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CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 3.2
TITLE: COLORECTAL CANCER

AUTHORITY: 38 CFR 17.270(a) and 17.272(a)(31)

RELATED AUTHORITY: 32 CFR 199.4(e)(3)(ii) and (g)(37)

I. EFFECTIVE DATE

October 6, 1997

II. PROCEDURE CODE(S)

A. **CPT Codes:** 45300, 45330, 45355, 45378-45387, and 82270-82274

B. HCPCS **Level II Codes:** G0104-G0107, **G0120-G0121**

III. POLICY

A. Physical examination. Digital rectal examination should be included in the periodic examination of individuals 40 years of age and older. This is an expected component of good clinical practice that is integrated into the appropriate office visit at no additional cost.

B. Fecal Occult Blood Testing (CPT 82270-82274, HCPCS level II code G0107). May be cost shared annually for those 50 years of age and over if at increased risk for colorectal cancer as defined by the U.S. Preventive Services Task Force.

C. Proctosigmoidoscopy or sigmoidoscopy. Once every 3 to 5 years beginning at age 50.

D. Colonoscopy. The following age ranges and frequencies are recommended for individuals at increased risk for colon cancer:

1. Hereditary non-polyposis colorectal cancer syndrome. Colonoscopy should be performed every 2 years beginning at age 25, or 5 years younger than the earliest age of diagnosis of colorectal cancer, whichever is earlier. Annual screening after age 40.

2. Familial risk of sporadic colorectal cancer. First-degree relatives with sporadic colorectal cancer or adenomas before the age of 60 or multiple first-degree relatives with colorectal cancer or adenomas. Colonoscopy should be performed every 3 to 5 years beginning 10 years earlier than the age of the youngest affected relative.

IV. POLICY CONSIDERATIONS

See [Chapter 2, Section 23.1](#), *Preventive Services*.

END OF POLICY