



# OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

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## DIRECTIVE 16-EX-6

TO: ALL INSURERS WRITING COMPREHENSIVE MAJOR MEDICAL INSURANCE

FROM: RALPH T. HUDGENS  
INSURANCE AND SAFETY FIRE COMMISSIONER

DATE: NOVEMBER 2, 2016

RE: IN-NETWORK PREVENTIVE COLORECTAL SCREENINGS

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This Directive applies to any comprehensive, major medical individual or group insurance plan, policy, or contract for health care services issued, delivered, issued for delivery, executed, or renewed by an insurer in this state. The Directive is not applicable to the following limited benefit insurance policies: accident only, CHAMPUS supplement, dental, disability income, fixed indemnity, long-term care, Medicaid, Medicare supplement, specified disease, vision, self-insured plans, and nonrenewable individual policies written for a period of less than six months.

The purpose of this Directive is to provide guidance and Departmental expectations regarding the Patient Protection and Affordable Care Act's (PPACA) in-network preventive care services relating to preventive colorectal screenings.

The Centers for Medicaid and Medicare and similar federal agencies have provided enough guidance for it to be determined that all services directly related to a preventive colonoscopy including an associated facility, anesthesia, pathology, polyp removal, physician fees, and pre-operative examination and consultation are to be provided with no member, subscriber, or insured cost sharing. The primary determinant of coverage with no cost sharing is that the procedures were scheduled for the purpose of a preventive colorectal screening having an "A" or "B" rating with the current U.S. Preventive Services Task Force (USPSTF) recommendations. The actual findings of an examination have no bearing on the cost sharing of the initial screening.

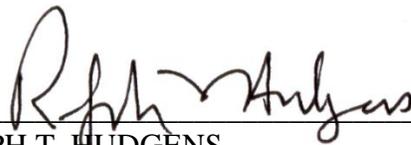
It has come to my attention that issues continue to arise regarding the breadth of coverage including denials of claims, improper cost sharing, or improper balance billing and as a result of coding (improper or otherwise). The Department does not anticipate the breadth or scope of coverage issues to continue in the future because it

is now logical to assume that under Federal Guidance all reasonable costs associated with a preventive colonoscopy screening from an in-network provider are to be covered with no cost sharing.

Issues related to improper or miscoding may continue to exist due to differences in interpretation, auto adjudication of claims, etc. Regardless of the reason that a preventive colonoscopy screening is not adjudicated correctly, it is the insurer's duty to adjust the claim promptly, fairly and accurately once it becomes known that the claim is attributed to a preventive colonoscopy screening. Coding issues, especially those coding issues with in-network providers, are not a sufficient reason for an insurer not to adjudicate the claim correctly and adjust cost sharing once the issues are known. Failure of insurers to make proper adjustments in a timely manner will be viewed as unfair claims settlement practices.

Insurers are also directed to develop disclosures, brochures, pamphlets, guides, or other informative electronic or printed material advising insureds, members, or subscribers, that include but are not limited to the differences between diagnostic and preventive, cost sharing and no cost sharing, in or out-of-network, helpful hints or other forms of guidance and reasonable expectations regarding referrals for preventive colorectal screenings. The aforementioned disclosures or guidance may be included in material that relates to all preventive care services with no cost sharing or separately as stand-alone guidance for colorectal screenings.

Any insurers with questions should submit them to Cris Campos in the Consumer Services Division at [ccampos@oci.ga.gov](mailto:ccampos@oci.ga.gov).



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RALPH T. HUDGENS  
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STATE OF GEORGIA