

**Subject: Colorectal Cancer Screening Exams (Invasive Procedures)**

Effective Date: 1/1/14  
Last revision effective 4/16

Florida Hospital Care Advantage plans include full coverage of in-network colorectal cancer screening exams. Preventive coverage is required by the Affordable Care Act for Commercial health plans and under Medicare.

This document provides billing guidance for invasive colorectal cancer screening exams to ensure accurate payment and patient satisfaction. Please follow these guidelines consistently, and contact us if you have questions.

**Cost-share application:** No cost-share applies to screening exams billed according to these guidelines. For diagnostic exams, cost-share applies according to member contracts. Unless specified otherwise, the outpatient surgery benefit will apply.

**Claim Forms/Revenue Codes**

These guidelines apply to exams billed by a facility on a **CMS-1450** claim form with **Revenue Code 0750**, and to physician claims billed on a **CMS-1500** form.

**Procedure Codes**

**Standard Coding:** Standard codes established by CMS and the AMA should be used when reporting invasive colorectal cancer exams. See Appendix 1 for a list of applicable codes.

**Procedure Code Order [Facility Claims Only]:** To ensure accurate payment, if more than one gastrointestinal service is billed on a single claim, be sure to list the colorectal cancer exam **last**. This will allow any required cost-share for other service(s) to be applied correctly.

**Preventive Services Modifiers**

Preventive exams should be billed with one of the following modifiers. These modifiers, on their own, will not determine whether preventive benefits apply, but are used in conjunction with procedure and diagnosis codes and utilization history.

**Modifier 33 – Preventive Services:** *Modifier 33* is used to identify preventive services under the Affordable Care Act, and should be used for colorectal cancer screening exams that meet HFHP's guidelines (unless *Modifier PT* described below is more appropriate).

1. **Append this modifier to screening exams that meet the guidelines in the following section unless Modifier PT is appropriate.**

**Modifier PT – Screening Colonoscopy That Becomes Diagnostic:** *Modifier PT* should be used to bill screening colonoscopies that turn diagnostic, such as when a biopsy is performed or a growth is removed.

**Diagnosis Codes**

For preventive benefits to apply correctly, an appropriate diagnosis code must be submitted on the claim. The first-listed diagnosis code should represent the reason for the exam and not the condition that may have been diagnosed during the procedure.

**See Appendix 1 for a list of applicable codes.**

## **HFHP Screening Exam Guidelines**

In general, an invasive colorectal cancer exam is considered a “screening” for members 50 years of age or older with no current signs or symptoms of colorectal cancer. Members with a personal or family history of colorectal cancer may be screened earlier as prescribed.

Colorectal cancer screenings are covered according to the following frequency guidelines:

### **Screening Colonoscopy**

Once every 10 years, or 3 years after a previous flexible sigmoidoscopy. More frequent screening is available for high risk members based on applicable guidelines (generally every 2 years).

### **Flexible Sigmoidoscopy**

Once every 3 years after the last flexible sigmoidoscopy or barium enema, or 10 years after a previous screening colonoscopy.

## **Revision History**

---

4/16: Updated screening frequency description. Updated codes.

Procedure Codes	
Code	Description
G0104	Colorectal cancer screening; flexible sigmoidoscopy
G0105	Colorectal cancer screening; colonoscopy on individual at high risk
G0106	Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema
G0120	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema
G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high
G0122	Colorectal cancer screening; barium enema
45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple
45332	Sigmoidoscopy, flexible; with removal of foreign body(s)
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
45334	Sigmoidoscopy, flexible; with control of bleeding, any method
45335	Sigmoidoscopy, flexible; with direct submucosal injection(s), any substance
45337	Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation
45341	Sigmoidoscopy, flexible; with endoscopic ultrasound examination
45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)
45346	Flexible sigmoidoscopy with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
45347	Flexible sigmoidoscopy with placement of endoscopic stent (includes pre-and post-dilation and guide wire passage, when performed)
45349	Flexible sigmoidoscopy with endoscopic mucosal resection
45350	Flexible sigmoidoscopy with band ligation(s) (eg, hemorrhoids)
45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
45379	Colonoscopy, flexible, with removal of foreign body(s)
45380	Colonoscopy, flexible, with biopsy, single or multiple
45381	Colonoscopy, flexible, with directed submucosal injection(s), any substance
45382	Colonoscopy, flexible, with control of bleeding, any method
45384	Colonoscopy, flexible, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
45385	Colonoscopy, flexible, with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45386	Colonoscopy, flexible, with transendoscopic balloon dilation
45391	Colonoscopy, flexible, with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures
45392	Colonoscopy, flexible, with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures

Diagnosis Codes: ICD-10	
Code	Description
D12.0	Benign neoplasm of cecum
D12.1	Benign neoplasm of appendix
D12.2	Benign neoplasm of ascending colon
D12.3	Benign neoplasm of transverse colon
D12.4	Benign neoplasm of descending colon
D12.5	Benign neoplasm of sigmoid colon
D12.6	Benign neoplasm of colon, unspecified
D12.7	Benign neoplasm of rectosigmoid junction
D12.8	Benign neoplasm of rectum
D12.9	Benign neoplasm of anus and anal canal
D13.2	Benign neoplasm of duodenum
D13.30	Benign neoplasm of unspecified part of small intestine
D13.39	Benign neoplasm of other parts of small intestine
D13.9	Benign neoplasm of ill-defined sites within the digestive system
D20.0	Benign neoplasm of soft tissue of retroperitoneum
D20.1	Benign neoplasm of soft tissue of peritoneum
D37.2	Neoplasm of uncertain behavior of small intestine
D37.4	Neoplasm of uncertain behavior of colon
D37.5	Neoplasm of uncertain behavior of rectum
D37.6	Neoplasm of uncertain behavior of liver, GB & bile duct
D37.8	Neoplasm of uncertain behavior of oth digestive organs
D37.9	Neoplasm of uncertain behavior of digestive organ, unsp
D48.3	Neoplasm of uncertain behavior of retroperitoneum
D48.4	Neoplasm of uncertain behavior of peritoneum
K50.00	Crohn's disease of small intestine without complications
K50.10	Crohn's disease of large intestine without complications
K50.80	Crohn's disease of both small and lg int w/o complications
K50.90	Crohn's disease, unspecified, without complications
K51.30	Ulcerative (chronic) rectosigmoiditis without complications
K51.40	Inflammatory polyps of colon without complications
K51.80	Other ulcerative colitis without complications
K51.90	Ulcerative colitis, unspecified, without complications
K52.0	Gastroenteritis and colitis due to radiation
K52.1	Toxic gastroenteritis and colitis
K52.2	Allergic and dietetic gastroenteritis and colitis
K52.81	Eosinophilic gastritis or gastroenteritis
K52.82	Eosinophilic colitis
K52.89	Other specified noninfective gastroenteritis and colitis
K52.9	Noninfective gastroenteritis and colitis, unspecified
K63.0	Abscess of intestine
K63.1	Perforation of intestine (nontraumatic)
K63.2	Fistula of intestine
K63.3	Ulcer of intestine
K63.4	Enteroptosis
K63.5	Polyp of colon
K63.81	Dieulafoy lesion of intestine
K63.89	Other specified diseases of intestine
K63.9	Disease of intestine, unspecified
Z12.10	Encounter for screening for malignant neoplasm of intestinal tract, unspecified

Z12.11	Encounter for screening for malignant neoplasm of colon
Z12.12	Encounter for screening for malignant neoplasm of rectum
Z12.13	Encounter for screening for malignant neoplasm of small intestine
Z80.0	Family history of malignant neoplasm of digestive organs
Z83.71	Family history of colonic polyps
Z85.00	Personal history of malignant neoplasm of unspecified digestive organ
Z85.030	Personal history of malignant carcinoid tumor of large intestine
Z85.038	Personal history of malignant neoplasm of large intestine
Z85.040	Personal history of malignant carcinoid tumor of rectum
Z85.048	Personal history of malignant neoplasm of rectum, rectosigmoid junction, and anus.
Z85.060	Personal history of malignant carcinoid tumor of small intestine
Z85.068	Personal history of malignant neoplasm of small intestine
Z85.09	Personal history of malignant neoplasm of digestive organs
Z86.010	Personal history of colonic polyps

*Contact us Monday through Friday from 8 a.m. to 6 p.m. at 844.522.5278 with questions.*

---

Health First Health Plans, Inc. and Health First Commercial Plans, Inc. are both doing business under the name of Florida Hospital Care Advantage. Florida Hospital Care Advantage does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.