Passage of the Affordable Care Act marked a major victory in the fight against cancer. The law waived the coinsurance and the deductible for many cancer screening tests, including colonoscopy, sigmoidoscopy and fecal occult blood testing (FOBT), which screen for colorectal cancer. However, due to the unique nature of colonoscopy, many patients still wind up paying out of pocket for screening colonoscopy.  
  
Colonoscopy is a unique screening test because gastroenterologists are able to remove precancerous polyps and small cancers during the screening procedure. Under Medicare, removal of polyps reclassifies the screening colonoscopy as a therapeutic procedure for which patients must pay coinsurance. This means Medicare beneficiaries can go to the gastroenterologist for a colonoscopy assuming it’s free, only to receive a bill after the physician finds and removes a suspicious polyp. Many private insurance companies follow Medicare rules, and thus similar problems can occur to patients insured through private insurance companies.

Screening is defined by the population to which a test is applied, not by the findings that result from the test itself. In the context of colorectal cancer, this definition indicates that “screening” would describe a colonoscopy that is routinely performed on an asymptomatic person for the purpose of testing for the presence of colorectal cancer or colorectal polyps. Whether a polyp or cancer is ultimately found does not change the intent of the procedure, which is screening for colorectal cancer.

Cost-sharing creates financial barriers, which discourage the use of recommended preventive services. Cost-sharing should not be a barrier to screening colonoscopy.

If your insurance company charges you for a screening colonoscopy, you can appeal it. Remind them that under the Affordable Care Act, screening colonoscopies should be covered in full, even if a polyp is found and removed. Below you can find a sample letter of appeal, courtesy of the National Women’s Law Center.

**Sample Letter: Colonoscopy**

[NAME]

[ADDRESS]

[DATE]

To Whom It May Concern:

I am enrolled in a [INSURANCE COMPANY NAME] plan, policy number [POLICY NUMBER]. I recently visited [NAME OF PROVIDER] for a colonoscopy. The Patient Protection and Affordable Care Act requires that my insurance coverage of this preventive service be with no cost sharing, however I have been asked to pay a [CO-PAY/DEDUCTIBLE/CO-INSURANCE] to obtain this service.

Under § 1001 of the Patient Protection and Affordable Care Act (ACA), which amends § 2713 of the Public Health Services Act, all group health plans and health insurance issuers offering group or individual coverage shall provide coverage of certain preventive services with no cost sharing. My health insurance plan is non-grandfathered. Thus, the plan must comply with the preventive services provision. Covered services include evidence-based items or services that are rated “A” or “B” by the United States Preventive Services Task Force (USPSTF).

More specifically, the plan must cover colonoscopy, including polyp removal, with no cost-sharing if the colonoscopy is scheduled and performed as a screening procedure, per the USPSTF recommendations. USPSTF has issued an “A” recommendation for colorectal cancer screening for adults between the ages of 45 and 75; for individuals who undergo screening colonoscopy, USPSTF recommends screening at 10-year intervals. In addition, the Department of Health and Human Services has determined that polyp removal is an integral part of screening colonoscopy, and cannot therefore be subject to cost sharing requirements.

I have spent [TOTAL AMOUNT] out-of-pocket on a colonoscopy, despite the fact that it should have been covered without cost sharing. I have attached copies of receipts which document these out-of-pocket expenses. I expect that [COMPANY NAME] will rectify this situation by ensuring that a colonoscopy is covered by my plan without cost sharing in the future, reimbursing me for the out-of-pocket costs I have incurred during the period it was not covered without cost sharing, and changing any corporate policies that do not comply with the Affordable Care Act.

Sincerely,

[YOUR SIGNATURE]