Consumer Assistance Program Preventative vs Diagnostic Colonoscopies



Does insurance cover colorectal cancer screenings?

Both private insurers and Medicare cover the costs of colorectal cancer screening tests without costsharing for adults age 45-75. This means that in most cases patients are not responsible for insurance copayments, co-insurance, or deductibles. Screening tests can include stool-based tests, colonoscopy, and flexible sigmoidscopy. Sometimes, despite federal and state laws that prohibit cost-sharing, patients who have a colonoscopy receive a bill they shouldn't.

<u>When can I be charged for a</u> <u>colonoscopy?</u>

- You have a diagnostic colonoscopy. A diagnostic colonoscopy is performed if you are symptomatic (blood in the stool, abdominal pain, trouble or pain going to the bathroom) and your doctor recommends a colonoscopy to figure out what is wrong,
- You don't have a Coloradoregulated plan and you are considered high risk - you have family or personal history of colon cancer, a previously found polyp, or a history of gastrointestinal problems. You'll know you have a Colorado-regulated plan if you see see "CO-DOI" on your insurance card.
- You're on Original Medicare

What are my protections?

Federal law states that patients cannot be charged for a colonoscopy that is part of their routine health care. Specifically, cost sharing is not allowed for the procedure or for any services that are part of the procedure including:

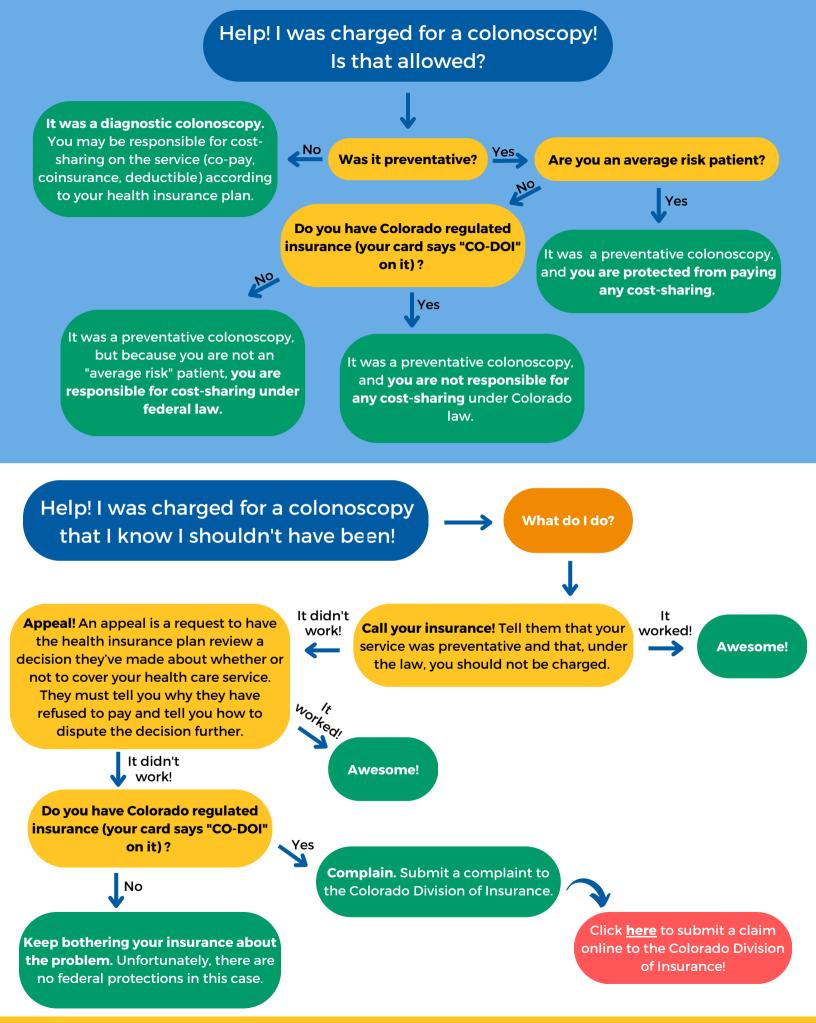
- Required specialist consultation before the screening procedure,
- Bowel preparation medications prescribed for the screening procedure,
- Anesthesia services performed in connection with a preventive colonoscopy,
- Polyp removal performed during the screening procedure, and
- Any pathology exam on a polyp biopsy performed as part of the screening procedure.

Cost-sharing is also not allowed if a follow-up colonoscopy is needed after a positive non-invasive stool-based test or direct visualization test (sigmoidoscopy or CT colonography).

Colorado law is more expansive. Regularly scheduled colonoscopies are free to all patients, even if the patient has a higher risk of colon cancer. As with Federal law, specialist consultation, bowel preparation medications, anesthesia services, polyp removal and testing, and follow-up colonoscopies are covered with no out-of-pocket costs.

<u>Important Note!</u>

Federal law only applies to patients with an "average risk" for colon cancer. If a patient has a family or personal history of colon cancer, a previously found polyp, or a history of gastrointestinal disease (like Crohn's), they are considered "high risk" and cost-sharing can be required.



Need more help? Reach out! help@cohealthinitiative.org or call 303-839-1261