

HEALTH PLAN POLICY	
Policy Title: Genetic Testing for High Risk Colorectal Cancer	Policy Number: MUM64 Revision: B
Department: Medical Management	Sub-Department: Utilization Management
Applies to Product Lines: <input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> USFHP <input type="checkbox"/> Children's Health Insurance Plan <input checked="" type="checkbox"/> Commercial Insured <input checked="" type="checkbox"/> Health Insurance Exchange <input type="checkbox"/> Non Insured Business <input checked="" type="checkbox"/> Medicare	
Origination/Effective Date: 10/09/2019	
Reviewed Date(s):	Revision Date(s): 10/05/2020, 10/11/2021

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

REVISION HISTORY:

Revision	Date	Description of Change	Committee
New	10/09/2019	Initial release.	Executive Leadership
A	10/05/2020	Yearly review. No change to policy content.	Executive Leadership
B	10/11/2021	Yearly review. No change to policy content.	Executive Leadership