



DEPARTMENT:	Pricing & Payment	APPROVED DATE: 09/30/2018
POLICY DESCRIPTION:	Low Value Cancer Screening Tests	
EFFECTIVE DATE:	1/1/2019	
PAGE:	1 of 1	REPLACES POLICY DATED:
REFERENCE NUMBER:	P#35	RETIRED DATE:

SCOPE: Claims, Coding, Customer Service, Medical Management, Finance, Network Management

PURPOSE: To provide reimbursement guidelines for the billing of low value screening measures based on the guidelines developed by U.S. Preventive Services Task Force (USPSTF) for routine screening procedures that received a grade of D, meaning “not recommended”. These screenings are: cervical cancer screening for women age 65+, Colorectal cancer screening for adults 85+, and Prostate specific antigen (PSA) tests for prostate cancer in men age 75+.

POLICY: PreferredOne will not reimburse for cancer screenings that the USPSTF have given a grade of “D” not recommended specifically cervical cancer screening for women age 65+, Colorectal cancer screening for adults 85+, and Prostate specific antigen (PSA) tests for prostate cancer in men age 75+.

COVERAGE: Coverage is subject to the terms of an enrollee’s benefit plan. To the extent there is any inconsistency between this policy and the terms of an enrollee’s benefit plan, the terms of the enrollee’s benefit plan documents will always control. Enrollees in PreferredOne Community Health Plan (PCHP) and some non-ERISA group health plans that PreferredOne Administrative Services, Inc, (PAS) administers are eligible to receive all benefits mandate by the state of Minnesota. Please call customer service telephone number on the back of the enrollee’s insurance card with coverage inquiries.

PROCEDURE:

1. This policy applies to both facility UB04 and professional HCFA 1500 claims.
2. Any claim for a member who receives the following cancer screening and age/gender will not be reimbursed:
 - a. Cervical cancer screening for women age 65+
 - b. Colorectal cancer screening for adults 85+
 - c. Prostate specific antigen (PSA) tests for prostate cancer in men age 75+.

DEFINITIONS:

REFERENCES: Medical Management Document on Coverage Determination Guidelines MP/C009