



## MEDICARE BENEFICIARY COST SHARING FOR SCREENING COLONOSCOPY

**COLORECTAL CANCER SCREENING COVERAGE AND COST SHARING HISTORY** – The primary means by which to prevent colorectal cancer is a screening colonoscopy. In 1998, Medicare began covering screening colonoscopy for high-risk individuals and expanded coverage to average-risk individuals in 2001.

- The Deficit Reduction Act (DRA) of 2005 (Section 5113) waived the beneficiary deductible for colorectal cancer screening in an effort to boost screening rates among the Medicare population. While the DRA waived the Medicare beneficiary deductible for a screening colonoscopy, if during the procedure a potentially precancerous polyp or other tissue was removed, the service was reclassified as therapeutic and Medicare beneficiary was responsible for paying the full deductible.
- Section 4104 of the Patient Protection and Affordable Care Act (ACA) addressed the shortcomings of the DRA language by waiving, effective Jan. 1, 2011, the Medicare beneficiary deductible for colorectal cancer screenings that become therapeutic during the encounter.
- Section 4104 of the ACA also waives the beneficiary coinsurance for colorectal cancer screenings, which includes colonoscopy, sigmoidoscopy, and fecal occult blood testing. However, Medicare beneficiaries must still pay coinsurance when their screening colonoscopy also involves the removal of a polyp or other tissue.

**CORRECTIVE ACTION NEEDED TO WAIVE BENEFICIARY COINSURANCE** –Legislation is needed to correct the oversight in current law that holds Medicare beneficiaries responsible for paying coinsurance when a screening colonoscopy also involves the removal of precancerous polyps or other tissue. **H.R 4120**, the “**Removing Barriers to Colorectal Cancer Screening Act**,” has been introduced in the House by Rep. Charlie Dent and would correct this oversight. Introduction of similar legislation in the Senate is needed. ASGE strongly supports this legislation.

The inconsistency in Medicare beneficiary cost sharing policy for colorectal cancer screening colonoscopy requires correction as soon as possible. The current policy is confusing to Medicare patients and because cost to the Medicare beneficiary is considerable (approximately \$100-\$300, depending on site of service), it could serve as a deterrent to screening. The Congressional Budget Office estimated in Fall 2010 that the cost to correct this oversight would be \$200 million over 10 years.

### **Medicare Beneficiary Cost-Sharing & Screening Colonoscopy**

<b>Colonoscopy</b>	<b>Effective January 2011</b>
Screening:	
Coinsurance	Waived
Deductible	Waived
Screening that Becomes Therapeutic:	
Coinsurance	Applies (20% of the Medicare-approved amount with no Part B deductible. If the test is done in a hospital outpatient department or an ambulatory surgical center, 25% of the Medicare-approved amount.)
Deductible	Waived

**WHY SCREENING COLONOSCOPY IS UNIQUE** – Screening colonoscopy is a cost effective test for prevention of colorectal cancer. Colorectal cancer screening by colonoscopy allows for the removal of precancerous polyps during the procedure, thereby making it a unique preventive service. Not only can cancer actually be prevented, but also small cancers confined to the site in which they started can be removed during the procedure. Because a colorectal cancer screening that turns therapeutic is a preventive service and because it has an “A” rating from the U.S. Preventive Services Task Force, Medicare beneficiary coinsurance should be waived.