

CRC Screening Coverage

The Affordable Care Act (ACA) requires private and Medicare insurers to cover colorectal cancer (CRC) screening tests as per the recommendations of the U.S. Preventive Services Task Force (USPSTF). A health plan that is "grandfathered" from before 2010, may not be required to provide coverage for a CRC screening test. Contact your insurance company and confirm whether your CRC screening will be covered, so there are no surprise bills.

Private Insurance

Private insurance companies will cover the CRC screening costs, but there may still be some service charges. Call your insurance company to clarify your benefits.

If any other form of screening is used and is abnormal, patients will require a "diagnostic" colonoscopy, which may be subject to copayments and deductibles.

Medicaid (for those with limited income and resources)

Each state is authorized to cover screening under Medicaid programs, but there is no guarantee that all states will cover CRC screenings in people without symptoms.

Coverage varies for the screening options and is dependent on the state.

Medicare

(for those over 65 years, those who receive Social Security Disability Insurance, or have end-stage renal disease)

An initial preventive physical examination is covered within the first year for all patients newly enrolled in Medicare.

What to expect to pay:

Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) - covered at no cost for those 50 or older; once every 12 months

Stool DNA test (Cologuard) - covered at no cost as long as you are not at an increased risk or have symptoms; every 3 years for ages 50-85

Flexible sigmoidoscopy - covered at no cost when done as a screening test; every 4 years

Colonoscopy - covered at no cost at any age

Double-contrast barium enema (upon doctor's determination) - 20% of the cost Medicare has approved for the services + hospital co-payment if done in an outpatient hospital or ambulatory surgical center