

Colonoscopy Cost Sharing Eliminated for Privately Insured Patients Societies Advocate Same Change for Patients with Medicare

Feb. 25, 2013 – The federal government has issued an important clarification on preventive screening benefits under the Affordable Care Act. Patients with private insurance will no longer be liable for cost sharing when a pre-cancerous colon polyp is removed during screening colonoscopy. This ensures colorectal cancer screening is available to privately insured patients at no additional cost, as intended by the new healthcare law. Patients with Medicare coverage must still pay a coinsurance when a polyp is removed as a result of the screening colonoscopy.

Colonoscopy is a unique screening test because physicians are able to remove precancerous polyps and small cancers during the screening procedure. In many instances, removal of a polyp could result in the screening tests being categorized as a therapeutic procedure for which patients must pay coinsurance. This meant a patient could see their doctor for a screening colonoscopy assuming that it would be at no additional cost, only to receive a bill for the coinsurance after the doctor finds and removes a suspicious polyp. Cost sharing can create financial barriers that discourage the use of recommended preventive services.

Unfortunately, the cost-sharing issue remains a problem for patients with Medicare coverage. During National Colorectal Cancer Awareness Month we will continue to advocate for adoption of legislation that would waive the coinsurance for Medicare beneficiaries when a screening colonoscopy becomes therapeutic.

In May 2012, the American Cancer Society Cancer Action Network (ACS CAN), American College of Gastroenterology (ACG), American Gastroenterological Association (AGA), American Society for Gastrointestinal Endoscopy (ASGE), Fight Colorectal Cancer (FCC) and the National Colorectal Cancer Roundtable (NCCRT) met with officials from the Department of Health and Human Services to discuss the cost-sharing problem. The groups advocated for the elimination of cost sharing for screening colonoscopy, and now we applaud the clarification the administration released earlier this week.

Following is the [guidance language](#) provided by the administration.

Q5: If a colonoscopy is scheduled and performed as a screening procedure pursuant to the USPSTF recommendation, is it permissible for a plan or issuer to impose cost-sharing for the cost of a polyp removal during the colonoscopy?

No. Based on clinical practice and comments received from the American College of Gastroenterology, American Gastroenterological Association, American Society of Gastrointestinal Endoscopy, and the Society for Gastroenterology Nurses and Associates, polyp removal is an integral part of a colonoscopy. Accordingly, the plan or issuer may not impose cost-sharing with respect to a polyp removal during a colonoscopy performed as a screening procedure. On the other hand, a plan or issuer may impose cost-sharing for a treatment that is not a recommended preventive service, even if the treatment results from a recommended preventive service.

Contact information for all societies:

American Cancer Society Cancer Action Network (ACS CAN)

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ACS CAN, the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. ACS CAN works to encourage elected officials and candidates to make cancer a top national priority. ACS CAN gives ordinary people extraordinary power to fight cancer with the training and tools they need to make their voices heard. For more information, visit www.acscan.org.

American College of Gastroenterology

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Founded in 1932, the American College of Gastroenterology (ACG) is an organization with an international membership of more than 12,000 individuals from 80 countries. The College is committed to serving the clinically oriented digestive disease specialist through its emphasis on scholarly practice, teaching and research. The mission of the College is to serve the evolving needs of physicians in the delivery of high quality, scientifically sound, humanistic, ethical, and cost-effective health care to gastroenterology patients. www.gi.org

American Gastroenterological Association

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The American Gastroenterological Association is the trusted voice of the GI community. Founded in 1897, the AGA has grown to include more than 16,000 members from around the globe who are involved in all aspects of the science, practice and advancement of gastroenterology. The AGA Institute administers the practice, research and educational programs of the organization. www.gastro.org.

American Society for Gastrointestinal Endoscopy

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Since its founding in 1941, the American Society for Gastrointestinal Endoscopy (ASGE) has been dedicated to advancing patient care and digestive health by promoting excellence and innovation in gastrointestinal endoscopy. ASGE, with more than 12,000 members worldwide, promotes the highest standards for endoscopic training and practice, fosters endoscopic research, recognizes distinguished contributions to endoscopy, and is the foremost resource for endoscopic education. Visit www.asge.org and www.screen4coloncancer.org for more information and to find a qualified doctor in your area.

Fight Colorectal Cancer

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Fight Colorectal Cancer is the leading colorectal cancer advocacy organization in Washington, DC and demands a cure for the second leading cancer killer in the United States. In addition to our advocacy work, we offer support for patients, family members and caregivers, and serve as a resource for colorectal cancer advocates, policymakers, medical professionals and healthcare providers. We also do everything we can to increase and improve research—at all stages of development and for all stages of cancer. Find out how you can get involved at FightColorectalCancer.org or 877-427-2111.