



American Society for  
Gastrointestinal Endoscopy

## AMERICAN SOCIETY FOR GASTROINTESTINAL ENDOSCOPY

**Of cancers that affect both men and women, colorectal cancer is the second leading cancer killer in the United States, but it doesn't have to be. Colorectal cancer can be prevented through well-established screening techniques. Removing barriers to screening saves lives and health care costs.**

### REMOVE BARRIERS TO COLORECTAL CANCER SCREENING

**ISSUE OVERVIEW:** Passage of the Patient Protection and Affordable Care Act (ACA) marked a major milestone in the fight against colorectal cancer. The law waives the coinsurance and deductible for most colorectal cancer screening tests, including colonoscopy, sigmoidoscopy and fecal occult blood testing. However, due to the unique nature of colonoscopy, many patients wind up paying out of pocket, creating a screening deterrent.

Colonoscopy is a unique screening tool, allowing for the detection of colorectal cancer at an early stage and for the removal of precancerous polyps and small cancers during the screening procedure. Under Medicare coding rules, removal of any polyp to prevent colorectal cancer reclassifies the screening as a therapeutic procedure for which patients must pay an unexpected coinsurance.

Current policy is unfair and confusing to Medicare patients. The Centers of Disease Control and Prevention reports that about one-quarter of adults aged 50 or older — the age group at greatest risk of developing colorectal cancer — have not been screened as recommended. Cost to Medicare beneficiaries of polyp removal during a screening is considerable and serves as a screening deterrent. Current law disproportionately affects lower income beneficiaries because they are most likely to lack supplemental insurance coverage to defray the expense of these unexpected out-of-pocket costs. This population also has the lowest colorectal cancer screening rates.

Recognizing that polyp removal is integral to colorectal cancer screening colonoscopy, the Department of Health and Human Services clarified on February 20, 2013 that under the ACA, a private health plan or issuer cannot impose cost sharing when a polyp is removed during a colonoscopy that is performed as a screening. Beneficiaries should not be disproportionately disadvantaged by Medicare's current cost-sharing policy; a policy change is needed.

#### LEGISLATIVE ASK:

CMS has made clear that legislative action is necessary to waive the beneficiary coinsurance for colorectal cancer screenings that become therapeutic during the same clinical encounter. Congress needs to correct this "cost sharing" problem for Medicare patients. The "Removing Barriers to Colorectal Cancer Screening Act" (S. 668 and H.R. 1570) would correct this cost sharing problem for Medicare patients by waiving the coinsurance for a screening colonoscopy regardless of the outcome.

**Support passage in the 116th Congress of the "Removing Barriers to Colorectal Cancer Screening Act."**