

MEDICARE COVERS A TEST THAT COULD SAVE YOUR LIFE*

FACT

*All persons 50+ years of age,
and younger patients who have
a family history of colorectal cancer,
should receive regular checkups for the disease.*

Medicare Benefit for Colorectal Cancer Screening

Until January, 1998, all leading scientific authorities agreed that regular screening and early detection could dramatically reduce the annual death toll from colorectal cancer, but Medicare had not previously paid for screening tests.

***Since January 1, 1998, all Medicare beneficiaries have been entitled to regular colorectal cancer screening—Medicare rules provide reimbursement for the first time! Now as of July 1, 2001, the Medicare screening benefit has been expanded to include screening colonoscopy for average risk individuals once every ten years.**

Why is this important?

Colorectal cancer is the nation's No. 2 cancer killer, claiming the lives of 56,000 persons each year, according to the American Cancer Society.

Why should you have screening tests done?

- Screening can prevent cancer by removing precancerous growths (polyps)**
- Early detection diagnoses cancers before they have a chance to spread

Up to 90% of colorectal cancer deaths can be prevented by timely removal of precancerous polyps.

**Polyps are growths within the colon that occur fairly commonly as people grow older. While polyps frequently are benign, they also can be precancerous. If polyps are detected and removed in their benign, precancerous or early cancerous stages, deaths and later surgeries can be avoided.

What you need to know

Congress passed a law in 1997 which directed Medicare to pay for three tests for colorectal cancer screening which have been shown to detect polyps and cancers early. In 2000 Congress passed a law adding an additional benefit. One of the screening options, screening colonoscopy, is now reimbursable by Medicare as to high risk patients; screening colonoscopy will be reimbursed as to all Medicare beneficiaries who receive the test after July 1, 2001. The law defines a frequency for screening colonoscopy of no more than once every two years for high risk patients, and no more frequently than once every 10 years for average risk patients.

- **fecal occult blood tests** — will be paid for annually (when ordered by the patient's attending physician) for all patients;
- **flexible sigmoidoscopy** — will be paid for once every four years for average risk patients;
- individuals NOT at high risk — **screening colonoscopy** — will be paid for once every ten years for average risk patients after July 1, 2001 ;
- individuals at high risk — **screening colonoscopy** — will continue to be covered at once every two years for high risk patients (see definition below).

The final rule from the U.S. Department of Health and Human Services ("HHS") also addresses the possible use of barium enema x-ray as an alternative to the endoscopic examinations for some average and high risk patients.

Do You Want to Know More?

All colorectal exams
were not created equal

What are my options?

Here is some information to help you and your doctor pick the best test for you!

Fecal occult blood tests, the most common and inexpensive colorectal cancer screening device, have an important role in colorectal cancer screening. This test, which can be performed at home and mailed to the medical lab, involves **examining a small sample of stool to see if any hidden blood, which you would not be able to see, is present**. This test alone is not sufficient for accurate screening. Studies in the *Journal of the American Medical Association* by researchers at the Mayo Clinic found such **stool tests to be only 30% effective** in detecting early colorectal cancer. The test can be positive falsely, due to diet or medications. While this **test is important, it needs to be combined with one of the other tests** explained below.

Everyone—particularly older Americans and patients with gastrointestinal problems, who usually are among those with an increased risk of colorectal cancer—should know as much as possible about screening options available for colorectal cancer screening. Here are some alternatives to consider:

Flexible Sigmoidoscopy

PROS: Easy, least expensive and highly accurate in examining the lower third of the colon.

CONS: Since only one-third or less of the colon is examined, cancers arising in the upper colon may go undetected.

MEDICARE STATUS: Available generally without pre-certification once every four years to Medicare beneficiaries over age 50.

Colonoscopy

PROS: Most reliable, visualizes entire colon and offers the capacity to remove many growths and cancers during the examination.

CONS: Cost, however, the Medicare fee for this procedure has dropped substantially. While colonoscopy is very safe, there is a small risk of injury to the colon.

MEDICARE STATUS: AVERAGE RISK: After July 1, 2001, it will be available generally without pre-certification once every ten years to Medicare beneficiaries over age 50 OR HIGH RISK INDIVIDUALS: It is available generally without pre-certification once every two years to Medicare beneficiaries over 50 who meet the definition of a "high risk patient" (below). Colonoscopy is also the diagnostic tool used most frequently if patients have positive results on one of the other colorectal cancer screening tests.

Barium X-Ray

PROS: Usually examines the entire colon. Cost.

CONS: Will detect **only about half** of large polyps and 75% of early cancers. Smaller cancers and precancerous lesions may be missed because radiology creates a "contrast" picture, rather than directly visualizing the colon; cannot be used to biopsy or remove polyps or tumors. When the barium enema identifies a polyp, tumor or other abnormality, a second test, colonoscopy, usually must be performed to confirm any positive results from a barium enema, to obtain a biopsy or remove the growth.

MEDICARE STATUS: The final Medicare rule states that "...**while there is not a consensus in the medical community regarding the specific role of a barium enema examination** under the Medicare colorectal cancer screening benefit when compared to the use of the flexible sigmoidoscopy and colonoscopy examinations, there is a sufficient basis for us to include the use of barium enema as part of the new national Medicare coverage for colorectal screening" [emphasis added].

Pre-certification always required—Unlike the endoscopic tests which can be provided without restriction, HHS

states that in order for a screening barium enema to be reimbursed, a specific written order is required from the patient's attending physician. That written **order must consist of the attending physician's certification that "...in the case of this particular individual, that the estimated screening potential for the barium enema examination is equal to or greater than the screening potential that has been estimated for the colonoscopy" or "flexible sigmoidoscopy"..."for that same individual"** [emphasis added].

Virtual Colonoscopy

Virtual colonoscopy, also called CT colonography, is an X-ray test that looks for cancer and precancerous growths, known as polyps, in the colon (large bowel). Virtual colonoscopy is based on a CT scan of the abdomen and pelvis. If polyps are detected, or **if virtual colonoscopy is technically inadequate, conventional colonoscopy is still needed.**

Is virtual colonoscopy covered by Medicare or recommended by experts?

Medicare does not reimburse the costs for virtual colonoscopy for colon cancer screening. Virtual colonoscopy is not on the list of procedures recognized by Medicare as appropriate for colon cancer screening and approved for Medicare payment.

At this time, no expert or national organization, including the American Cancer Society, has endorsed the use of virtual colonoscopy for colorectal cancer screening. While there have been some attempts by experts to evaluate the effectiveness, costs and benefits of virtual colonoscopy, at this time, **there has been no definitive demonstration to support either its overall effectiveness or cost-effectiveness.**

Are you a high risk patient?

Medicare says **you are a high risk patient if** you have:

- A close relative (sibling, parent, or child) who has had colorectal cancer or an adenomatous polyp; or
- A family history of familial adenomatous polyposis; or
- A family history of hereditary non-polyposis colorectal cancer; or
- A personal history of adenomatous polyps; or
- A personal history of colorectal cancer; or
- Inflammatory bowel disease including Crohn's disease, or ulcerative colitis.

High risk patients are entitled to **colonoscopy every two (2) years generally without any requirement for any written certifications** by the attending physician. In some instances, a barium enema may be substituted (see pre-certification requirements above).

Whom should I see?

Screening tests are unequal, so the reliability of results depends on the skills, experience and expertise of the physicians performing the procedures. All of the above tests involve examining the colon, which means these tests are only as good as the physician's ability and experience.

More experienced physicians will have better skills in using the instruments—the sigmoidoscope and colonoscope—to get the best picture possible within the colon, which in turn promotes more reliable diagnoses. Colonoscopy allows for both diagnosis and therapy in the course of a single examination. A large portion of flexible sigmoidoscopies are provided by family physicians and internists. Colonoscopies are most often performed by a specialist, a gastroenterologist. If a polyp is present, the instrument often can be used to remove it at the time it is detected, eliminating the need for either a repeat procedure or surgery. Therefore, particularly with colonoscopy, the more experienced physician is better equipped to take care of the entire problem “on the spot.”

Since barium enema cannot remove any growths, when a polyp is found, referral is needed to a gastroenterologist or a surgeon specializing in diseases of the colon. This requires a second procedure (to actually remove the growth) for the 30% or so who have a polyp.

The bottom line

While it is normal to be anxious about the various screening tests available, **you should rest assured that, under most circumstances, none is terribly unpleasant.** To get the best, most reliable results, consult your physician about which exam is right for you, and make certain that your exam is performed by a physician who has comprehensive training, skills and expertise.