

Procedural Services Paid and Not Paid with Funds from **GET:SCREENED, previously known as the North Dakota Colorectal Cancer Screening Initiative (NDCRCI)**

A. The following services may be covered for individuals enrolled in **GET:SCREENED:**

1. TAKE-HOME stool test (FIT/iFOBT) for individuals of average risk for colorectal cancer
 - a. Office visit where the take-home stool test was ordered
2. Home-delivered Mts-DNA Test (Cologuard®) for individuals of average risk for colorectal cancer
 - a. Office visit where the home-delivered stool test was ordered
3. Colonoscopy procedure for individuals who have a positive take-home stool test result and now need the second step of screening, or are considered at high risk for colorectal cancer as identified in GET:SCREENED Healthcare Provider Handbook
 - a. Office visit where the colonoscopy procedure was ordered
4. Pre-op office visit, if determined by the physician performing the colonoscopy procedure that this office visit is needed before the colonoscopy
 - a. Limited lab work with a pre-op office visit
5. Bowel prep
6. Analysis of any biopsies taken during the colonoscopy procedure
7. Surveillance colonoscopy procedure at an interval determined by the provider, as long as the patient remains eligible for GET:SCREENED

B. The following services will NOT be reimbursed with **GET:SCREENED funds:**

1. CT Colonography (or virtual colonoscopy)
2. Computed Tomography Scans (CTs or CAT scans) requested for staging or other purposes
3. Surgery or surgical staging
4. Any treatment related to the diagnosis of colorectal cancer
5. Any care or service for complications that result from screening, diagnostic or follow-up colonoscopies
6. Evaluation of symptoms of patients who present for colorectal screening but are found to have gastrointestinal symptoms
7. Diagnostic services for patients who had an initial positive screening test performed outside of the program.
8. Management of medical conditions, including Inflammatory Bowel Disease
9. Genetic testing for patients who present with a family or personal history suggestive of a hereditary disease with multiple colon polyps (HNPCC or FAP)
10. Any other tests, procedures or costs associated with colorectal cancer screening, follow-up or treatment not included in the “What’s Covered” document