          | In accordance with American Cancer Society screening options                     |
| (ORS 742A.124)       |                                                                  |                                                                                | U.S. Preventive Task Force                                                      |
| Pennsylvania         | CRC Screening Law: State of Pennsylvania                       | Nonsymptomatic covered individuals who are fifty (50) years of age or older      | A colonoscopy or any combination of colorectal cancer screening tests in accordance with the American Cancer Society guidelines on screening for colorectal cancer published as of January 1, 2008 |
| (40 P.S. § 784)      |                                                                  |                                                                                | American Cancer Society                                                        |
| Rhode Island         | CRC Screening Law: State of Rhode Island                        | Refer to guidelines for recommended ages and family history                      | Screening tests as recommended by healthcare provider in accordance with the most recently published guidelines of NCS |
| (§27-18-58)          |                                                                  |                                                                                | American Cancer Society                                                        |
| South Carolina       | South Carolina CRC Health Department Recommendation            | Screening should start at age 50 and continue until age 75 for most men and      | American Cancer Society and U.S. Preventive Services Task Force recommendations  |
| Health Department    |                                                                  | women. Routine screening between ages 76-85 is not recommended                   | American Cancer Society/ U.S. Preventive Task Force                             |
| Recommendation       |                                                                  |                                                                                |                                                                                |</p>
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<tr>
<td>Tennessee*</td>
<td>CRC Screening Law: State of Tennessee</td>
<td>Refer to guidelines for recommended ages and family history. As of 2020, screening age reduced from 50 to 45.</td>
<td>Screening tests as recommended by healthcare provider in accordance with the most recently published guidelines of NCS</td>
<td>National Cancer Institute</td>
</tr>
<tr>
<td>Texas</td>
<td>CRC Screening Law: State of Texas</td>
<td>Refer to guidelines for recommended ages and family history</td>
<td>DNA Stool test and CT Colonography added to screening menu effective January 30, 2009</td>
<td>American Cancer Society</td>
</tr>
<tr>
<td>Utah</td>
<td>CRC Screening Law: State of Utah</td>
<td>Not stated</td>
<td>Screening Tests and Procedures: colonoscopy every 10 years, biopsy/polypectomy during colonoscopy, moderate sedation for colonoscopy, the use of propofol only if prior approval is obtained, and office visits related to the tests listed above. The program does not pay for CT Colonography, or virtual colonoscopy, as a primary screening test</td>
<td>American Cancer Society</td>
</tr>
<tr>
<td>Vermont</td>
<td>CRC Screening Law: State of Vermont</td>
<td>Persons 50 years or older or otherwise determined as high risk</td>
<td>Annual fecal occult blood testing with a flexible sigmoidoscopy every 5 years or a colonoscopy every 10 years</td>
<td>No guideline reference</td>
</tr>
<tr>
<td>Virginia</td>
<td>CRC Screening Law: State of Virginia</td>
<td>Refer to guidelines for recommended ages and family history</td>
<td>Fecal occult blood test, Flexible Sigmoideoscopy, Colonoscopy, in accordance with the most recent published recommendations established by the America College of Gastroenterologists, in consultation with the American Cancer Society</td>
<td>American Cancer Society</td>
</tr>
<tr>
<td>Washington</td>
<td>CRC Screening Law: State of Washington</td>
<td>Individuals at high risk under 50 years old or anyone over 50 years old</td>
<td>Examinations and laboratory tests consistent with the guidelines or recommendations of the U.S. Preventive Services Task Force or the Federal Centers for Disease Control and Prevention (CDC)</td>
<td>U.S. Preventive Task Force</td>
</tr>
<tr>
<td>West Virginia</td>
<td>CRC Screening Law: State of West Virginia</td>
<td>Persons age 50 and over; Symptomatic persons less than 50 years of age when reimbursement or indemnity for laboratory or X-ray services are covered under the policy</td>
<td>Annual fecal occult blood test, flexible sigmoidoscopy every 5 years, colonoscopy every 10 years and a double contrast barium enema every 5 years</td>
<td>No guideline reference</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>CRC Screening Law: State of Wisconsin</td>
<td>Colorectal cancer examinations for covered persons who are 50 years of age or older, or for persons who are less than 50 years of age and at high risk for colorectal cancer</td>
<td>Screening tests as recommended by healthcare provider in accordance with the most recently published guidelines of NCS</td>
<td>National Cancer Institute</td>
</tr>
<tr>
<td>Wyoming</td>
<td>CRC Screening Law: State of Wyoming</td>
<td>Nonsymptomatic individuals</td>
<td>Colorectal cancer examination and laboratory tests</td>
<td>No guideline reference</td>
</tr>
</tbody>
</table>

*The screening age for Kentucky, Indiana, and Tennessee has been lowered to 45.*