



Karen K. Kormis, M.D., FACP
Louis P. Leite, D.O., FACP
David J. Peters, D.O., FACP
Christopher B. Furlong, M.D.
Mohan S. Charan, M.D.
Mohan R. Rengen, D.O.
Purvi Panchal, M.D.

www.PAGIconsultants.com

Removing Barriers To Colorectal Cancer Screening Act Closes Medicare Coverage Loophole

In 2020, the Removing Barriers to Colorectal Cancer Screening Act (H.R. 1570) passed with both Democratic and Republican support as part of the Omnibus Appropriations and Emergency Coronavirus Relief Act (H.R. 133). Now that it is law, Medicare beneficiaries will be covered when doctors remove cancerous growths, or polyps, during routine colonoscopy cancer screenings.

The new legislation states that: “For services furnished on or after January 1, 2022, paragraph (1)(Y) shall apply with respect to a colorectal cancer screening test regardless of the code that is billed for the establishment of a diagnosis as a result of the test, or 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 the screening test.”

Under the previous law, Medicare waived coinsurance and deductibles for screening colonoscopies. However, if during the colonoscopy screening, a polyp was discovered and removed, the procedure was then reclassified as therapeutic for Medicare billing purposes. This reclassification meant that patients would be responsible for unexpected copays. With the passage of this bill, Medicare is held to the same standard of coverage as most private health insurance companies.

“Patients should be able to access life-saving, early detection screenings and treatment for colorectal cancer without the fear of out-of-pocket costs,” said Rep. A. Donald McEachin. “I know firsthand how important it is to catch this disease before it progresses -- a routine colonoscopy saved my life.”

The way a colon cancer screening is performed and recommended will not change, based on this bill. It only impacts the way that Medicare patients may or may not be billed. With the passage of the legislation, if a Medicare beneficiary undergoes a screening colonoscopy and polyps are detected and removed, they will have a lower out-of-pocket cost. Each year the amount of the out-of-pocket will decrease. Any cost-sharing will be fully waived by 2030.

The risk of colorectal cancer increases with age. By eliminating potential financial barriers, the new legislation should lead to higher screening rates and reduce the incidence of colorectal cancer. Preventive care services allow medical problems to be discovered and treated earlier, saving money for Medicare, insurers and patients, and, more importantly, saving lives.