



## **Medicare Beneficiary Cost Sharing for Colorectal Cancer Screenings**

- Sec. 4101 of the “Patient Protection and Affordable Care Act” waives the beneficiary coinsurance (copays and deductibles) for covered preventive services that have a grade “A” or “B” from the U.S. Preventive Services Task Force (USPSTF). Colonoscopy, sigmoidoscopy, and fecal occult blood testing (FOBT) have all been assigned an “A” rating from the USPSTF for adults beginning at age 50 and continuing until age 75.
- Sec. 4101 also requires that effective Jan. 1, 2011, the deductible for colorectal cancer screenings be waived for Medicare patients regardless of the code that is billed for the establishment of a diagnosis as a result of the test, of for the removal of tissue or other matter or other procedure that is furnished in connection with, as a result of, and in the same clinical encounter as a screening test.
- However, patients who receive a screening colonoscopy that also involves the removal of precancerous polyps during the same clinical encounter as the screening test will still be responsible for the *copay*. This is because under Medicare coding rules, removal of any polyp reclassifies the “screening” as a therapeutic procedure.
- Colorectal cancer screening by colonoscopy can remove precancerous polyps during the procedure, thereby making it a unique preventive service. Not only can cancer actually be prevented, small *in situ* cancers also can be removed during the procedure.
- Comparatively, FOBT screens for the presence of cancer, allowing for colorectal cancer detection at an early stage.
- As CMS highlights in the 2011 Medicare physician fee schedule proposed rule, the Medicare beneficiary copayment still applies for screenings that turn therapeutic.
- A legislative correction is necessary to waive the beneficiary copay for colorectal cancer screenings that become therapeutic during the same clinical encounter.
- Cost sharing creates financial barriers that discourage the use of recommended preventive services.
- Screening colonoscopy is a cost effective test for prevention of colorectal cancer and patients should be incentivized, through the elimination of cost sharing, to use colonoscopy as a colorectal cancer screening mechanism.



## Medicare Beneficiary Cost-Sharing & Colonoscopy

Colonoscopy	Current Law	Beginning January 2011
Screening:		
Coinsurance	Applies (20-25% of physician and facility fee)	Waived
Deductible	Waived	Waived
Screening that Becomes Therapeutic:		
Coinsurance	Applies (20-25% of physician and facility fee)	Applies (20-25% of physician and facility fee)
Deductible	Applies	Waived