



Preventive Colonoscopy Claims Frequently Asked Questions

1. What colonoscopy procedures is BCBSOK 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, 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. 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?

If the member or provider calls or writes to ask why the procedure was not paid without cost sharing, the Customer Advocate will be authorized to make an adjustment and reimburse the provider, if appropriate. This will be done through the normal “Explanation of Benefits” process.

Note: BCBSOK is not retroactively reviewing colonoscopy screening claims unless a patient or provider requests the review.

4. Will BCBSOK adjust a claim for a colonoscopy?

There are a number of factors that could impact the way BCBSOK 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, BCBSOK will research claims history and adjust the claim when it represents the first one on record for the member. The provider may be called if a claims search does not find a preventive diagnosis on the corresponding date of service.

5. 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, BCBSOK 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.

6. 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>

7. How often can a patient be screened for colorectal cancer using colonoscopy without patient cost-sharing under health care reform?

Colorectal cancer screening including colonoscopy is covered without patient cost-sharing when performed in accordance with the recommendations of the U.S. Preventive Services Task Force (USPSTF). The recommended frequency of screening depends upon which screening test is used. The USPSTF recommends that adults age 50 to 75 be screened by one of the following:

- High-sensitivity fecal occult blood testing every year
- Sigmoidoscopy every 5 years, with high-sensitivity fecal occult blood testing every 3 years
- Screening colonoscopy every 10 years

Note: BCBSOK will not enforce age restrictions on the coverage of colonoscopy to screen for colorectal cancer without patient cost sharing.

*Preventive coverage with no cost-share only applies to patients with a non-grandfathered health plan and only when they obtain the service from a provider in the BCBSOK network.

CPT copyright 2010 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA.

Preventive coverage with no cost-share only applies to patients with a non-grandfathered health plan and only when they obtain the service from a provider in the BCBSOK network.

For more information about the USPSTF recommendation on screening for colorectal cancer see <http://www.uspreventiveservicestaskforce.org/uspstf/uspscolo.htm>

This material is for informational purposes only and is not the provision of legal advice. If you have any questions regarding the law, you should consult with your legal advisor.

Verification of eligibility and/or benefit information is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered.

Updated November 2012