Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:
This is an administrative policy to document reimbursement for colorectal screening services coverage (§ 27-20-44).

§ 27-20-44 Prostate and colorectal examinations - Coverage mandated. Subscribers to any nonprofit medical service plan shall be afforded coverage under the plan for prostate and colorectal examinations and laboratory tests for cancer for any nonsymptomatic person covered under the policy or contract, in accordance with the current American Cancer Society guidelines.

Medical Criteria:
Not applicable. This is a reimbursement policy documenting RIGL Mandate 27-20-44.

Policy:
Current American Cancer Society guidelines for Colon and rectal cancer
Beginning at age 50, both men and women at average risk for developing colorectal cancer should use one of the screening tests below:

Tests that find polyps and cancer:
- flexible sigmoidoscopy every 5 years
- colonoscopy every 10 years
- double contrast barium enema every 5 years
- CT colonography (virtual colonoscopy) every 5 years

Tests that generally find cancer:
- fecal occult blood test (FOBT) every year**
- fecal immunochemical test (FIT) every year**
- stool DNA test (sDNA), interval uncertain

**When FOBT or FIT is used as a screening test, the take-home multiple sample method should be used. A FOBT or FIT done during a digital rectal exam in the doctor's office is not adequate for screening.
Positive test results should be followed up with a colonoscopy.

Increased Risk Factors:
Members should discuss with their physician initiating earlier colorectal cancer screening and/or increased screening when the following colorectal cancer risk factors are present:

- a personal history of colorectal cancer or adenomatous polyps
- a personal history of chronic inflammatory bowel disease (Crohns disease or ulcerative colitis)
- a strong family history of colorectal cancer or polyps (cancer or polyps in a first-degree relative [parent, sibling, or child] younger than 60 or in 2 or more first-degree relatives of any age)
- a known family history of hereditary colorectal cancer syndromes such as familial adenomatous polyposis (FAP) or hereditary non-polyposis colon cancer (HNPCC)

Coverage:
Although Rhode Island mandated benefits generally do not apply to Plan 65, FEHBP, and BlueCHiP for Medicare, colorectal screening is covered for all BCBSRI members.

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement, or Benefit Booklet for applicable prevention and early detection services, diagnostic imaging, lab, and machine tests and surgical benefits/coverage.

Also Known As:
N/A

Related Policies:
Preventive Services for BlueCHiP for Medicare
Preventive Services for Commercial Members

Published:
Provider Update, April 2013
Provider Update, April 2012
Provider Update, March 2011
Provider Update, March 2010
Provider Update, April 2009
Provider Update, April 2008
Policy Update, June 2007

References:


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policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.