



Quality Health Associates
of North Dakota

Reducing Barriers to Colorectal Cancer Screening: Cost Sharing Explained

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Network Administrator and Data Manager



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Background

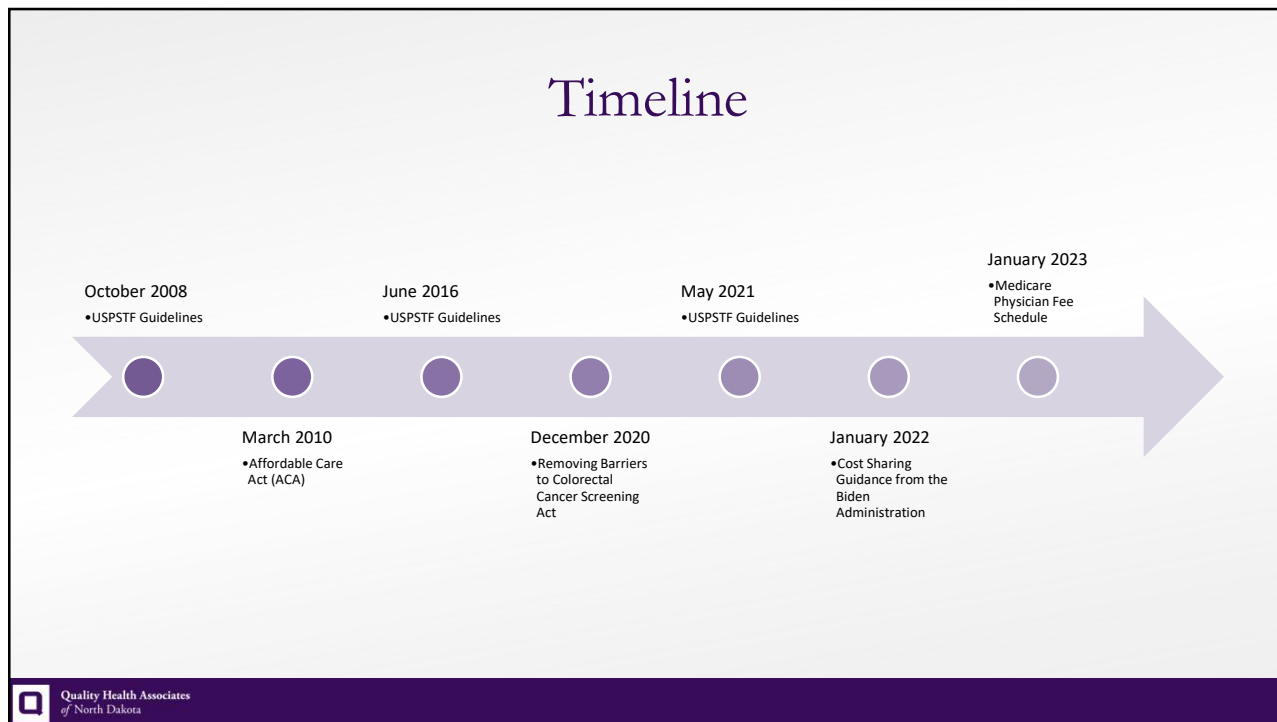
The boy told his teacher, "A girl asked me to play doctor."

"Oh, dear," the teacher nervously sighed. "What happened?"

"Nothing, she made me wait 45 minutes and then double-billed the insurance company."

Photo by National Cancer Institute on Unsplash

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Affordable Care (ACA) (2010)

SEC. 4104. REMOVAL OF BARRIERS TO PREVENTIVE SERVICES IN MEDICARE.

(a) DEFINITION OF PREVENTIVE SERVICES.—Section 1861(ddd) of the Social Security Act (42 U.S.C. 1395x(ddd)) is amended—

(1) in the heading, by inserting “; PREVENTIVE SERVICES” after “SERVICES”;

(2) in paragraph (1), by striking “not otherwise described in this title” and inserting “not described in subparagraph (A) or (C) of paragraph (3)”; and

(3) by adding at the end the following new paragraph:

“(3) The term ‘preventive services’ means the following:

“(A) The screening and preventive services described in subsection (ww)(2) (other than the service described in subparagraph (M) of such subsection).

“(B) An initial preventive physical examination (as defined in subsection (ww)).

Photo credit: Patient Care Technician (Flickr)

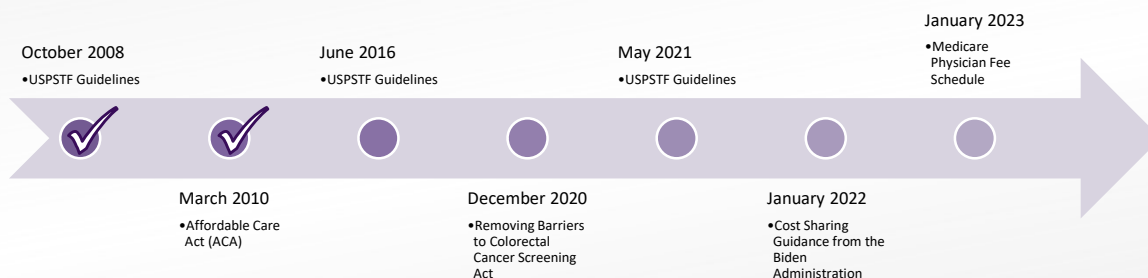
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March 2010 Affordable Care Act (ACA)

- Intended to eliminate cost-sharing for covered preventive services, including colorectal cancer screening following the U.S. Preventive Services Task Force (USPSTF) Guidelines
- Beneficiary coinsurance and deductibles are waived for certain preventive services identified by the USPSTF
- The latest colorectal cancer screening guidelines available at the time were published in 2008

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Timeline



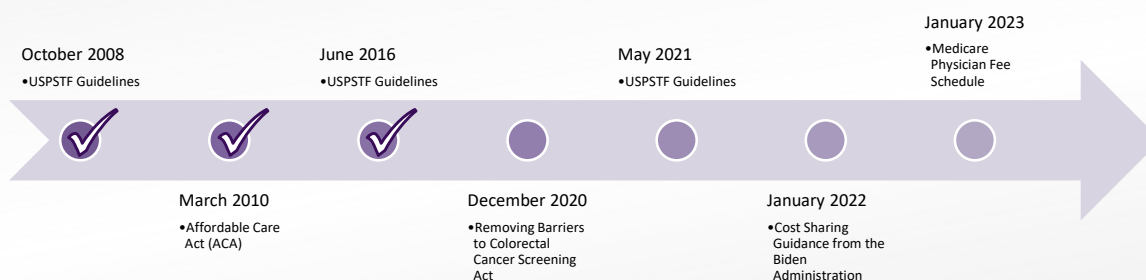
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June 2016 USPSTF Guidelines

- Updated to highlight the importance of any appropriate colorectal cancer screening test, rather than focusing on the efficacy of specific tests
- Identified additional screening modalities FIT-DNA/mt-sDNA and DNA Blood tests

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Timeline



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What If?

- Colonoscopies and alternative, non-invasive stool screening tests are now covered under an ACA health plan.



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What If?

- Colonoscopies and alternative, non-invasive stool screening tests are now covered under an ACA health plan
- **Diagnostic** colonoscopies are not the same as screening colonoscopies.
- If you have a positive FIT or FIT-DNA, a **Follow-On** colonoscopy must be performed to complete screening.



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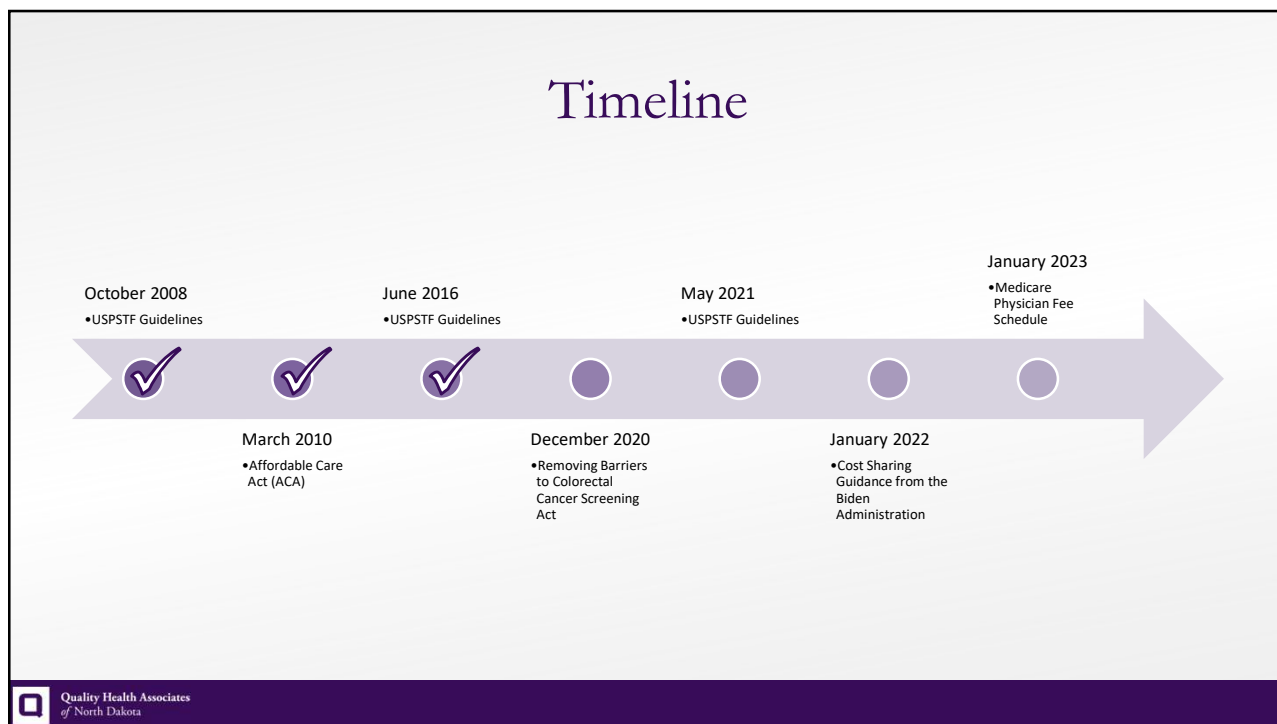
CPT® (Current Procedural Terminology) Modifier 33

When the primary purpose of the service is the delivery of an evidence based service in accordance with a US Preventive Services Task Force A or B rating in effect and other preventive services identified in preventive services mandates (legislative or regulatory), the service may be identified by adding **33** to the procedure. For separately reported services specifically identified as preventive, the modifier should not be used.

33

What's Missing? At this point, in 2017...

- *Any* screening modality is now recommended by the USPSTF
- Non-grandfathered health plans (ACA or “Metallic” plans) now cover all preventive screening modalities with no copay or coinsurance.
- Billing modifier **33** identifies procedures as part of screening, eliminating copays and coinsurance for follow-on colonoscopies or screening colonoscopies-turned-diagnostic due to findings.



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Medicare

116TH CONGRESS
2^D Session

H. R. 1570

IN THE SENATE OF THE UNITED STATES
DECEMBER 10, 2020

Received, read twice and referred to the Committee on Health, Education, Labor, and Pensions

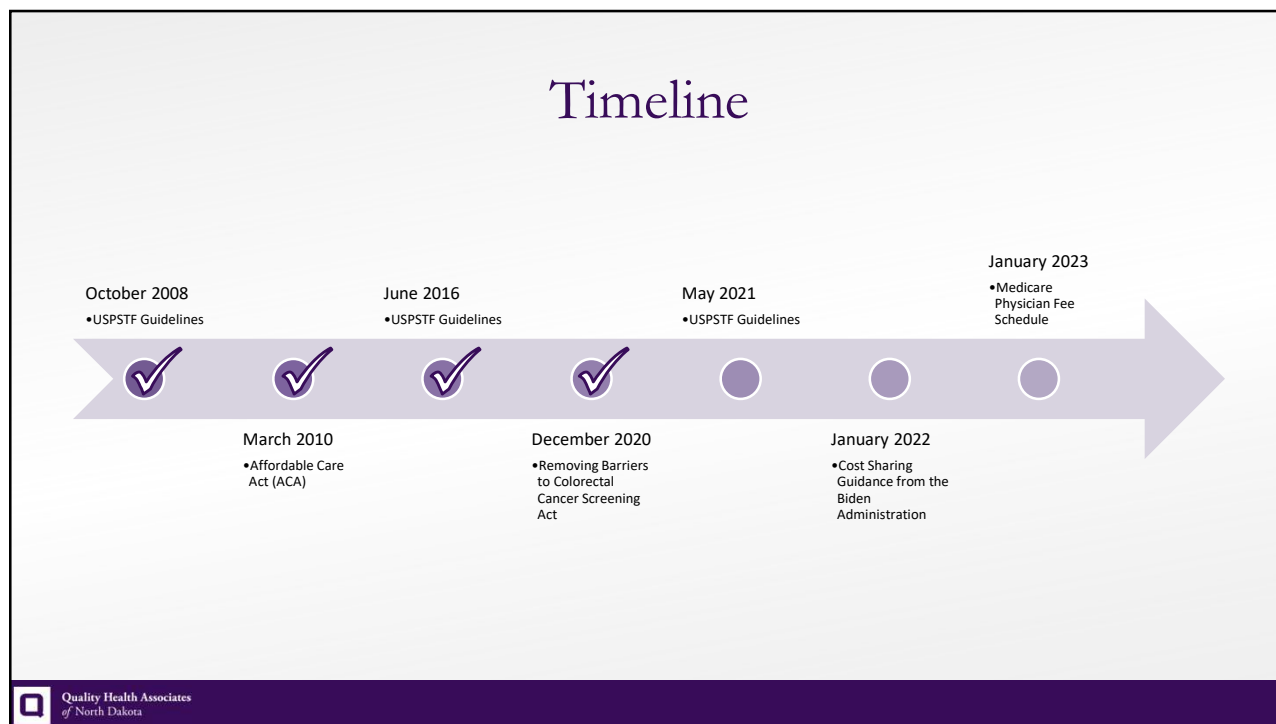
“(1) IN GENERAL.—In the case of a colorectal cancer screening test to which paragraph (1)(Y) of subsection (a) would not apply but for the third sentence of such subsection that is furnished during a year beginning on or after January 1, 2022, and before January 1, 2030, the amount paid shall be equal to the specified percent (as defined in paragraph (2)) for such year of the lesser of the actual charge for the service or the amount determined under the fee schedule that applies to such test under this part (or, in the case such test is a covered OPD service (as defined in subsection (t)(1)(B)), the amount determined under subsection (t)).

“(2) SPECIFIED PERCENT DEFINED.—For purposes of paragraph (1), the term ‘specified percent’ means—

- “(A) for 2022 and 2023, 80 percent;
- “(B) for 2024 and 2025, 85 percent;
- “(C) for 2026 and 2027, 90 percent; and
- “(D) for 2028 and 2029, 95 percent.”.

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May 2021 USPSTF Guidelines

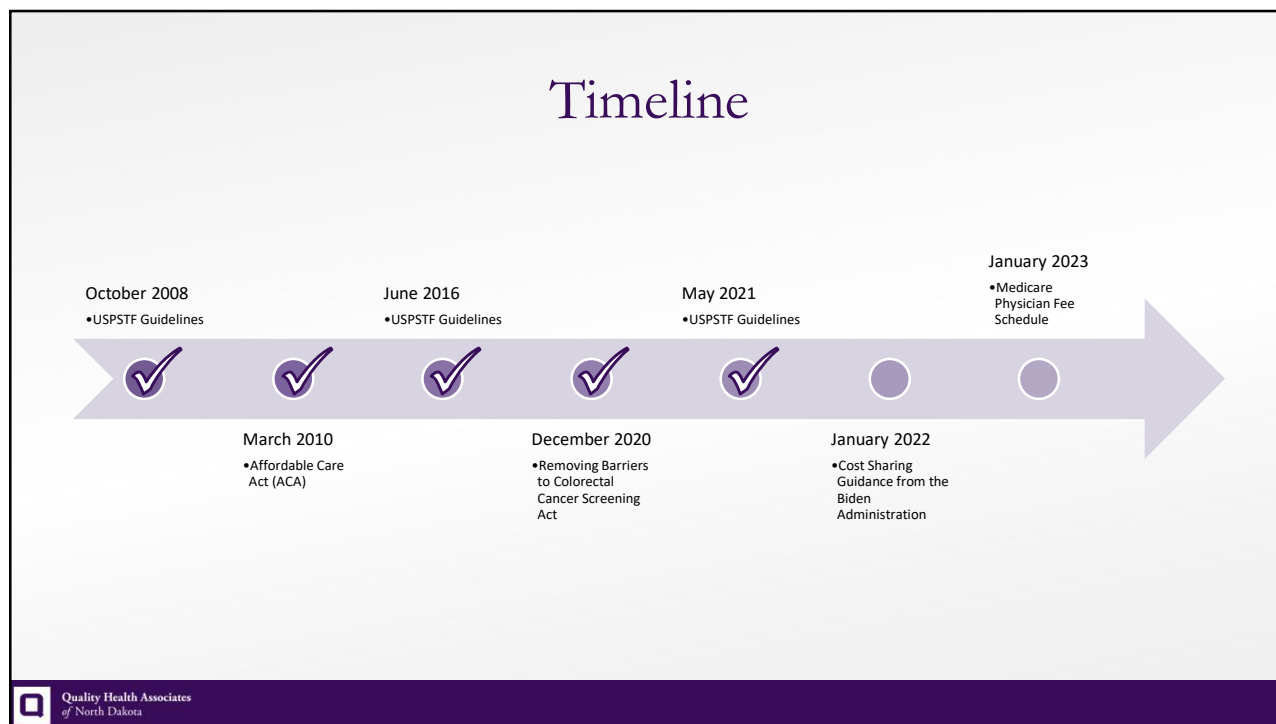
- Updated to recommend screening for average risk patients **ages 45 and up**
- In addition, a **follow-up colonoscopy is considered an integral part of the preventive screening** without which the screening would not be complete.

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Recommendation: Colorectal Cancer: Screening | United States Preventive Services Taskforce ([uspreventiveservicestaskforce.org](https://www.uspreventiveservicestaskforce.org))

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January 2022

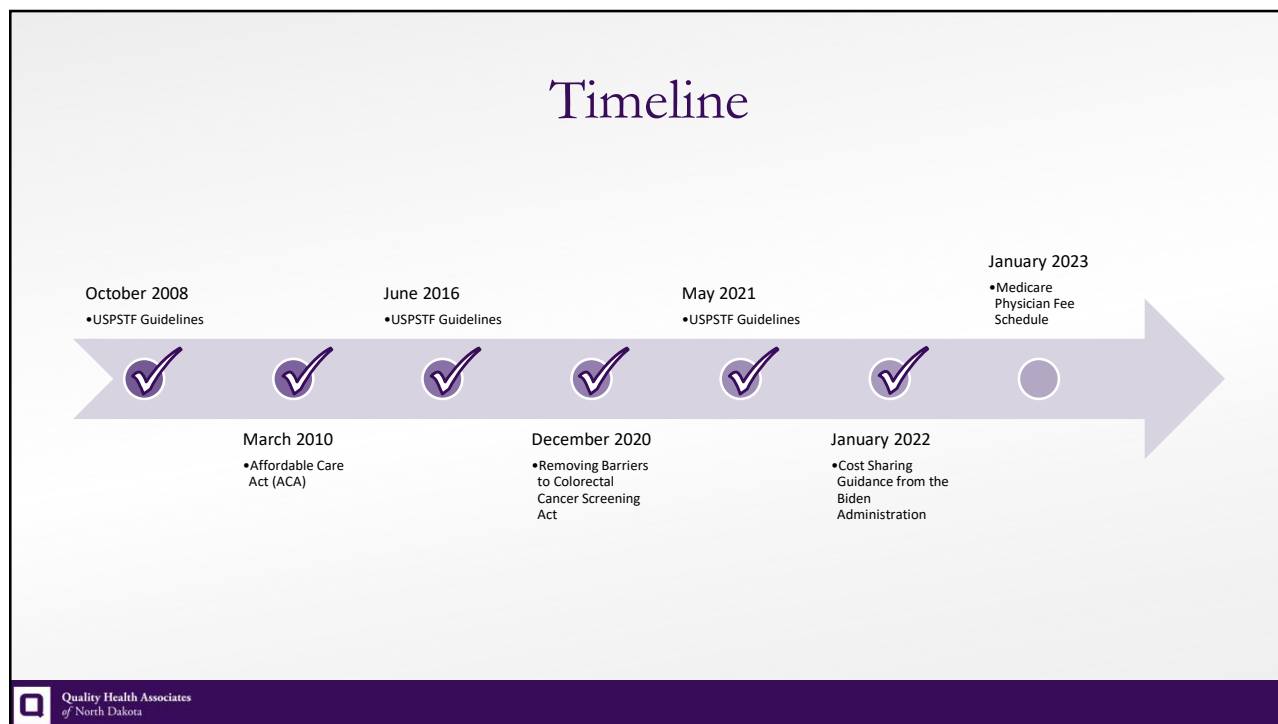
Cost Sharing Guidance from the Biden Administration

- If a colonoscopy is scheduled and performed as a screening procedure pursuant to the USPSTF recommendation, cost sharing may not be imposed for items and services that are an integral part of performing the colonoscopy.
- These items and services include:
 - Required specialist consultation prior to the screening procedure;
 - Bowel preparation medications prescribed for the screening procedure;
 - Anesthesia services performed in connection with a preventive colonoscopy;
 - Polyp removal performed during the screening procedure; and
 - Any pathology exam on a polyp biopsy performed as part of the screening procedure.
- A “follow-up colonoscopy is **an integral part of preventive screening** without which the screening would not be complete.”
- Colonoscopies and related procedures scheduled and performed as a result of a positive non-invasive test, such as FIT, iFOBT, or FIT-DNA **should not result in cost sharing.**

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FAQs about Affordable Care Act Implementation Part 51 (dol.gov)

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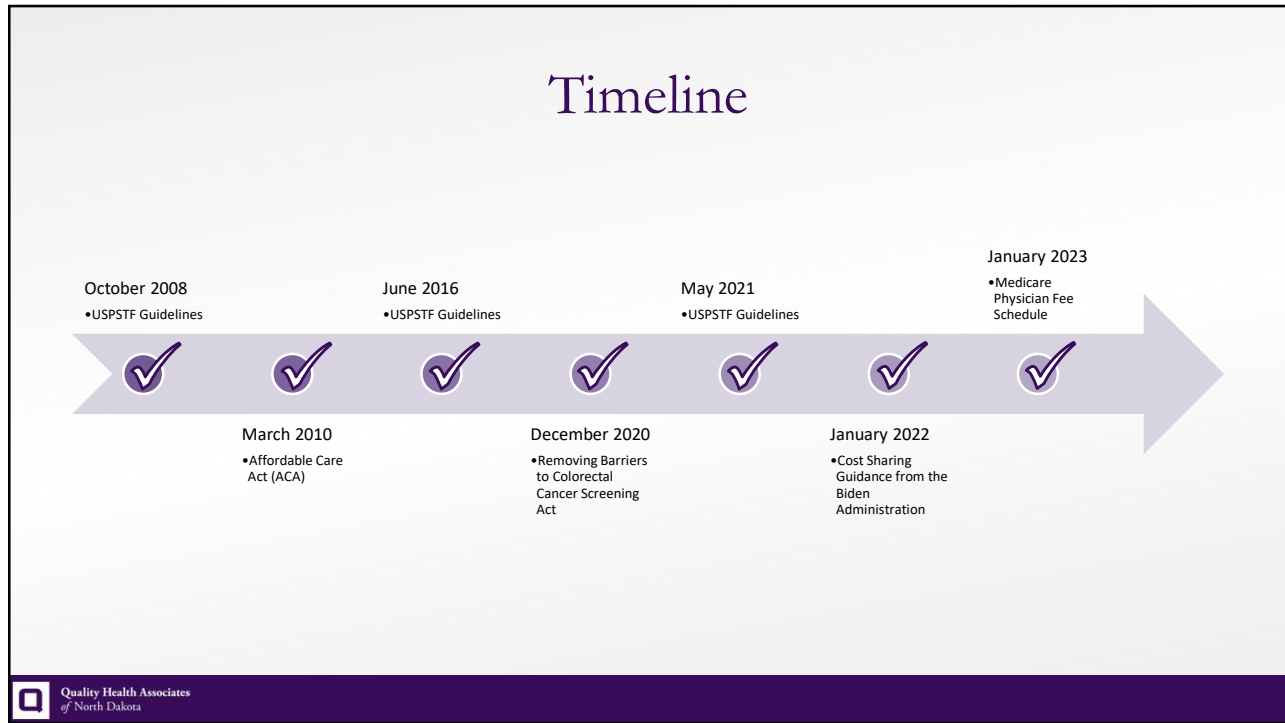
January 2023 Medicare Physician Fee Schedule

- Published December 2022, effective January 1, 2023
- Eliminates Medicare cost-sharing for routine follow-on colonoscopy
- With this change, there is **no** cost-sharing for either the non-invasive tests nor a follow-on colonoscopy, with some exceptions.

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Federal Register :: Medicare and Medicaid Programs; CY 2023 Payment Policies Under the Physician Fee Schedule

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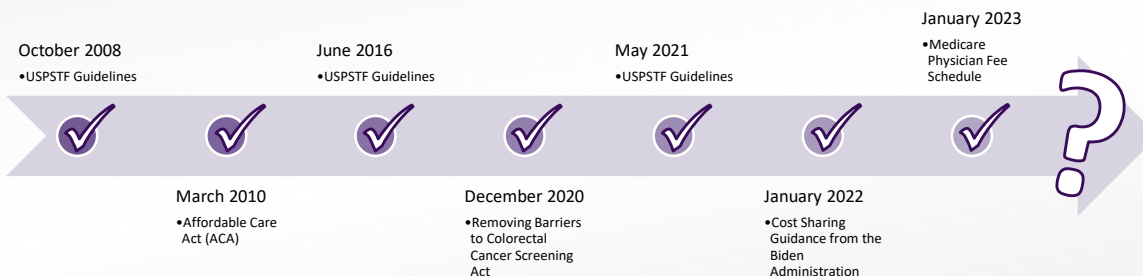
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Routine Screening Tests	FIT or iFOBT	FIT-DNA or mt-sDNA (Cologuard®)	Screening Colonoscopy	Follow-on Colonoscopy	Preventive Diagnostic Colonoscopy	Surveillance or Diagnostic Colonoscopy
			Screening procedure with no diagnosis or tissue removal		Screening or Follow-on procedure with diagnosis or tissue removal	
Screening Interval	1 Year	3 Years	10 Years			2 Years
Private Insurance Affordable Care Act (ACA) Plans, also known as "Metallic" plans. Most HSA plans are also in this category.	100%	100%	100%	100%	100%	See plan documentation
Private Insurance Non-ACA Plans, also known as "grandfathered" plans.	See plan documentation					
NDPERS PPO/Basic Grandfathered Health Plan by Sanford Health Plan	100%	\$200 benefit towards screening once per benefit year. See plan documentation		See plan documentation		
North Dakota Medicaid and Medicaid Expansion Medicaid beneficiaries may be subject to Client Share	100%	100%	100%	100%	100%	100%
Medicare Part B Medicare Advantage plans may require Advance Notice or Preauthorization.	100%	100%	100%	100%	85% through 2026 90% through 2029 then 100% from 2030	100%
North Dakota Colorectal Cancer Screening Initiative (NDCRCSI) Serving uninsured and underinsured at participating clinics.	100%	100%	100%	100%	100%	100%

What's Covered? Demystifying Cost-Sharing for Colorectal Cancer Screening – ScreenND

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Where do we go from here?



What's Missing? At this point, in **2023...**

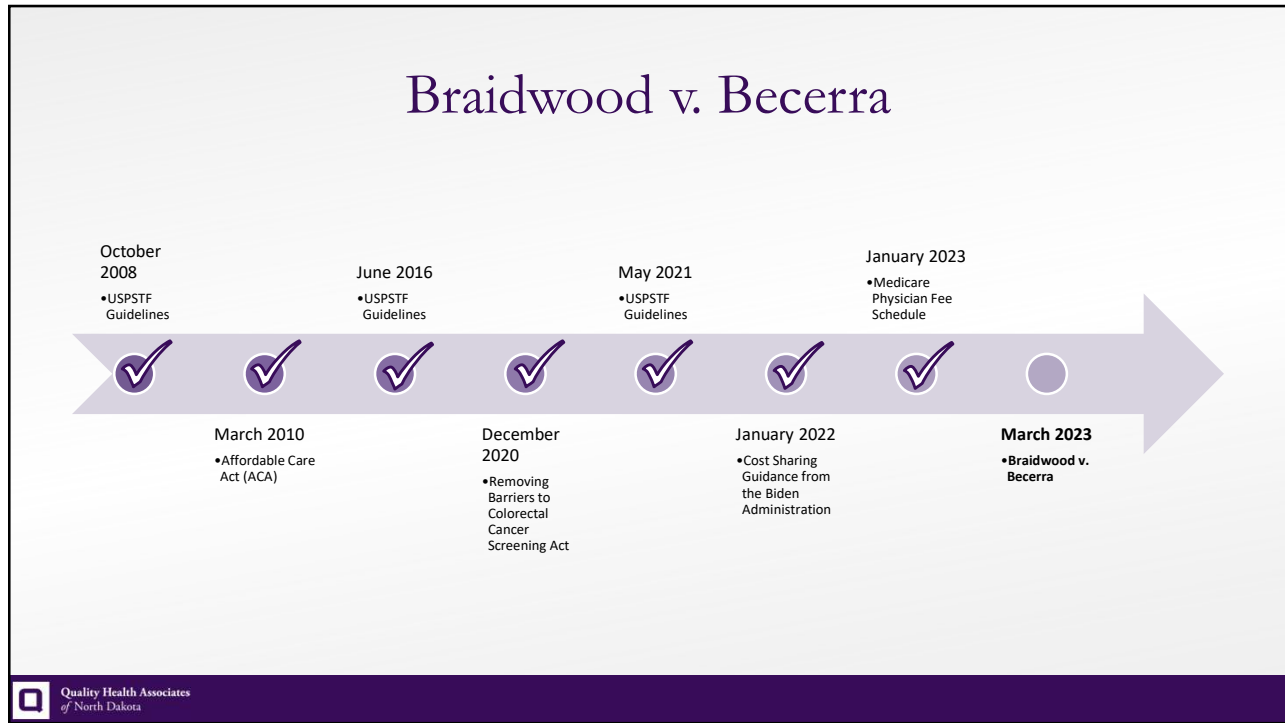
- Non-grandfathered health plans (ACA or “Metallic” plans), Medicaid Expansion plans, and Medicare covers all preventive screening modalities with no copay or coinsurance under most circumstances.
- Billing modifiers eliminates copays and coinsurance for follow-on colonoscopies or screening colonoscopies that become diagnostic.
- Additional procedures related to preventive screening are also covered, including office visits, pathology, and anesthesia.

Surveillance Colonoscopy

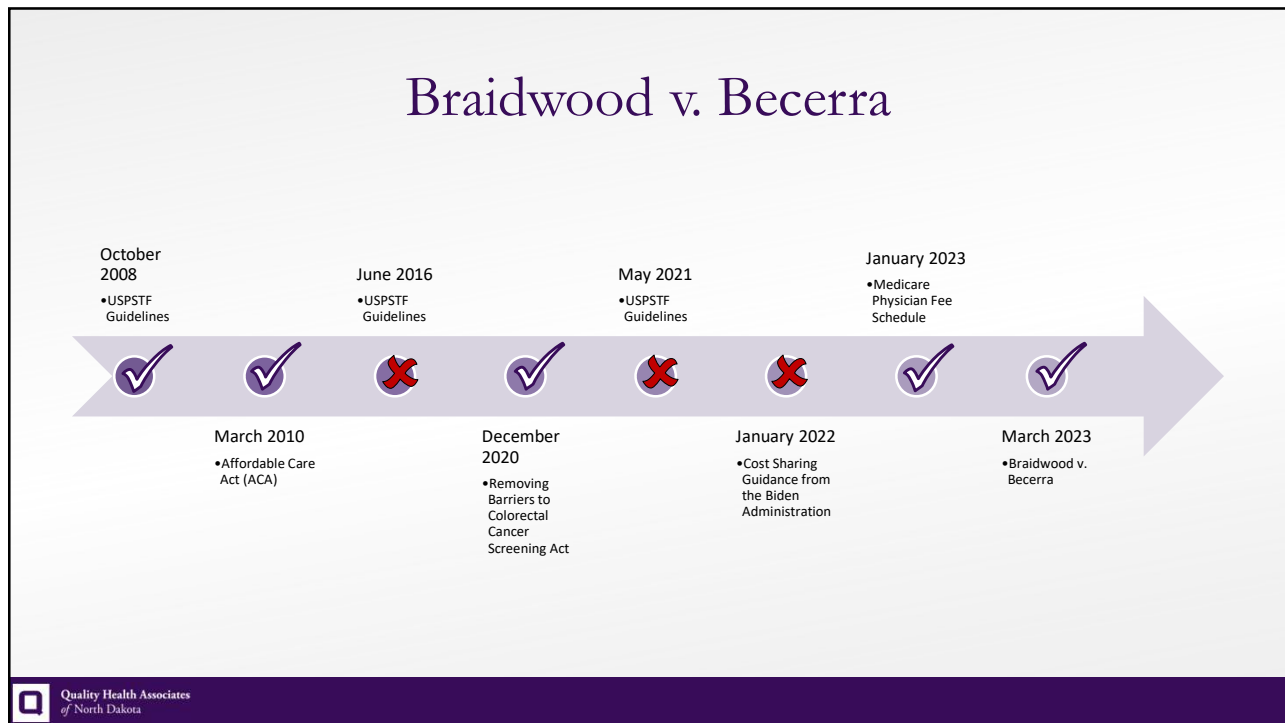
- If a patient has *ever* had adenomatous polyps removed, they are considered above-average risk.
- USPSTF Guidelines for Colorectal Cancer Screening only applies to average risk patients at the time the screening is performed.
- Subsequent colonoscopies performed at an increased frequency due to increased risk *may not be covered* as preventive services under any health plan.
- Medicare plans currently cover surveillance colonoscopies at a frequency of up to 24 months for above-average risk patients.

Diagnostic Colonoscopy

- A diagnostic colonoscopy performed because of sign, symptom(s), or diagnosis may not be considered preventive screening.
- USPSTF Guidelines pertain only to procedures for the purposes of preventive screening for colorectal cancer.
- A diagnostic colonoscopy is only considered preventive if it is a follow-on colonoscopy performed after a positive or abnormal result of a non-invasive screening test of an average-risk patient.



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NDPERS PPO/Basic Grandfathered Health Plan by Sanford Health Plan	100%	\$200 benefit towards screening once per benefit year. See plan documentation	See plan documentation			
North Dakota Medicaid and Medicaid Expansion Medicaid beneficiaries may be subject to Client Share	100%	100%	100%	100%	100%	100%
Medicare Part B Medicare Advantage plans may require Advance Notice or Preauthorization.	100%	100%	100%	100%	85% through 2026 90% through 2029 then 100% from 2030	100%
North Dakota Colorectal Cancer Screening Initiative (NDCRCSI) Serving uninsured and underinsured at participating clinics.	100%	100%	100%	100%	100%	100%

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Braidwood v. Becerra

How does this affect health plans?

- The Braidwood decision does not prevent plans from covering any preventive services it wishes to cover.
- Plans that wish to make changes in their coverage of preventive services are still required to provide notification of the change at least 60 days prior to becoming effective.
- If the appeals court issues a stay, the current requirements will remain in effect pending a court appeal.

Questions?



- Affordable Care Act
<http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf>
- 8 Tips Give You Straight Facts on Modifier 33 (AAPC)
<https://www.aapc.com/blog/23022-8-tips-give-you-straight-facts-on-modifier-33/>
- United States Preventive Services Taskforce Recommendation: Colorectal Cancer Screening
<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening>
- FAQs about Affordable Care Act Implementation Part 51
<https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/faqs/aca-part-51.pdf>
- Medicare coverage of Colonoscopies
<https://www.medicare.gov/coverage/colonoscopies>
- Removing Barriers to Colorectal Cancer Screening Act
<https://www.congress.gov/bill/116th-congress/house-bill/1570>
- North Dakota Colorectal Cancer Screening Initiative (NDCRCI)
<https://www.qualityhealthnd.org/contracts/ndcrc/>
- FAQs about Affordable Care Act and Coronavirus Aid, Relief, and Economic Security Act Implementation Part 59 (Department of Labor)
<https://www.dol.gov/agencies/ebsa/about-ebsa/our-activities/resource-center/faqs/aca-part-59>

References and Resources



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<https://screend.org>