**Coverage for a Follow-up Colonoscopy**

Summary Guide for Providers and Medical Offices

**IMPORTANT COVERAGE CHANGE:**

Starting in 2023, Medicare, ACA and commercial plans will now cover, as part of preventive care and screening, a follow-up colonoscopy after a non-invasive stool-based test returns a positive or abnormal result for patients 45 years of age and older.

This change recognizes that a follow-up colonoscopy is a key part of the colorectal screening process, due to the need for visual confirmation of a positive or abnormal result, and means that beneficiaries aged 45 and older will not have out-of-pocket costs for both a non-invasive stool-based test and, if needed, the follow up colonoscopy.

This resource from Fight Colorectal Cancer (Fight CRC) provides information about the critical regulatory change, what it means for providers, and how to code the change correctly.
Why did this change occur?
In pursuit of broader focus on cancer incidence and death reduction, the federal government announced a rule change to remove cost sharing for follow-up colonoscopies after positive or abnormal results from a stool-based test, which can have a significant impact that reduces costs for individuals and encourages more people to take charge of their colorectal health.

What does this mean for providers?
Commercial, federal and state insurance plans that are required to follow U.S. Preventive Services Task Force (USPSTF) guidance are now legally required to provide full coverage for these screening colonoscopies. Providers can assure patients that if they choose to complete a stool-based testing for colorectal cancer screening, the colonoscopy is fully covered after a positive result. Some patients may seek their primary healthcare services from providers of specialties outside of gastroenterology, including internal medicine, family medicine, gynecology and more. It is important that ALL PROVIDERS are made aware of these cost-saving changes so that patients are informed on how best to address their colorectal health.

Coding This Change Correctly
Due to the passage of the Affordable Care Act (ACA), Medicare and most third-party payers are required to cover services given an “A” or “B” rating by USPSTF without a copay or deductible, but the correct CPT and ICD-10-CM codes must be submitted to trigger coverage at 100% for the patient. Please ensure that you, your fellow providers, and administrative staff are made aware of these changes.

### Complex Coding Case?
See the American Gastroenterological Association’s (AGA) coding guide for colorectal cancer screening to learn more, including what to do with complex coding cases.

What happens if a patient receives an unexpected bill?

<table>
<thead>
<tr>
<th>Colonoscopy following a positive stool-based test:</th>
<th>Screening colonoscopy when a polyp was removed:</th>
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<tbody>
<tr>
<td>a. Patient should contact their insurance provider to begin the appeals process.</td>
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<td>b. Tell them the U.S. Department of Labor (DOL) issued new guidance that health plans and insurers “must cover and may not impose cost sharing with respect to a colonoscopy conducted after a positive non-invasive stool-based screening test” for plan or policy years beginning on or after May 31, 2022.</td>
<td>b. Tell them the U.S. Department of Labor (DOL) issued new guidance that “the plan or issuer may not impose cost sharing with respect to a polyp removal during a colonoscopy performed as a screening procedure.”</td>
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<td>c. See questions 6 (page 9) and 7 (page 12) of the DOL FAQ About Affordable Care Act Implementation.</td>
<td>c. See question 5 of the HHS Affordable Care Act Implementation FAQs.</td>
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Patients 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.

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"When I turned 50 my doctor recommended a non-invasive colorectal cancer screening test due to my busy lifestyle and inability to miss a day of work. I did the test and it came back positive. The day before my scheduled colonoscopy, I received a call telling me that I had to pay nearly $1,000 before they would perform the test. I almost didn’t go in, but thankfully I did because I was diagnosed with stage III colorectal cancer.”

— YLA FLORES
Stage III colorectal cancer
Promoting colorectal health screening can increase equity and save lives.

1. Colorectal cancer also disproportionately affects communities of color in the U.S.
   * Black Americans are about 20% more likely to get colorectal cancer and about 40% more likely to die from it compared to most groups.
   * Indigenous communities in the U.S have higher incidence of colorectal cancer than their white counterparts.
   * Less than 50% of Asian Americans are up-to-date with colorectal cancer screening.

2. Colorectal cancer is currently the second-leading cause of cancer deaths in the U.S.

3. 1 in 23 men and 1 in 26 women will be diagnosed with colorectal cancer.

4. 1 in 3 people are not up-to-date with colorectal cancer screening even though affordable, take-home testing options exist.

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

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

Additional Resources

**About Fight CRC**
Or visit FightCRC.org/About

**AGA Coding FAQ**
Or visit FightCRC.org/g/2ZANn0Ee049

**CRC Facts and Stats**
Or visit FightCRC.org/colorectal-cancer/facts-stats