

## Barium Enema

Also known as	<div>1. Air-contrast barium enema</div> <div>2. Double contrast barium enema (DCBE)</div> <div>3. Single contrast barium enema (SCBE)</div>				
Description	<p>A barium enema is a special X-ray of the large intestine. Before X-rays are taken, a liquid called barium sulfate is placed in the rectum to highlight the colon and create a clearer image. The barium eventually passes out of the body with the stools. This test may use only barium as a contrast, and is referred to as a single-contrast barium enema. A double contrast barium enema (DCBE) uses air along with barium to improve the X-ray image. A patient must complete a bowel preparation prior to testing.</p> <p>A proctoscopy or flexible sigmoidoscopy may be done along with a barium enema. A barium enema may be used for colon cancer screening, or to help diagnose conditions (such as inflammatory bowel disease).</p>				
See also	<p>Similar, related, or easily confused documents.</p> <ul style="list-style-type: none"><li><a href="#">CT Colonography and MR Colonography</a> - CT scan to view the colon.</li><li><a href="#">Fecal Calprotectin Testing</a> - Calprotectin is a protein shed in excess during acute episodes of inflammatory bowel disease.</li><li><a href="#">Fecal Occult Blood Testing (FOBT) for Colorectal Cancer</a> - The individual puts a tiny stool sample on a special card and sends it to a lab. The lab uses chemicals to find blood that can’t be seen with the naked eye.</li><li><a href="#">Fecal or Stool DNA (sDNA) Testing for Colorectal Screening</a> - Tests DNA mutations in cells shed from cancerous or precancerous tissue into stool.</li></ul>				
Table of Contents	<p>The following topics are included in this document:</p> <ul style="list-style-type: none"><li><a href="#">Commercial</a></li><li><a href="#">Government Programs</a></li><li><a href="#">Individual and Family Business (IFB)</a></li></ul>				
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>6.13.24</td><td>Refreshed due to age.</td></tr></table>	Date	Description	6.13.24	Refreshed due to age.
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Commercial

Introduction	<p>This section applies to all Commercial brands: Dean Health Plan (DHP), Mayo Medical Plan (MMP), Medica (including MHPS), and Prevea360.</p>				
Benefits (all except MMP)	<p>Covered under X-ray/imaging benefits. When done in a facility, also quote facility benefits.</p> <ul style="list-style-type: none"><li>• Quote <a href="#">proctoscopy</a> or <a href="#">sigmoidoscopy</a>, if also performed.</li><li>• <b>Tip:</b> No matter the reason, this test never pays preventive.</li><li>• <b>Contrast:</b> A contrast material injection may be required. If billed, contrast is covered under X-ray/imaging benefits.</li></ul>				
Mayo Medical Plan (MMP)	<p>Coverage depends on the reason for the test.</p> <ul style="list-style-type: none"><li>• <b>Cancer screening:</b> When used along with a <a href="#">sigmoidoscopy</a>, covered under preventive benefits.<ul style="list-style-type: none"><li>– <b>Limit:</b> Member must be 50 or older for preventive benefits to apply. If the member is under 50, quote diagnostic benefits.</li></ul></li><li>• <b>Diagnostic:</b> When used to diagnose a condition (such as Crohn’s or inflammatory bowel disease), covered under X-ray/imaging benefits. When done in a facility, also quote facility benefits.<ul style="list-style-type: none"><li>– Quote <a href="#">proctoscopy</a> or <a href="#">sigmoidoscopy</a>, if also performed.</li></ul></li><li>• <b>Contrast:</b> A contrast material injection may be required. If billed, contrast is covered under X-ray/imaging benefits.<ul style="list-style-type: none"><li>– If done for cancer screening, covered under preventive benefits.</li></ul></li><li>• <b>Bowel prep:</b> Test may require a bowel prep agent (these can range from simple laxatives to mixed electrolyte solutions). Refer the member to their Pharmacy Benefit Manager (PBM).</li></ul>				
Bowel prep agent	<p>Test may require a bowel prep agent (these can range from simple laxatives to mixed electrolyte solutions).</p> <ul style="list-style-type: none"><li>• Covered under prescription benefits.</li><li>• Verify drug status before quoting benefits.</li><li>• <b>Tip:</b> Always covered as a prescription, even for routine screenings.</li></ul>				
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p><a href="#">Medicaid only groups</a>:</p> <ul style="list-style-type: none"><li>• See <a href="#">Medicaid</a> below.</li></ul> <p><a href="#">Medicare eligible groups</a>: Coverage depends on the reason for the test.</p> <ul style="list-style-type: none"><li>• <b>Cancer screening</b>: Covered under cancer screening benefits.<ul style="list-style-type: none"><li>– <b>Medicare limit</b>: When used instead of a <a href="#">colonoscopy or sigmoidoscopy</a>, covered once every 48 months if 50 or over and covered once every 24 months if high risk for colorectal cancer.</li></ul></li><li>• <b>Diagnostic</b>: When used to diagnose a condition (such as Crohn’s or inflammatory bowel disease), covered under X-ray/imaging benefits.<ul style="list-style-type: none"><li>– Quote <a href="#">proctoscopy</a> or <a href="#">sigmoidoscopy</a>, if also performed.</li></ul></li><li>• <b>Contrast</b>: A contrast material injection may be required. If billed, contrast is covered under X-ray/imaging benefits.<ul style="list-style-type: none"><li>– If done for cancer screening, covered under cancer screening benefits.</li></ul></li><li>• <b>Bowel prep</b>: Test may require a bowel prep agent (these can range from simple laxatives to mixed electrolyte solutions).<ul style="list-style-type: none"><li>– Covered under prescription benefits.</li><li>– Verify drug status before quoting benefits.</li><li>– <b>Tip</b>: Always covered as a prescription, even for routine screenings.</li></ul></li><li>• Medicare is the primary payer.</li><li>• Follows Medicare guidelines.</li><li>• If no Medicare eligibility, Medicaid applies. Refer to <a href="#">Medicaid</a> below.</li></ul>
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Coverage depends on the reason for the test.</p> <ul style="list-style-type: none"><li>• <b>Cancer screening</b>: Covered under cancer screening benefits.<ul style="list-style-type: none"><li>– <b>Medicare limit</b>: When used instead of a <a href="#">colonoscopy or sigmoidoscopy</a>, covered once every 48 months if 50 or over and covered once every 24 months if high risk for colorectal cancer.</li></ul></li><li>• <b>Diagnostic</b>: When used to diagnose a condition (such as Crohn’s or inflammatory bowel disease), covered under X-ray/imaging benefits.<ul style="list-style-type: none"><li>– Quote <a href="#">proctoscopy</a> or <a href="#">sigmoidoscopy</a>, if also performed.</li></ul></li><li>• <b>Contrast</b>: A contrast material injection may be required. If billed, contrast is covered under X-ray/imaging benefits.<ul style="list-style-type: none"><li>– If done for cancer screening, covered under cancer screening benefits.</li></ul></li><li>• <b>Bowel prep</b>: Test may require a bowel prep agent (these can range from simple laxatives to mixed electrolyte solutions).<ul style="list-style-type: none"><li>– Covered under prescription benefits.</li><li>– Verify drug status before quoting benefits.</li><li>– <b>Tip</b>: Always covered as a prescription, even for routine screenings.</li></ul></li><li>• Medica is the only payer.</li></ul>
Cost (Prime)	<p>Coverage depends on the reason for the test.</p> <ul style="list-style-type: none"><li>• <b>Cancer screening</b>: Covered under cancer screening benefits.<ul style="list-style-type: none"><li>– <b>Medicare limit</b>: When used instead of a <a href="#">colonoscopy or sigmoidoscopy</a>, covered once every 48 months if 50 or over and covered once every 24 months if high risk for colorectal cancer.</li></ul></li><li>• <b>Diagnostic</b>: When used to diagnose a condition (such as Crohn’s or inflammatory bowel disease), covered under outpatient diagnostic tests and therapeutic services and supplies. Refer to EOC for coverage details.<ul style="list-style-type: none"><li>– Quote <a href="#">proctoscopy</a> or <a href="#">sigmoidoscopy</a>, if also performed.</li></ul></li><li>• <b>Bowel prep</b>: Test may require a bowel prep agent (these can range from simple laxatives to mixed electrolyte solutions).<ul style="list-style-type: none"><li>– Covered under prescription benefits.</li><li>– Verify drug status before quoting benefits.</li><li>– <b>Tip</b>: Always covered as a prescription, even for routine screenings.</li></ul></li><li>• Follows Medicare guidelines.</li><li>• Provider must bill per <a href="#">Medicare Product Grid</a>.</li><li>• <b>Reminder</b>: Members can use non-Medica Service Area providers. Refer to <a href="#">Out-of-MSA Benefits</a>.</li></ul>

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Med Advantage	<p>Coverage depends on the reason for the test.</p> <ul style="list-style-type: none"><li>• <b>Cancer screening:</b> Covered under cancer screening benefits.<ul style="list-style-type: none"><li>– <b>Medicare limit:</b> When used instead of a <a href="#">colonoscopy or sigmoidoscopy</a>, covered once every 48 months if 50 or over and covered once every 24 months if high risk for colorectal cancer.</li></ul></li><li>• <b>Diagnostic:</b> When used to diagnose a condition (such as Crohn’s or inflammatory bowel disease), covered under outpatient diagnostic tests and therapeutic services and supplies. Refer to EOC for coverage details.<ul style="list-style-type: none"><li>– Quote <a href="#">proctoscopy</a> or <a href="#">sigmoidoscopy</a>, if also performed.</li></ul></li><li>• <b>Bowel prep:</b> Test may require a bowel prep agent (these can range from simple laxatives to mixed electrolyte solutions).<ul style="list-style-type: none"><li>– Covered under prescription benefits.</li><li>– Verify drug status before quoting benefits.</li><li>– <b>Tip:</b> Always covered as a prescription, even for routine screenings.</li></ul></li><li>• Follows Medicare guidelines.</li><li>• Provider must bill per <a href="#">Medicare Product Grid</a>.</li><li>• Medica is the only payer.</li></ul>				
Med Supp (Select, Signature)	<p>Coverage depends on the reason for the test.</p> <ul style="list-style-type: none"><li>• <b>Cancer screening:</b> Covered under cancer screening benefits.<ul style="list-style-type: none"><li>– <b>Medicare limit:</b> When used instead of a <a href="#">colonoscopy or sigmoidoscopy</a>, covered once every 48 months if 50 or over and covered once every 24 months if high risk for colorectal cancer.</li></ul></li><li>• <b>Diagnostic:</b> When used to diagnose a condition (such as Crohn’s or inflammatory bowel disease), covered under X-ray/imaging benefits.<ul style="list-style-type: none"><li>– Quote <a href="#">proctoscopy</a> or <a href="#">sigmoidoscopy</a>, if also performed.</li></ul></li><li>• <b>Contrast:</b> A contrast material injection may be required. If billed, contrast is covered under X-ray/imaging benefits.<ul style="list-style-type: none"><li>– If done for cancer screening, covered under cancer screening benefits.</li></ul></li><li>• <b>Bowel prep:</b> Test may require a bowel prep agent (these can range from simple laxatives to mixed electrolyte solutions).<ul style="list-style-type: none"><li>– Covered under prescription benefits.</li><li>– Verify drug status before quoting benefits.</li><li>– <b>Tip:</b> Always covered as a prescription, even for routine screenings.</li></ul></li><li>• Medicare supplement. Medicare is the primary payer.</li><li>• Follows Medicare guidelines.</li></ul>				
Medicaid	<p>Covered under X-ray/imaging benefits. When done in a facility, also quote facility benefits.</p> <ul style="list-style-type: none"><li>• Quote <a href="#">proctoscopy</a> or <a href="#">sigmoidoscopy</a>, if also performed.</li><li>• <b>Tip:</b> No matter the reason, this test never pays preventive.</li><li>• <b>Contrast:</b> A contrast material injection may be required. If billed, contrast is covered under X-ray/imaging benefits.</li><li>• <b>Bowel prep:</b> Test may require a bowel prep agent (these can range from simple laxatives to mixed electrolyte solutions).<ul style="list-style-type: none"><li>– Covered under prescription benefits.</li><li>– Verify drug status before quoting benefits.</li><li>– <b>Tip:</b> Always covered as a prescription, even for routine screenings.</li></ul></li></ul>				
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## Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) brands: Dean Health Plan (DHP), Medica, Medica (formerly WellFirst), and Prevea360.</p>				
Benefits	<p>Covered under X-ray/imaging benefits. When done in a facility, also quote facility benefits.</p> <ul style="list-style-type: none"><li>• Quote <a href="#">proctoscopy</a> or <a href="#">sigmoidoscopy</a>, if also performed.</li><li>• <b>Tip:</b> No matter the reason, this test never pays preventive.</li><li>• <b>Contrast:</b> A contrast material injection may be required. If billed, contrast is covered under X-ray/imaging benefits.</li></ul>				
Bowel prep agent	<p>Test may require a bowel prep agent (these can range from simple laxatives to mixed electrolyte solutions).</p> <ul style="list-style-type: none"><li>• Covered under prescription benefits.</li><li>• Verify drug status before quoting benefits.</li><li>• <b>Tip:</b> Always covered as a prescription, even for routine screenings.</li></ul>				
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