Costs and Insurance Coverage for Cancer Screening

- Are insurance companies required to pay for cancer screening tests?
- What will my insurance cover?
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- Questions to ask about costs and insurance coverage for cancer screenings

Screening tests are used to find cancer in people who have no symptoms. Screening increases the chances of finding certain cancers early, when they are small, have not spread, and might be easier to treat.

The screening tests you need and when you need to get them might be different from other people because of your age, sex at birth, and certain risk factors you may have.

When you’re ready to get screened for cancer, it’s important to understand what your medical insurance will pay for and if you will be responsible for any out-of-pocket costs. And, if you have limited or no insurance, it’s important to understand how to find financial assistance if you need it. Coverage for cancer screening is determined by certain federal and state laws, as well as the policies set by your insurance provider.

Are insurance companies required to pay for cancer screening tests?

The Affordable Care Act (ACA) requires both private insurers and Medicare to cover the costs of certain cancer screening tests. But, if a health plan was already in place before the ACA was passed (such as in grandfathered plans), it might not offer the same coverage. You can find out the date your insurance plan started and if your recommended screening tests are covered by contacting your health insurance.
Many states also have laws to make sure private insurance companies, Medicaid, and other employee health plans pay for regular screening tests.

**Even if plans do cover cancer screening tests, it’s important to know that they might not cover the screening tests according to the recommended schedule in the **American Cancer Society’s guidelines**.

**What will my insurance cover?**

Insurance coverage for cancer screening tests depends on the type of insurance you have. It is best to call your health insurance provider to know exactly what will be covered and what your out-of-pocket costs for screening tests might be.

**Self-insured plans**

Self-insured (or self-funded) plans pay employee health care costs from their own funds, even though they usually contract with another company to track and pay claims. You can find out if your health plan is self-insured by contacting your insurance provider or reading your Summary of Plan Benefits.

These plans are governed by the Affordable Care Act (ACA), so most are required to cover certain cancer screening tests.

People who have self-insured health insurance should check with their health plans to see what cancer screening services are offered. In most cases, there should be no out-of-pocket costs for the screening tests themselves (such as co-pays or deductibles). But it is best to check with your insurance to know exactly what your costs might be for the screening tests along with costs for any doctor visits or follow-up exams that might be needed.

**Before you get a screening test, ask your insurance company how much (if anything) you should expect to pay. Find out if this amount could change based on what’s found during the test. This can help you avoid surprise costs.**

**Medicare**

**Medicare** usually covers most of the following cancer screening tests in full, but sometimes it might require a co-pay or a cost related to a doctor’s visit.
• Tests used for cervical cancer screening
• Most tests used for colorectal cancer screening
• Breast cancer screening tests
• Lung cancer screening test, if you meet the requirements
• Prostate cancer screening tests

Costs will be different for each person depending on your Medicare health plan and if you see a doctor who accepts Medicare.

**If you have questions about your costs, including deductibles or co-pays, it’s best to speak with your insurance provider.**

For more information about Medicare coverage for specific screening tests, visit [Medicare Coverage for Cancer Prevention and Early Detection](https://www.medicare.gov/

**Medicaid**

Medicaid coverage for cancer screening tests vary by state. It is best to check with your [state Medicaid office](https://www.medicaid.gov) to learn more about what services are provided for cancer screening tests, especially for people who have no symptoms.

**What if I don't have medical insurance?**

If you don’t have health insurance and you need to get a screening test, check with your local health department to find out about any programs that might be available to you. You can find your local county or state health department by using the [US Centers for Disease Control and Prevention (CDC) Health Department Directories](https://www.cdc.gov) or by calling 800-CDC-INFO (800-232-4636).

You can also check to see if you qualify for the recently signed [American Rescue Plan (ARP) Act](https://www.americanrescplanact.gov). This law provides help for many of the financial problems caused by the COVID-19 pandemic. One part of the law focuses on lowering insurance premiums and improving access to affordable health care coverage.

The law can provide financial support to help with the costs of health care coverage for many people living in the U.S. For example,

• People who do not currently have insurance can sign up for lower cost plans through [health insurance marketplaces](https://www.healthcare.gov). Keep in mind there may be deadlines for signing up.
Those who currently have insurance through the marketplace may see their premiums go down. They can also change their plans under certain conditions.

This law can also help people who lost their jobs to help cover premium costs if they chose to keep their employer-sponsored health care plans (COBRA). It provides help to cover 100% of COBRA premium costs. Keep in mind the coverage may only be for a certain period of time.

You can visit U.S. government sites to read more about the American Rescue Plan Act (whitehouse.gov) or to learn how to enroll in a Marketplace plan (healthcare.gov).

For general information on health insurance, visit Understanding Health Insurance. You can also call our helpline at 1-800-227-2345.

National Breast and Cervical Cancer Early Detection Program

All states are making cervical and breast cancer screening more available to women through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). This program provides breast and cervical cancer screening to people without health insurance for free or at very little cost. The NBCCEDP attempts to reach as many people in underserved communities as possible, including those who are older, without health insurance, and who are members of racial and ethnic minorities.

Though the program is run by each state, the Centers for Disease Control and Prevention (CDC) provides support to each state program.

Each state’s Department of Health has information on how to contact the nearest program participant. For more information on this program, you can also contact the CDC at 1-800-CDC-INFO (1-800-232-4636) or on the web at www.cdc.gov/cancer/nbccedp.

If cancer is detected during screening in this program, most states can now extend Medicaid benefits to cover the costs of treatment.

To learn more about this program, see National Breast and Cervical Cancer Early Detection Program.

Questions to ask about costs and insurance coverage for cancer screenings
Out-of-pocket costs are those you have to pay because your health insurance pays only a portion of your medical expenses. You’ll want to find out if you can expect any out-of-pocket costs for your screening tests.

Here are some questions you can ask your health insurance company to find out if they pay or reimburse you for most of your medical expenses.

- Are cancer screening tests covered in full? If not, what will my out-of-pocket costs be?
- Will my out-of-pocket costs change if I need follow-up visits or more tests after the screening?
- Are there any preferred doctors, hospitals, or testing facilities I should use for my screening tests?
- If I use any out-of-network doctors, hospitals, or testing facilities, what will my expected costs be?
- Do I need to get insurance approval (pre-approval or pre-certification) for any screening tests?

References


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