



**Procedural Services Paid and Not Paid with Funds from the
North Dakota Colorectal Cancer Screening Initiative (NDCRCSI)**

- A. **The following services may be covered for individuals enrolled with the NDCRCSI:**
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 a diagnostic colonoscopy or are considered at increased or high risk for colorectal cancer as identified in the NDCRCSI policy and procedure manual
 - 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 prior to 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. Follow-up colonoscopy procedure of enrolled individuals in the NDCRCSI, if required prior to June 2021.
- B. **The following services will NOT be reimbursed with NDCRCSI funds:**
1. CT Colonography (or virtual colonoscopy)
 2. Computed Tomography Scans (CTs or CAT scans) requested staging or other purposes
 3. Surgery or surgical staging
 4. Any treatment related to the diagnosis of the 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