Update: Colorectal Cancer Screening

The Screening for Life (SFL) program now requires that a patient receive a face-to-face clinical evaluation prior to receiving a colonoscopy or a sigmoidoscopy. The face-to-face evaluation can occur with the primary care provider or with the specialist performing the procedure.

All providers performing a colonoscopy, sigmoidoscopy, or double contract barium enema must report any medical complications that a patient experiences during, or within 30 days after, the procedure. Complications that result in an emergency room visit, hospitalization, or death must be reported within 10 business days to the SFL program.

Colorectal cancer screening guidelines for men and women 50 and older who are at average risk for colorectal cancer:

- High-sensitivity guaiac fecal occult blood test (G-FOBT) annually
- High-sensitivity fecal immunochemical tests (FIT) annually
- Sigmoidoscopy every five years, with FOBT or FIT every three years
- Colonoscopy every 10 years

*Persons who are at increased or high risk for colorectal cancer should talk to their healthcare provider about the appropriate screening tests and screening intervals.

Educational Opportunity Available

Continuing education related to cancer screening and cancer care is important for healthcare professionals. Below is a current educational opportunity that is offered:

Screening for Colorectal Cancer: Optimizing Quality (CME), organized by the Centers for Disease Control and Prevention (CDC), offers continuing medical education credits. Access this educational opportunity at http://www.cdc.gov/cancer/
Screening for Life (SFL) case managers receive daily calls from registration departments at various providers regarding a SFL client presenting with a physician prescription for diagnostic testing, presumably as a follow-up to an abnormal screening. The case manager looks in the program’s data system to see if the client is eligible for that diagnostic testing based on SFL guidelines. Frequently, there is no information available for the case manager to determine whether the client is eligible for the diagnostic testing. This can cause an unnecessary delay in the client receiving necessary services.

To provide optimal case management services and assist the client in obtaining diagnostic follow-up as soon as possible, the SFL program requests the provider office where the abnormal screening was received inform the SFL case manager of the results and the plan for follow-up diagnostic testing. The SFL case manager will assist the client to overcome any barriers to having this testing done. All activity will be noted in the program’s data system and will eliminate any delay in providing the client with the diagnostic testing.

Providers are reminded that per the SFL Provider Agreement, providers are to provide the program with completed screening and/or diagnostic forms within 60 days of the service.


Case notes are an essential part of the enrollment process. Anytime a conversation takes place with a client, the details of that conversation should be entered into the program database. It is important to include client calls, provider calls, and client activity conducted by the Screening for Life (SFL) staff.

Case notes allow all system users to remain updated regarding the client and services provided. Case notes maintain a history log of client activities. The SFL staff encourages objective writing. No subjective writing (personal opinion, emotions, or judgement) should be entered into the case notes.

SFL Billing Reminder

HPV Billing

Screening for Life (SFL) requires a copy of a healthcare provider’s signed order for all HPV testing. This document should be included with your claim at time of submission for reimbursement. If the signed order is not received, SFL will deny payment for the HPV portion of the claim.

SFL patients are not to be billed for this service if the program denies the claim due to not receiving the signed healthcare provider order.