

Monitoring and Treatment



WTC Health Program

Policy and Procedures for Cancer Screening

John Howard, M.D., Administrator
World Trade Center Health Program

April 2, 2014

I. Authority

The *Policy and Procedures for Cancer Screening* is based on the James Zadroga 9/11 Health and Compensation Act of 2010 (“Act”),¹ the Patient Protection and Affordable Care Act,² and the World Trade Center (WTC) Health Program regulations.³

II. Cancer Screening and the U.S. Preventive Services Task Force Recommendations

A. Cancer Screening

Some types of cancer can be discovered before they cause symptoms. Checking for cancer (or for conditions that may lead to cancer) in people who have no symptoms is called screening.⁴ Screening can help health care providers discover and treat some types of cancer early in their clinical course. Generally, cancer treatment is more effective when the condition is found early. However, not all types of cancer have screening tests and some tests are only recommended for people with specific genetic risks or other risk factors.

¹ 42 U.S.C. § 300mm et seq.

² Pub. L. 111-148 (124 Stat.119).

³ 42 C.F.R. Part 88.

⁴ For detailed information about the issues involved in cancer screening, including the scientific basis for screening, see <http://www.cancer.gov/cancertopics/pdq/screening/overview/HealthProfessional/page1>.

B. Value of Early Detection

Research has shown that detection of certain types of cancer through regular use of certain specific screening tests can help reduce cancer mortality. For other types of cancer, screening tests are in use or being studied, but the test's ability to reduce cancer mortality has not been established.

C. U.S. Preventive Services Task Force

1. General

Established by Congress in 1984, the U.S. Preventive Services Task Force (USPSTF) is an independent group of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, or preventive medications.⁵ The USPSTF is hosted by the Agency for Healthcare Research and Quality (AHRQ) in the U.S. Department of Health and Human Services.⁶

2. USPSTF Recommendations

a. Each recommendation made by the USPSTF carries a grade. The USPSTF assigns one of five letter grades (A, B, C, D, or I) to its recommendation.⁷

(1) "Grade A" recommendation means that the "USPSTF recommends the service. There is high certainty that the net benefit is substantial. Suggestions for Practice: Offer or provide this service."

(2) "Grade B" recommendation means that the "USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial. Suggestions for Practice: Offer or provide this service."

(3) "Grade C" recommendation means that the "USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small. Suggestions for

⁵ General information about USPSTF can be found at <https://www.uspreventiveservicestaskforce.org/>.

⁶ General information about AHRQ can be found at <http://www.ahrq.gov/>.

⁷ The USPSTF changed its grade definitions based on a change in methods in May 2007 and in July 2012, when it updated the definition of and suggestions for practice for the grade C recommendation. Current definitions for each grade can be found at <http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm>.

Practice: Offer or provide this service for selected patients depending on individual circumstances.”

(4) “Grade D” recommendation means that the “USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits. Suggestions for Practice: Discourage the use of this service.”

(5) “I Statement” means that the “USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined. Suggestions for Practice: Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.”

b. In addition to graded recommendations for each cancer screening test, specific eligibility requirements based on age, gender, risk level, or other factors, are pre-requisites for particular cancer screening tests.

3. Use of Cancer Screening Tests and Recommendations of the USPSTF by the WTC Health Program

a. The WTC Health Program closely monitors the recommendations made by the USPSTF for cancer screening and accepts for coverage the cancer screening recommendations that are rated “Grade A” or “Grade B” by the USPSTF.⁸

Note: The WTC Health Program does not accept for coverage cancer screening recommendations that are rated “Grade C,” “Grade D” or “Grade I.”

b. The WTC Health Program also notes as instructive the requirement that certain health insurers provide for screening tests that have a rating of “Grade A” or “Grade B” by the USPSTF as minimum coverage under the Patient Protection and Affordable Care Act.⁹

⁸ Also, the WTC Health Program closely monitors the findings of National Coverage Determinations made by the Centers for Medicare and Medicaid Services (CMS) regarding cancer screening, but the Program does not consider the outcome of National Coverage Determinations to be determinative on the Program’s coverage of cancer screening tests. See <http://www.cms.gov/Medicare/Coverage/CoverageGenInfo/index.html>.

⁹ 42 U.S.C. § 300gg-13. Section 2713(a) provides that “[a] group health plan and a health insurance issuer offering group or individual health insurance coverage shall, at a minimum provide coverage for and shall not impose any cost sharing requirements for—(1) evidence-based items or services that have in effect a rating of ‘A’ or ‘B’ in the current recommendations of the United States Preventive Services Task Force.”

III. Eligibility for Cancer Screening Benefits in the WTC Health Program

The WTC Health Program offers cancer screening tests that have a rating of “Grade A” or “Grade B” by the USPSTF for all types of eligible WTC Health Program members who also meet age, gender, and risk level criteria associated with each particular cancer screening test as recommended by the USPSTF and/or the WTC Health Program.¹⁰

IV. Coverage of Screening Outcomes: Diagnosis and Treatment

A. Screening Outcomes

Screening tests for cancer can find abnormalities that may or may not suggest the presence of cancer. Additional diagnostic tests, including follow-up cancer screening tests, are often necessary in order to determine if the abnormalities detected by screening represent an established cancer, or early stages in a clinical pathway leading to cancer, or requires further evaluation of a finding that is clearly non-cancerous.

B. Health Conditions on the List of WTC-Related Health Conditions

1. If suspicious abnormalities are found by cancer screening tests approved for coverage by the WTC Health Program, the Program will provide coverage for the diagnostic workup of such abnormalities using clinical practice guidelines established by the National Comprehensive Cancer Network (NCCN).¹¹

2. If the abnormality is identified as a cancer on the List of WTC-Related Health Conditions and the Clinical Centers of Excellence (CCEs) or the Nationwide Provider Network (NPN) medical provider determines that exposure to airborne toxins, any other hazard, or any other adverse condition resulting from the September 11, 2001, terrorist attacks, is substantially likely to be a significant factor in aggravating, contributing to, or causing the member’s cancer, then the health care provider will request certification coverage of the condition. If the Administrator of the WTC Health Program certifies the member’s cancer as a WTC-related health condition, or as medically associated with a WTC-related health condition, then medically necessary treatment of the cancer will be covered by the WTC Health Program.

3. The WTC Health Program will also provide coverage for follow-up testing of precursor or pre-malignant conditions found by a cancer screening test approved for coverage by the WTC Health Program and related diagnostic testing according to the schedules recommended by the NCCN for each specific cancer.

April 2, 2014

¹⁰ WTC Health Program members enrolled because they are surviving immediate family of Fire Department of New York City personnel who died on September 11, 2001 are only entitled in the Act to receive mental health treatment benefits. Therefore, these members are not eligible for cancer screening benefits.

¹¹ The NCCN is an alliance of 19 of the world’s leading cancer centers and is an authoritative source of clinical practice guidelines in oncology. Information about the NCCN can be found at <http://www.nccn.org/default.aspx>.