

COLONOSCOPY: A LIFE-SAVING PROCEDURE

Medicare Cost Breakdown

Colorectal cancer diagnoses in the U.S. have dropped 30 percent in just the last decade for those aged 50 years and older. Much of this success is attributable to more people getting colonoscopy, a screening test that also prevents cancer by detecting and removing precancerous polyps. While impressive progress has been made in the area of colorectal cancer screening, much still remains to be done. Of the more than 50,000 people who died of colorectal cancer in 2013, screening could have saved more

than half of them. The cost of treating advanced colorectal cancer is considerable: over \$250,000 per person.¹

Medicare reimbursement rates for colonoscopy should accurately reflect its value. Medicare currently pays gastroenterologists \$220, on average, for a colonoscopy, and is even considering further cuts. Adjusted for inflation, the current level of reimbursement has already decreased 49 percent since 1992.

Appropriate reimbursement will continue to ensure patient access to this life-saving procedure.

WHAT THE PHYSICIAN DOES:

- **Before:** Reviews patient's symptoms history, medications, x-rays and lab studies. Performs pre-anesthetic exam. Explains risks and benefits.
- **During:** Inserts colonoscope, advances it to cecum and systematically withdraws to allow complete examination. Removes abnormal tissue; sends to pathologist for evaluation. Identifies and removes polyps, including potentially precancerous growths. Photo documents landmarks and abnormalities.
- **After:** Assesses patient's condition and vital signs. Generates report for referring physician. Assesses patient for discharge. Reviews findings and recommendations. Coordinates patient prescriptions, follow-up tests and appointments.

Indirect costs cannot be directly attributed to the provision of a service, including waiting room and billing services.

¹ Chastec B et al. Impact of Metastatic Colorectal Cancer Stage and Number of Treatment Courses on Patient Health Care Costs and Utilization. *Postgrad Med* 2013;125(2):73-82.

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