

Coverage for a
**Follow-up
Colonoscopy**

Summary Guide for Insurance Companies and Clinics



! IMPORTANT COVERAGE CHANGE:

Starting in 2023, Medicare, Affordable Care Act, 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 payors, and how to code the change correctly. It is estimated that between 2020 -2050, cancer will cost the United States \$5.3 trillion, with colorectal cancer having the second highest economic and treatment cost.¹ Promoting screening allows for early detection, which can save lives and save health costs to insurers.

What does this change mean for payors?

Commercial, federal and state 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. Insurers also need to be ready to accept a higher volume of these claims now that the screening is covered for more people. While this coverage is legally required, it also saves costs for insurers in the long-run if prevention of colorectal cancer disease progression can happen through preventative testing means.

What happens if payors don't adhere to this policy change?

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.

did YOU know

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 your teams that process claims and appeals are made aware of these changes.

COMMERCIAL & MEDICAID EXPANSION

add modifier 33

MEDICARE

with HCPCS code G0105 or G0121

add modifier KX

Commercial Plans and Medicaid	Medicare
For commercial and Medicaid patients, add modifier 33 to each CPT code submitted on the claim . If modifier 33 is not added, the colonoscopy will not be recognized as a screening service and the patient will be inappropriately billed.	Use modifier KX with HCPCS code G0105 or G0121 for screening colonoscopy for patients following a non-invasive stool based test for patients with Medicare. If polyps are removed, use the appropriate CPT code with modifier PT. Coinsurance applies when polyps are removed.

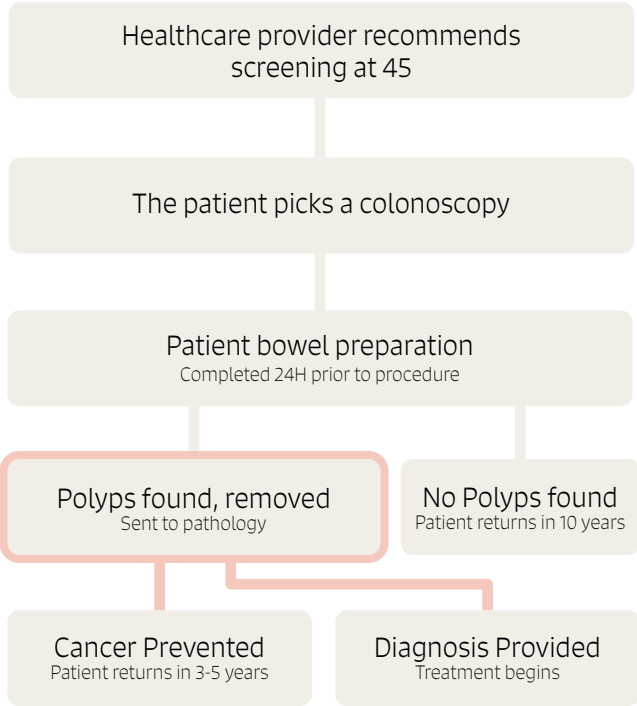
Complex Coding Case?

See the [American Gastroenterological Association's \(AGA\) coding guide for colorectal cancer screening](#) to learn more, including what to do with complex coding cases.

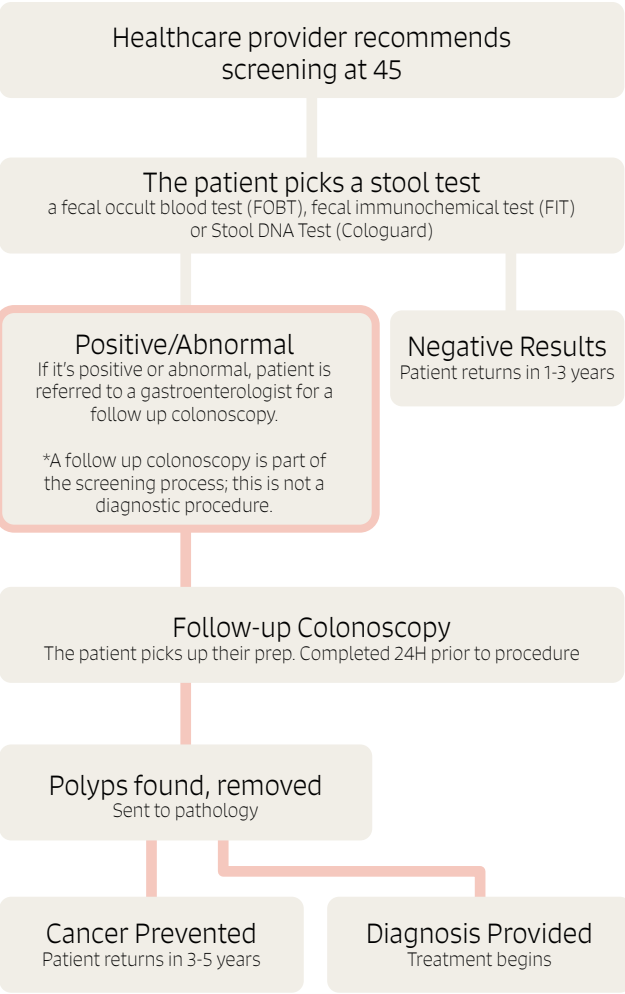


COLORECTAL CANCER Screening Process

PATH A



PATH B



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.



"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

Policy Timeline

January 2022

DOL, HHS, and Treasury say that ACA compliant commercial plans must fully cover a follow-up colonoscopy after an abnormal or positive result from a non-invasive stool-based screening test as part of preventive health.

Commercial plans and issuers must provide coverage without cost sharing or plan or policy years beginning on or after May 31, 2022. ³

January 2023 →

These policy changes are now all in effect, meaning the **follow-up colonoscopy must be provided for plan years beginning on or after May 31, 2022** (e.g., January 1, 2023 for calendar year plans). ⁵

*Exception: Grandfathered plans

USPSTF updated its recommendation for colorectal cancer screening. The USPSTF continues to recommend with an "A" rating screening for colorectal cancer in all adults aged 50 to 75 years and **extended its recommendation with a "B" rating to adults aged 45 to 49 years.** ²

Centers for Medicare & Medicaid Services (CMS) announces that it will start covering colorectal cancer screening beginning at age 45 and now covers as a preventive service a follow-on screening colonoscopy after a non-invasive stool-based test returns a positive result, which means that beneficiaries should not have out-of-pocket costs for either test. ⁴

May 2021

November 2022

- <https://www.cdc.gov/chronicdisease/programs-impact/pop/colorectal-cancer.htm#:~:text=%2424.3%20BILLION&text=Colorectal%20cancer%20has%20the%20second,of%20all%20cancer%20treatment%20costs.&text=The%20cost%20for%20medical%20services,%240.6%20billion%20for%20prescription%20drugs.>
- <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening>
- <https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/faqs/aca-part-xxix.pdf>
- <https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2023-medicare-physician-fee-schedule-final-rule>
- <https://www.healthcare.gov/glossary/grandfathered-health-plan/#:~:text=An%20individual%20health%20insurance%20policy,under%20the%20Affordable%20Care%20Act.>

Colorectal Cancer *Facts & Stats*

Promoting colorectal health screening can increase equity and save lives.

- Colorectal cancer is currently the second-leading cause of cancer deaths in the U.S.
- 1 in 23 men and 1 in 26 women will be diagnosed with colorectal cancer.
- 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.
- 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.

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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[FightCRC.org/
g/2ZANn0Ee049](https://FightCRC.org/g/2ZANn0Ee049)



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