CBA Blue
An independent licensee of the Blue Cross and Blue Shield Association.

Preventive Colonoscopy Claims
Frequently Asked Questions

1. What colonoscopy procedures is CBA Blue defining as preventive?

A service associated with a screening colonoscopy must pay at the preventive benefit level. If a procedure is billed as a screening (applicable **"V"** codes), colonoscopy benefits will be applied as preventive based on the intent of the test and not on the findings. If a problem is found during the screening and a procedure is performed to address the problem (such as polyp removal), the claim will still be paid as preventive with no cost sharing as long as it has been billed with modifier "**33"** or modifier "**PT"**. If the procedure is not billed as preventive, it will not be paid as a preventive screening.

2. What services are considered part of the screening colonoscopy?

- ☐ Colonoscopy screening procedure
- ☐ Pathology services
- ☐ Anesthesiology (if necessary)
- ☐ Outpatient facility fee

A service that is directly related to a screening colonoscopy is considered to be part of the screening colonoscopy.

3. What if a procedure has already been performed and improperly coded and the member has paid a share of the cost? Will CBA Blue adjust a claim for a colonoscopy?

There are a number of factors that could impact the way CBA Blue will reimburse for a colonoscopy procedure. Reasons that may lead to the claim being paid with member cost sharing include number of visits; age limits; use of a non-network provider; procedure billed as diagnostic or medical; symptoms or history. If a member advises that a colonoscopy was intended to be preventive, CBA Blue will research claims history and may adjust the claim. The provider may be called if a claims search does not find a preventive diagnosis on the corresponding date of service.

4. What if a problem is found during the colorectal screening? Does it change the way the claim is paid?

If a procedure is billed as a preventive screening, CBA Blue will assume that colonoscopy benefits should be applied based on the intent of the test and not on the findings. If a problem is found during the screening and a procedure is performed to address the problem (such as polyp removal), the claim will still be paid as preventive with no member cost sharing as long as it has been billed using the appropriate preventive modifiers. If the procedure is not billed as preventive, it will not be paid as a preventive screening.

5. When a colonoscopy is performed to follow up on a previously identified abnormality, is it covered as a preventive service with no patient cost-share under the health care reform law?

Colonoscopy performed to follow up on a previously identified abnormality is **not** covered as preventive without patient cost-sharing. Health care reform requires that "colorectal cancer screening" be covered as preventive care with no patient cost-share. Colorectal cancer screening services may include fecal occult blood testing (FOBT), colonoscopy or sigmoidoscopy. These tests are only considered preventive when performed for early detection of colorectal cancer on a patient who does not have any symptoms or signs.* If a colorectal test is performed to evaluate the condition of a patient who has signs or symptoms, it is ***not*** considered preventive.For example, colonoscopy can be used as a follow-up for a patient with abnormalities identified during a previous colorectal cancer screening. In this situation, the primary purpose of the follow-up colonoscopy is not screening for colorectal cancer. Therefore, it is **not** covered as a preventive service without patient cost-share.

Here are a few examples of colonoscopy that is ***not*** considered preventive because the procedure is performed to evaluate or follow up on a previously identified abnormality:

- ☐ A follow-up colonoscopy is performed on a patient with a history of polyps removed during a previous colorectal cancer screening. The follow-up colonoscopy would **not** be covered as **preventive** and **patient cost-share would apply** because the procedure is being done to follow up on the polyps, not to screen for colorectal cancer.

- ☐ A patient is screened for colorectal cancer using FOBT. The results are abnormal. To evaluate this abnormality, the practitioner performs a colonoscopy. The colonoscopy would **not** be **preventive** and **patient cost-share would apply** because the test is being performed to evaluate the previously identified abnormality.

For more information about preventive colorectal cancer screening visit
http://www.uspreventiveservicestaskforce.org/uspstf/uspscolo.htm