Payment Policy | Colorectal Screening Mandate



EFFECTIVE DATE: 07 | 01 | 2004

POLICY LAST UPDATED: 09 | 05 | 2017

This policy documents the Rhode Island State Mandate for Prostate and Colorectal examinations.

Note: For plans that have coverage for preventive services, please refer to the related policy for Preventive Services for Commercial regarding coverage and cost share for these services. The Preventive Services policy for Commercial members supersedes the State Mandate.

This policy is applicable to Commercial products as State Mandates do not apply to BlueCHiP for Medicare.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

Commercial Products

Colorectal examinations and laboratory tests for cancer are covered in accordance with Rhode Island General Law § 27-20-44 Prostate and colorectal examinations.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet or Subscriber Agreement for the applicable diagnostic imaging, laboratory, and surgical benefits/coverage.

BACKGROUND

According to Rhode Island General Law § 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."

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 mainly find cancer:

- · Guaiac-based fecal occult blood test (gFOBT) every year*, **
- · Fecal immunochemical test (FIT) every year*, **
- · Stool DNA test (sDNA), every 3 years*

Screening guidelines for those with increased or high risk of colorectal cancer may be accessed from the current American Cancer Society recommendations for colorectal cancer early detection.

* Colonoscopy should be done if test results are positive.

** Highly sensitive versions of these tests should be used with the take-home multiple sample method. A gFOBT or FIT done during a digital rectal exam in the doctor's office is not enough for screening.

CODING

Not applicable

RELATED POLICIES

Preventive Services for Commercial Members

PUBLISHED

Provider Update, April 2017 Provider Update, April 2016 Provider Update, May 2015 Provider Update, June 2014 Provider Update, April 2013 Provider Update, April 2012 Provider Update, March 2011 Provider Update, March 2010 Provider Update, April 2009

REFERENCES

- 1. Rhode Island General Law § 27-20-44 Prostate and colorectal examinations: http://webserver.rilin.state.ri.us/Statutes/title27/27-20/27-20-44.HTM
- 2. American Cancer Society Guidelines for the Early Detection of Colon and Rectal Cancer:

http://www.cancer.org/cancer/colonandrectumcancer/moreinformation/colonandrectumcancerearlydetection/colorectal-cancer-early-detection-acs-recommendations

3. Centers for Medicare & Medicaid Services/Overview/Colorectal Cancer Screening: http://www.medicare.gov/coverage/colorectal-cancer-screenings.html

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