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**Clinical Advisory Committee on Health and Emerging Technologies  
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**Screening CT Colonography (CTC) Coverage Recommendations**

**Background**

- CTC
  - Colorectal cancer is a leading cause of cancer morbidity and mortality in the United States, with almost 150,000 new cases and 50,000 deaths in 2009 (www.cancer.gov, accessed 21 May 2010).
  - The large majority of colorectal screening tests in the US are optical colonoscopy, where an endoscope is inserted in the rectum to directly visualize the interior of the colon and rectum.
  - CT colonography is an emerging technology that provides an alternative method for colorectal cancer screening, using CT technology to create a 3-dimensional radiographic image of the colon and rectum.
- The Clinical Advisory Committee on Health and Emerging Technology (CACHET) met on March 25, 2010, and reviewed DHCAA staff recommendations to approve coverage of Category I CPT Code 74263 (Computed Tomographic [CT] Colonography, Screening, Including Image Postprocessing).
  - CACHET voted not to approve the staff recommendation.
  - CACHET members approved a separate motion to create a committee workgroup to review the committee concerns and establish coverage guidelines for CT Colonography, to be reported back to the full committee at the August 5, 2010 meeting.
  - A phone conference was held on May 20, 2010 (participants: Jessica Bartell, Tim Bartholow, Lon Blaser, Mary Davis, Jonathan Jaffery) and the following issues were identified, recommendations determined, and suggestions for future directions made.

**Issues**

- The workgroup, noting that CTC technology is not widespread, discussed potential criteria that providers would need to be eligible to provide the CTC service. The workgroup felt that:
  - in the absence of a consensus regarding appropriate credentialing criteria it is beyond the scope of CACHET to determine appropriate criteria, and
  - it is beyond the operational capabilities of DHS to act as a de facto credentialing body.
- Even if appropriate credentialing criteria were to be defined, at the present there is limited state-wide availability.
- After reviewing the current literature, the workgroup determined that a lack of unbiased evidence is available. It was noted that this conclusion is consistent with the US Preventive

Task Force decision to not recommend widespread use of screening CTC given the current level of evidence.

- Despite this, the workgroup felt that to the extent that CTC technology is currently available in the state (most notably, Dane County), it should be made available to members with specific medical conditions, who would otherwise have limited opportunity for colorectal cancer screening.

### **Staff Recommendations**

The Department recommends:

- 1) Do not cover screening CTC for general population.
- 2) Cover only if the following prior authorization requirements are met:
  - Once every 5 years for patients 50 years of age or older who are unable, due to an accompanying medical condition, to undergo screening optical colonoscopy, or who have failed optical colonoscopy
  - Once every 5 years for patients younger than 50 years of age who are unable, due to an accompanying medical condition, to undergo screening optical colonoscopy, or have had a failed optical colonoscopy and are at increased risk for colorectal cancer or polyps due to **one** of the following:
    - Strong family history of colorectal cancer or polyps in a first-degree relative younger than 60; **OR**
    - Two or more first degree relatives of any age: **OR**
    - Known family history of colorectal cancer syndromes such as familial adenomatous polyposis [FAP] or hereditary nonpolyposis colon cancer [HNPCC];

Screening CT colonoscopy may be considered for **accompanying medical conditions**:

- When optical colonoscopy is incomplete due to inability to pass the colonoscope because of an obstructing rectal or colon lesion, stricture, scarring from previous surgery, tortuosity, redundancy, or severe diverticulitis: **OR**
  - When the patient is receiving chronic coagulation that cannot be interrupted; **OR**
  - When patient is unable to tolerate optical colonoscopy or associated sedation due to cardiac, pulmonary, or neuromuscular comorbidities.
- 3) The committee may choose to re-evaluate as service gains more widespread use (e.g., Medicare approval).
  - 4) Set the procedure cost ratio (CTC to optical colonoscopy without polypectomy) to ensure CTC screening remains at a minimum cost-neutral.

### **Future directions**

- DHS/DHCAA should consider the use of Coverage with Evidence Development (CED), potentially partnering with the state's research organizations and federal agencies, providing

provisional payment coverage of services if delivered in the context of clinical trials, with an emphasis on addressing the most pressing needs of the program.