Coverage for a Follow-up Colonoscopy

Summary Guide for Patients and Caregivers

DID YOU

Colon cancer and rectal cancer, also known as colorectal cancer, is currently the second-leading cause of cancer deaths in the United States. It's expected to cause about 52,550 deaths during 2023.

Colorectal cancer incidence is also rising amongst young adults, which is why the screening age has been lowered to 45 years old, despite many Americans believing the age for screening is 50.

Colorectal cancer can be prevented with screening. Screening can also detect colorectal cancer early, when it's most curable.

O A HUGE WIN FOR PATIENTS:

Commercial insurers and Medicare must now cover colonoscopies after a positive noninvasive stool test starting in 2023. When patients who are eligible for colorectal cancer screening choose a noninvasive stool-based test, the screening process includes the follow up colonoscopy after a positive or abnormal result. This is considered part of preventative care and the follow up colonoscopy should be fully covered without cost-sharing imposed on patients.

Check with your insurance plan to find out what benefits are covered for colorectal cancer screening options and talk to your doctor today.

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Screening *Process*

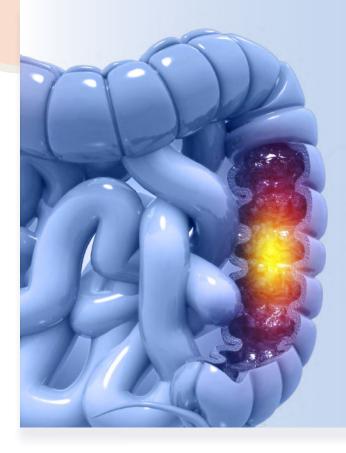
All adults of average risk and without signs or symptoms—**starting at age 45**—are eligible to be screened and should talk to their doctor about screening for polyps and cancer.

The best test for colorectal cancer screening is the test that gets done. You have multiple options for screening, including the traditional colonoscopy as well as options for non-invasive tests.

There are two screening pathways for average risk individuals, depicted below. All tests in Path B, including the follow-up colonoscopy, should now be covered by Medicare, ACA and commercial plans.

Healthcare provider recommends screening at 45 The patient picks a colonoscopy Patient bowel preparation Completed 24H prior to procedure Polyps found, removed Sent to pathology No Polyps found Patient returns in 10 years Cancer Prevented Patient returns in 3-5 years Diagnosis Provided Treatment begins

PATH B Healthcare provider recommends screening at 45 The patient picks a stool test a fecal occult blood test (FOBT), fecal immunochemical test (FIT) or Stool DNA Test (Coloquard) Positive/Abnormal Negative Results If it's positive or abnormal, patient is Patient returns in 1-3 years referred to a gastroenterologist for a follow up colonoscopy. *A follow up colonoscopy is part of the screening process; this is not a diagnostic procedure. Follow-up Colonoscopy The patient picks up their prep. Completed 24H prior to procedure Polyps found, removed Cancer Prevented Diagnosis Provided Patient returns in 3-5 years



The **Importance** of Screening

1 in 23 men and 1 in 26 women will be diagnosed with colorectal cancer. And yet, 1 in 3 people are not up-to-date with colorectal cancer screening even though affordable, take-home testing options exist.

The CDC estimates that 68% of deaths from colorectal cancer could be avoided if all eligible people got screened.

Screening and early detection can not only help save lives, especially of communities of color in the U.S. that face higher rates of colorectal cancer, but also because preventative care can help reduce the burden of healthcare costs on individuals.

Colorectal cancer has the second highest treatment cost of any cancer, accounting for 12.6% of all cancer treatment costs. The average per-patient costs for medical services were highest for the last year of life (\$110,100), followed by the initial care phase (\$66,500) and continuing care phase (\$6,200).

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Unexpected Bill? Need Help?

Federal policy requires Medicaid, Medicare and Affordable Care Act-compliant plans to cover the follow-up colonoscopy after a positive or abnormal result from a noninvasive stool-based test to be fully covered by insurance as part of preventative care. If you received an unexpected bill for this type of care, you can:

- * Talk to your doctor's office about these policy changes to see if they coded your bill correctly and ask them to re-file the claim with your insurance.
- * Visit <u>www.medicare.gov</u> or call 1-800-MEDICARE (1-800-633-4227) for more information about Medicare coverage. TTY users should call 1 (877) 486-2048.
- * If you still get a bill after talking to your doctor about refiling the claim, you as the patient have a right to file a complaint with the State Insurance Commissioner. Patients also have a right to file a complaint at the federal level, with the Department of Health & Human Services, for states without an external review process.

Scan for a Sample Complaint Letter



See here for a sample letter from patients to the State Insurance Commissioner and Department of Health to file a complaint if you received a charge.

Questions?

Please reach out to Fight CRC at Advocacy@FightCRC.org with any questions.

Additional Resources



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AGA Coding FAQ

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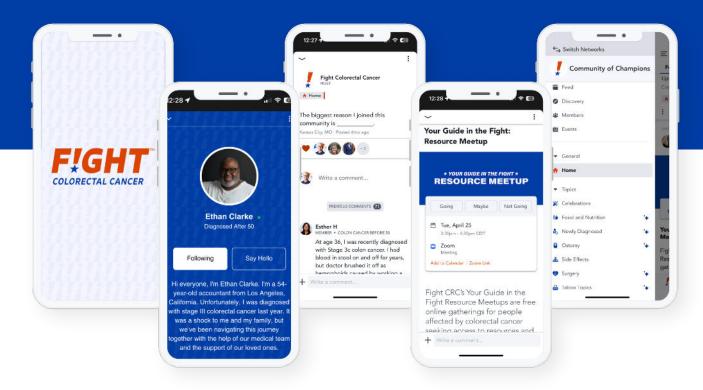
Or visit
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CRC Facts and Stats

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BE PART OF α MOVEMENT

JOIN OUR COMMUNITY OF CHAMPIONS





Colorectal cancer is a disease that affects millions of people around the world, and it can have a significant impact on patients and their families. Fight Colorectal Cancer's Community of Champions is a safe and respectful platform designed specifically for people impacted by colorectal cancer.

By joining our Community of Champions, you'll be part of a movement to change what it means to live with colorectal cancer. Together, we're working to raise awareness, increase screening rates, and improve outcomes for patients and families affected by this disease.