HEALTH PLAN POLICY

**Policy Title:** Genetic Testing for High Risk Colorectal Cancer  
**Policy Number:** MUM64  
**Revision:** New  
**Department:** Medical Management  
**Sub-Department:** Utilization Management  
**Applies to Product Lines:**  
- [x] Medicaid  
- [ ] Children’s Health Insurance Plan  
- [x] Health Insurance Exchange  
- [x] Medicare  
- [x] USFHP  
- [ ] Commercial Insured  
- [ ] Non Insured Business  
**Origination/Effective Date:** 10/09/2019  
**Reviewed Date(s):**  
**Revision Date(s):**

**SCOPE:**

This policy addresses genetic expression profiling (GEP) for patients with high risk for colorectal cancer (CRC).

**DEFINITIONS AND ACRONYMS:**

- Colorectal Cancer (CRC)
- Familial Adenomatous Polyposis (FAP)
- Genetic Expression Profiling (GEP)
- MYH Associated Polyposis (MAP)
- National Comprehensive Cancer Network (NCCN)

**POLICY:**

Medical necessity is established for selective conditions such as Lynch Syndrome, FAP and MAP.

**Rationale:**

Familial colorectal cancer may also occur with gastric and endometrial malignancies. Three percent (3%) of all colonic and endometrial malignancies fall into this hereditary group. There are specific genes identified for this subgroup. As such, multigenic panels are not indicated for evaluating this syndrome.

**REFERENCES:**

- National Cancer Institute – Revised Bethesda Guidelines – 2004
- Centers for Disease Control – EGAPP Working Group – 2009
- NCCN - 2018
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RELATED DOCUMENTS:
None

Nancy Horstmann
Chief Executive Officer Health Plans
10/8/19
Date

David Engleking, M.D.
Medical Director
10/15/19
Date

REVISION HISTORY:

<table>
<thead>
<tr>
<th>Revision</th>
<th>Date</th>
<th>Description of Change</th>
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<tr>
<td>New</td>
<td>10/09/2019</td>
<td>Initial release.</td>
<td>Executive Leadership</td>
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