

§4254. Coverage for colorectal cancer screening

1. Colorectal cancer screening. For the purposes of this section, "colorectal cancer screening" means all colorectal cancer examinations and laboratory tests recommended by a health care provider in accordance with the most recently published colorectal cancer screening guidelines of a national cancer society.

[PL 2019, c. 86, §7 (AMD).]

2. Required coverage. All health maintenance organization individual and group health insurance policies, contracts and certificates must provide coverage for colorectal cancer screening for asymptomatic individuals who are:

A. At average risk for colorectal cancer according to the most recently published colorectal cancer screening guidelines of a national cancer society; or [PL 2019, c. 86, §8 (AMD).]

B. At high risk for colorectal cancer. [PL 2019, c. 86, §9 (AMD).]
[PL 2019, c. 86, §§8, 9 (AMD).]

3. Billing. If a colonoscopy is recommended by a health care provider as the colorectal cancer screening test in accordance with this section and a lesion is discovered and removed during that colonoscopy, the health care provider must bill the insurance company for a screening colonoscopy as the primary procedure.

[PL 2007, c. 516, §4 (NEW); PL 2007, c. 516, §5 (AFF).]

REVISOR'S NOTE: §4254. Coverage for medically necessary infant formula (As enacted by PL 2007, c. 595, §4 is REALLOCATED TO TITLE 24-A, SECTION 4256)

SECTION HISTORY

PL 2007, c. 516, §4 (NEW). PL 2007, c. 516, §5 (AFF). PL 2007, c. 595, §4 (NEW). PL 2007, c. 595, §5 (AFF). PL 2007, c. 695, Pt. C, §16 (RAL). PL 2019, c. 86, §§7-9 (AMD).

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