

Colorectal Cancer Screening Insurance Coverage Questions to Ask Your Doctor/Clinic

Private or Group Insurance Coverage for Colonoscopy

Call your insurance company to check on your benefits; they should be able to answer the following questions

- a. Verify if a screening colonoscopy is covered
- b. Verify the maximum benefit allowed for the procedure
- c. If a polyp is found (which requires diagnostic work) how do they process your colonoscopy?
 - i. As a 'Screening' procedure under your wellness benefits?
 - ii. As a 'Medical' procedure?
 1. What is your Deductible and how much have you already met?
 2. What is your Co-Insurance (% you will be expected to pay)
 3. What is your Co-Pay (flat fee you will be expected to pay)
- d. Do you have to use Network Providers (doctors)?
- e. Do you have to use a Network Facility (medical clinic, hospital)?

2010 Medicare Preventive Services – Colorectal Cancer Screening

How often is it covered?

- Fecal Occult Blood Test (FOBT) – Once every 12 months
- Flexible Sigmoidoscopy – Once every 48 months
- Screening Colonoscopy –
 - Once every 24 months (if you're at high risk)
 - Once every 120 months (10 years), but not within 48 months of a screening sigmoidoscopy (if you're not at high risk)
- Barium Enema – every 24 months if high risk and every 48 months if not high risk

For whom?

All people with Medicare age 50 and older, except there is no minimum age for having a screening colonoscopy.

Your costs in the Original Medicare Plan?

FOBT – no cost for test, but 20% of Medicare-approved amount for doctor's visit. For all other tests, you pay 20% of the Medicare-approved amount. If flexible sigmoidoscopy or screening colonoscopy is done in an outpatient hospital setting or an ambulatory surgical center, you pay 25% of the Medicare-approved amount.

NOTE: Provided as a guide, not policy, by Central District Health Department, Boise, Idaho