| PROVIDER NOTIFICATION OF POLICY CRITERIA CHANGE | | | | | |
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| **POLICY TITLE** | **POLICY NUMBER** | **CRITERIA CHANGE** | **MATERIAL AMENDEMENT** | **EFFECTIVE DATE** | **LINK TO FULL POLICY** |
| **Genetic Test: Fecal and Serologic Genetic Testing to Detect Colorectal Cancer, Screening** | 2003018 | Restricted coverage added for Cologuard Plus (0464U).<br><br>**Meets Primary Coverage Criteria Or Is Covered For Contracts Without Primary Coverage Criteria**<br><br>Cologuard Plus (0464U) meets member benefit certificate Primary Coverage Criteria that there be scientific evidence of effectiveness in improving health outcomes or for members with contracts without Primary Coverage Criteria is considered Medically Necessary and is covered as a screening technique for colorectal cancer in individuals at average risk of colorectal cancer who have not been screened by another colorectal cancer screening method within the last year.<br><br>**Does Not Meet Primary Coverage Criteria Or Is Not Covered For Contracts Without Primary Coverage Criteria**<br><br>Cologuard Plus (0464U) or use of any other DNA analysis of stool samples for any indication not addressed above or in another policy does not meet member benefit certificate Primary Coverage Criteria that there be scientific evidence of effectiveness in improving health outcomes.<br><br>For members with contracts without Primary Coverage Criteria, Cologuard Plus (0464U) or use of any other DNA analysis of stool samples for any indication not addressed above or in another policy is considered Not Medically Necessary or is investigational and is not covered. Not Medically Necessary or investigational services are specific contract exclusions in most member benefit certificates of coverage.<br><br>Other stool-based protein marker or molecular genetic testing as a technique for detecting colorectal cancer or as a screening technique for | No | 7/01/2026 | https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2003018 |

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| | | colorectal cancer does not meet member benefit certificate Primary Coverage Criteria that there be scientific evidence of effectiveness in improving health outcomes. This includes but is not limited to the following:<br><br>o RNA analysis of stool samples (e.g., Colosense 0421U)<br>o Combination testing of DNA with RNA analysis of stool samples<br><br>For members with contracts without Primary Coverage Criteria, other stool-based protein marker or molecular genetic testing as a technique for detecting colorectal cancer or as a screening technique for colorectal cancer is considered Not Medically Necessary or is investigational and is not covered. This includes but is not limited to the following:<br><br>o RNA analysis of stool samples (e.g., Colosense 0421U)<br>o Combination testing of DNA with RNA analysis of stool samples<br><br>Not Medically Necessary or investigational services are specific contract exclusions in most member benefit certificates of coverage…. | | | |