Health Insurers Should Cover Propofol Sedation During Colonoscopy Procedures

Preventing Colorectal Cancer, a not-for-profit organization, encourages policymakers, health officials, health plan executives and others to support colonoscopies as the gold standard colorectal cancer screening method. We have a unique opportunity to save tens of thousands of Americans each year from preventable colon cancer. This issue brief is one in a series of publications describing what actions we can take together to make a difference.

The Issue
Health insurers should cover the most effective screening procedures available to prevent colon cancer. Most leading experts now agree an important adjunct to a traditional colonoscopy is offering the sedation option of propofol during the screening procedure. Among other attributes, studies have shown a higher detection rate of precancerous polyps using propofol when compared to traditional sedation methods. As part of this new standard of care, propofol must be administered by a licensed anesthesiologist or Certified Registered Nurse Anesthesiologist (CRNA) due to patient safety concerns.

Unfortunately, inconsistent coverage policies from plan to plan or region to region sometimes leave unsuspecting patients on the hook for paying a large part of this life-saving screening test out-of-pocket, or otherwise unsure what is covered and what is not. Once providers and/or patients realize that propofol might not be covered for a colonoscopy, some will avoid having the screening altogether out of fear of the pain associated with less effective anesthetic. Some professionals have even advocated patients do not need an anesthetic at all, which is analogous to having a root canal without Novocain.

Due to the emerging standards of care and the clinical benefits, not covering the administration of propofol through a licensed anesthesiologist or CRNA is simply shortsighted and can harm the insured population. Health insurers should provide full colonoscopy coverage that includes propofol coverage.

Background
Colorectal cancer is the third leading cause of cancer-related deaths in the United States when men and women are considered separately, and the second leading cause when both sexes are combined. Colon cancer is predicted to cause about 51,690 deaths during 2012. However, a major milestone was achieved recently when federal health care reform legislation mandated that insurers cover the cost of preventative colonoscopy screenings without copayments or deductibles.

The good news is that over 20 million colonoscopy procedures are performed in outpatient endoscopy suites each year and this number continues to increase annually. Unfortunately, the cost of the screening is only part of the total cost incurred by visiting the endoscopy center. The vast majority of these 20 million procedures are delivered with anesthesia and the charges incurred
for this important aspect are sometimes disputed by insurers as ‘not medically necessary.’ When patients learn that there may be large and unexpected bills following their procedure, many become wary of scheduling their colonoscopy.

**The Opportunity**

It’s vital that steps are taken to ensure all colonoscopies are of the highest quality and that patients are not discouraged from scheduling their screenings. As highlighted in previous PCC issue briefs, colonoscopies with propofol sedation provide the best clinical outcomes. The inconsistent interpretation by health plans about whether propofol is a covered benefit must be resolved with a consistent and clear coverage policy in all instances. It is simply the right thing to do for the patient.

Some health insurers do not cover propofol at all; others limit payments for anesthesiologists or CRNAs, and still others confuse matters by not enforcing their sedation coverage policy consistently as it relates to “medical necessity” and/or “benefit determinations”. Whereas many large public payors such as the Center for Medicare and Medicaid Services (CMS) and many private payors cover anesthesiologist-CRNA administered propofol during a colonoscopy, a few notable exceptions exist.

Inconsistent health plan coverage policies can wreak havoc for practicing physicians and their patients in terms of the procedures that are covered and those that are not. While attempting to cut their costs, some insurers attempt or actually deny patients the optimal clinical experience of having a colonoscopy while under the care of an anesthesiologist or CRNA administering propofol. This is counterproductive and conflicts with current evidence-based practices.

**Avoiding Colonoscopies**

Many people refuse to undergo a potentially lifesaving colorectal cancer screening out of fear of the procedure. Having to undergo a colonoscopy without the benefit of anesthesia only heightens that fear. Patients who have a painful colorectal cancer screening not only are less prone to return for the next one, but will tell their friends and family about the painful procedure and even fewer people will agree to have the colonoscopy.

Given the high cost of treating a stage IV colorectal cancer, providing a safe and comfortable colonoscopy is the best clinical pathway. Refusing to pay for the anesthesia is short-sighted and limits the clinical efficacy of the colonoscopy. Health plans need to establish a coverage policy that is in the best interests of their health plan members, which should include the use of anesthesiologist-CRNA administered propofol as an anesthetic option in conjunction with colonoscopies.

**Gold Standard of Care**

The use of propofol during a colonoscopy, where an anesthesiologist or CRNA is present alongside a gastroenterologist, is emerging as the medical standard of care in the United States. Health insurance plans unwilling to cover the relatively small additional cost of anesthesia compared to the overall charges for a colonoscopy, while ignoring the superior clinical outcomes of more polyps being found and removed from patients who are anesthetized with propofol, are providing a marked disservice to the persons covered by their policies.

Lives are at risk and health insurance plans should not be allowed to cut costs at the risk of patient safety. Propofol-aided sedation for colonoscopies for Medicaid, Medicare and most health plans across the United States has become the standard of care.

Please contact PCC if you would like more information.