Screening Colonoscopy

Screening services are used to detect an undiagnosed disease where early detection may prevent harm and where the patient has no signs, symptoms, laboratory evidence, radiological evidence or personal history of the disease.

Some payers may consider abnormal findings during a screening colonoscopy to be diagnostic or therapeutic. In this case, the patient may be subject to an out of pocket cost.

ICD-10 Code and Guideline:

- Z12.11 Encounter for screening for malignant neoplasm of colon

A screening code may be a first-listed code if the reason for the visit is specifically the screening exam. Should a condition be discovered during the screening then the code for the condition may be assigned as an additional diagnosis.

Example:
Reason for the exam is screening colonoscopy. During the procedure, a polyp was found. Primary diagnosis is Z12.11. Secondary diagnosis is K63.5 (Polyp of colon)

CPT:

Medicare**:**

- G0105: Colorectal cancer screening; colonoscopy on individual at high risk
- G0121: Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk
- G0104: Colorectal cancer screening; flexible *sigmoidoscopy*
- G0106: Colorectal cancer screening; alternative to G0104, *screening sigmoidoscopy*, barium enema
- G0328: Colorectal cancer screening; fecal occult blood test, immunoassay, one to three simultaneous determinations

Non-Medicare:

- 45378: Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed

Modifier

- 33 (Preventive Services)

Example:
Physician performing a screening colonoscopy finds and removes a polyp with a snare, use CPT code 45385 and append modifier 33 to the CPT code.

- 53 (Discontinued Procedure) This modifier allows the physician community to state the surgical procedure was discontinued due to extenuating circumstances or a threat to patient well-being.

Example:
Patient is scheduled for a screening colonoscopy and because of a poor prep the scope cannot be advanced beyond the splenic flexure. Append modifier 53.

- PT (Colorectal cancer screening test; converted to diagnostic test or other procedure) for Medicare payer. CMS developed the PT modifier to indicate that a colonoscopy that was scheduled as a screening was converted to a diagnostic or therapeutic procedure

Example:
A screening colonoscopy is performed and during the procedure a polyp is found and removed via snare. Do not code G0121, instead code 45385 with PT modifier appended.

For more information on surgical modifiers, see our Coding Corner on Surgery Modifiers and Global Period:
https://shcconnect.stanfordmed.org/depts/uha/cdr/Documents/UHA%20Coding%20Corners/Surgical%20Modifiers%20and%20Global%20Period%202019-01.pdf

Definition of High Risk per Code of Federal Regulations (CFR)

- An individual at high risk for colorectal cancer means an individual with
  - A close relative (sibling, parent, or child) who has had colorectal cancer or an adenomatous polyp;
  - A family history of familial adenomatous polyposis;
  - A family history of hereditary nonpolyposis colorectal cancer;
  - A personal history of adenomatous polyps; or
  - A personal history of colorectal cancer; or
  - Inflammatory bowel disease, including Crohn's Disease, and ulcerative colitis.

Evaluation and Management (E/M):

Patients referred for a screening colonoscopy do not have signs or symptoms that support a diagnostic colonoscopy. The physician performing the colonoscopy may wish to see and evaluate the patient prior to the screening colonoscopy. In this case, the evaluation and management (E/M) visit is generally not separately billable.

Even though some patients may be at high risk for the procedure due to concurrent conditions that may affect the decision to perform the procedure, the patient evaluation for these risk factors is included in the usual pre-service work associated with the screening colonoscopy.

A separate E/M service may be submitted for patients that are referred for a screening colonoscopy when either of the following scenarios occurs:

- All the required components of the E/M are documented and based on this evaluation the physician decides not to proceed with the screening
- All the required components of the E/M are documented and the physician determines the patient has signs and symptoms that warrant a diagnostic colonoscopy instead of the screening colonoscopy

It is also important to remember that when a screening colonoscopy detects a lesion or growth resulting in a biopsy or removal of the growth, the appropriate diagnostic colonoscopy with biopsy or removal code must be submitted rather than the screening colonoscopy code.

Resources:

American Gastroenterological Association (AGA) Coding FAQ- Screening Colonoscopy
https://www.gastro.org/practice-guidance/reimbursement/coding-faq-screening-colonoscopy

Evaluation and Management
https://www.palmettogba.com/palmetto/providers.nsf/vMasterDID/8EELDY5430

Diagnosis Guidelines per CDC
https://www.cdc.gov/nchs/data/icd/10cmguidelines-FY2020_final.pdf

Definition of High risk for developing colorectal cancer defined in the Code of Federal Regulation (CFR)
https://www.govinfo.gov/content/pkg/CFR-2016-title42-vol2/pdf/CFR-2016-title42-vol2-sec410-37.pdf

Medicare Learning Network (MLN) Preventive Services
https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html#COLO_CAN

Medicare Learning Network (MLN) Waiver of Coinsurance and Deductible for Preventive Services
https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7012.pdf

Modifier PT Fact Sheet
https://www.wpsgha.com/wps/portal/mac/site/claims/guides-and-resources/modifier-pt/!ut/p/z0/fY2xDoIwFEV_BQfG5lVMCCsaDTEQjYOBLqYpBZ5CW9qifr7o5GAc78m99wCDEpjid2y5R614P-eKxZdjlsXZMqH5ISooTYvdebVN8nVyWsIe2P_C_BDZYlO0wAz3HUHVaCjbCWvpCFc1sdLpyQrpoBx0jQ1KS4x_7_A6jiwFJrTy8jmjh3HBJygfSNX26LqQem1QEDEzaUMqeo6DC-kvQUi_BebGqsSlixdPk5L0/#