

Medicare Decides CTC for Colorectal Cancer Screening

Remains Non-covered

On Tuesday, May 12, 2009, the Centers for Medicare and Medicaid Services (CMS) issued a final decision to deny Medicare beneficiary coverage for colorectal cancer screening with CTC. The full statement was issued in a [CMS Decision Memo](#) for the Screening Computed Tomography Colonography (CTC) for Colorectal Cancer (CAG-00396N).

The final CMS decision was attributed to the evidence being inadequate to conclude that CT colonography is an appropriate colorectal cancer (CRC)-screening test. An opportunity exists for the coverage decision to be re-opened through the rule making process; CMS encouraged the publication of additional clinical evidence for their consideration.

To elaborate on the decision summary and process, CMS offered the following commentary, "In deciding whether or not to add CT colonography to the list of covered CRC screening tests, CMS evaluated the test characteristics and performance of CT colonography and the impact on health outcomes for individuals aged 65 years and older. We have determined that there is insufficient evidence on the test characteristics and performance of screening CT colonography in Medicare aged individuals and that the evidence is not sufficient to conclude that screening CT colonography improves health benefits for asymptomatic, average risk Medicare beneficiaries. While it is a promising technology, many questions on the use of CT colonography need to be answered with well designed clinical studies that focus on health outcomes for the Medicare population."

Background: CMS issued a draft NCD for Screening CTC for Colorectal Cancer on February 11th, 2009 proposing the same non-coverage for this screening procedure alternative.

CMS Conclusions in Final Decision

In the NCD analysis, CMS assessed the value of CTC as screening test and found it to be: a relatively simple test, acceptable to the participants, an accurate image of the colon, best suited to detect large polyps (>10mm) and comparable to optical colonoscopy in this size range.

Yet, CMS had a concern about the generalizability of the clinical study results to the Medicare population.

It is important to note that today's decision still allows many private payers to continue to provide CTC as a screening procedure for their 50+ yr old population. In addition, 26 states mandate CTC insurance coverage based on the American Cancer Society screening guidelines. The Blue Cross Blue Shield Technology Evaluation Center (TEC) as a Health Technology Assessment organization, also found that CTC did meet their TEC criteria. These groups have all reviewed the same body of evidence and come to a different conclusion for CTC coverage.

Medical Society, Patient Advocate Group, and Clinician Role: GE worked closely with key professional societies and industry groups during the CMS decision-making process. GE submitted a comment letter March 13, 2009 to CMS on the proposed rule to encourage coverage of screening CTC for colorectal cancer for Medicare beneficiaries.

<http://www.gehealthcare.com/us/en/community/reimbursement/>>> GE Healthcare Medicare Comment Letters >> [#CAG 00396N](#)

With our CTC Working Group coalition partners, GE looks forward to continuing to advocate for CTC. GE recommends that more patients consult their physicians and obtain appropriate colon cancer screening to save lives from colorectal cancer. GE supports additional research studies and publications concerning the effectiveness of CTC for the 65+ Medicare population and the patient preference for this less invasive and clinically relevant CRC procedure.