



Bill Preventive Colonoscopies with Correct Modifiers for No Cost Share Benefits

Ensure the correct modifier is used when billing for Colorectal Cancer Screenings (CRC)

Effective January 1, 2022, California Assembly Bill 342 increased access to colorectal cancer screening. The new state law removed out-of-pocket costs for patients needing colonoscopies after positive non-invasive colorectal cancer screening tests. It requires zero-dollar coverage for grade A or B preventive services recommended by the United States Preventive Services Task Force (USPSTF). The goal is to remove financial barriers and encourage the patient to proceed to the colonoscopy procedure soon after a positive screening result from a non-invasive colorectal screening test.

Note: The Affordable Care Act (ACA) does not apply to Medicare or Medi-Cal. Screening tests, billing and patient costs may vary dependent on coverage. It is important to review source preventive and billing rules and guidance prior to completing any screening test to determine if cost-share applies.

Coverage and billing requirements

- **Coverage** – Assembly Bill 342 expands coverage with no cost share for CRC as preventive services when billed with correct modifiers for the following:
 - High sensitivity gFOBT or FIT every year
 - sDNA-FIT (Cologuard) every 1 to 3 years
 - CT colonography every 5 years
 - Flexible sigmoidoscopy every 5 years
 - Flexible sigmoidoscopy every 10 years plus FIT every year
 - Colonoscopy screening every 10 years
- **Age lowered** – The USPSTF previously recommended screening for adults ages 50-75 years (recommendation A). The USPTSF now recommends offering screening to begin at age 45 years (recommendation B). Adults ages 76 to 85 should be selectively screened and the clinician consider the patient's overall health, prior screening history, and preferences (recommendation C). Screening should be discontinued after age 85 years.
- **Follow-on screenings** – The follow-on colonoscopy after a positive result from a non-invasive stool test, flexible sigmoidoscopy, or CT colonography

THIS UPDATE APPLIES TO:

- Physicians
- Hospitals
- Ancillary Providers
- Independent Practice Associations

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is a covered benefit when the correct preventive diagnosis code and modifier are used.

We urge providers to submit the correct billing requirements to avoid patient claim issues. Please refer to the billing requirements on page 2-3.

Billing requirements

Providers must follow these billing requirements to avoid patient claim issues when billing for CRC for no cost share benefits.

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Line of business	Requirements
Medicare Advantage (HMO/PPO)	<p>Age lowered from 50 to 45 – The Centers for Medicare & Medicaid Services (CMS) lowered the recommended age to 45 years of age or older to begin colorectal cancer screening. CRC screening tests with no cost share:</p> <ul style="list-style-type: none">• gFOBT (CPT 82270)• FOBT and FIT (HCPCS G0328)• sDNA FIT/Cologuard (CPT 81528)• Colonoscopy (HCPCS G0105, G0121)• Sigmoidoscopy (HCPCS G0104)• Screening barium enema (HCPCS G0106, G0120)• Blood-based biomarker (HCPCS G0327) <p>Follow-on screening – Covered CRC screening tests now include a follow-on screening colonoscopy after a non-invasive, stool-based test returns a positive result. However, if a polyp is found and removed or other tissue during the screening, the procedure becomes a diagnostic colonoscopy. Then the patient may have to pay part of the cost.</p> <p>Modifier KX – Add modifier KX to a screening colonoscopy code to indicate service was performed as a follow-on screening after a positive result for no cost share.</p> <p><i>Billing Example: CPT Code + Modifier KX = \$0 cost share for patient.</i></p> <p>Modifier PT – If polyps are removed, use the correct CPT code and add modifier PT (Colorectal cancer screening test; converted to diagnostic test or other procedure) to each CPT code for Medicare. If modifier PT is not added to the CPT code submitted on the Medicare claims, the service will be recognized as a screening service and patient inappropriately billed.</p>

Additional information

If you have questions regarding the information contained in this update, contact 866-999-3945.