

**§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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