



Colonoscopy

Reimbursement Policy ID: RPC.0123.0900

Recent review date: 05/2025

Next review date: 04/2026

AmeriHealth Caritas New Hampshire reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas New Hampshire may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT®); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

This policy addresses guidelines and reimbursement for screening and diagnostic colonoscopies.

Exceptions

N/A

Reimbursement Guidelines

A screening test is used to look for a disease when a person doesn't have symptoms. The US Preventive Services Task Force (Task Force) recommends that adults age 45 to 75 be screened for colorectal cancer.

A screening colonoscopy for a non-high-risk patient may be reimbursed once every 10 years unless a sigmoidoscopy for colorectal cancer screening has been performed and reimbursed in the previous four years.

A screening colonoscopy for a high-risk patient may be reimbursed every two years. High-risk patients for example may include patients with a diagnosis of sessile serrated polyp (SSP) or a family history of colorectal cancer.

Alternatives to screening colonoscopy include diagnostic colonoscopy, Cologuard test, testing for occult blood in feces, screening sigmoidoscopy and barium enemas for high-risk patients. These procedures may be reimbursed even if screening colonoscopy is performed during the same time period.

If, during a screening colonoscopy, a pathology is encountered that necessitates an intervention which converts the screening colonoscopy to a diagnostic/therapeutic colonoscopy, the appropriate CPT® code which includes the PT modifier for the diagnostic/therapeutic colonoscopy must be submitted with an appropriate diagnosis for the procedure to qualify for reimbursement.

If a screening colonoscopy is not able to be completed due to incomplete prep or other unexpected circumstances, modifier 53 (Discontinued Procedure), is used to indicate that a surgical or diagnostic procedure was started but terminated due to extenuating circumstances. The provider will be reimbursed to the extent the colonoscope is advanced within the colon.

Diagnostic Colonoscopy

A diagnostic colonoscopy is performed for reasons such as known or occult gastrointestinal bleeding or stool positive for occult blood, unexplained changes in bowel habits or patterns, iron deficiency anemia or weight loss in elderly patients, persistent abdominal pain, suspected inflammatory or infectious colitis and barium enema showing radiographic structural abnormalities.

Non-covered indications include:

- Chronic, stable, irritable bowel syndrome or chronic abdominal pain. There are unusual exceptions in which colonoscopy may be done to rule out organic disease, especially if symptoms are unresponsive to therapy.
- Acute limited diarrhea.
- Hemorrhoids.
- Metastatic adenocarcinoma of unknown primary site in the absence of colonic symptoms when it will not influence management.
- Routine follow-up of inflammatory bowel disease (except for cancer surveillance in Crohn's colitis, chronic ulcerative colitis).
- Routine examination of the colon in patients about to undergo elective abdominal surgery for non-colonic disease.
- Upper GI bleeding or melena with a demonstrated upper GI source.

AmeriHealth Caritas New Hampshire will not reimburse for a colonoscopy performed only for one of these non-covered indications.

Therapeutic indications for colonoscopy include, but are not limited to:

- Excision and ablation of lesions
- Treatment of bleeding lesions
- Dilation of stenosis or strictures
- Foreign body removal
- Decompression of colonic volvulus or megacolon
- Palliative management of known neoplasms.

Definitions

Colonoscopy

Colonoscopy is the examination of the entire colon, from the rectum to the cecum, and may include the examination of the terminal ileum.

Diagnostic Colonoscopy

A diagnostic colonoscopy is performed for reasons such as known or occult gastrointestinal bleeding or stool positive for occult blood, unexplained changes in bowel habits, patterns, iron deficiency anemia or weight loss in elderly patients.

Sigmoidoscopy

Sigmoidoscopy is the examination of the entire rectum and sigmoid colon and includes examination of a portion of the descending colon.

Modifier PT

Modifier PT is used in Medicare billing to indicate that a screening colonoscopy was changed to a diagnostic or therapeutic procedure.

Modifier 53 - Discontinued Procedure

May be used only when a physician or other qualified health care professional elects to terminate a surgical or diagnostic procedure due to extenuating circumstances that threaten the well-being of the patient.

Edit Sources

- I. Current Procedural Terminology (CPT) and associated publications and services.
- II. International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM).
- III. Healthcare Common Procedure Coding System (HCPCS).
- IV. Centers for Medicare and Medicaid Services (CMS).
- V. The National Correct Coding Initiative (NCCI).
- VI. CDC - Screening for Colorectal Cancer.
- VII. LCD 34614 – Diagnostic Colonoscopy and Sigmoidoscopy.
- VIII. NCD 55069 – Billing & Coding: Screening Colonoscopy Changed to Diagnostic or Therapeutic Colonoscopy.
- IX. AmeriHealth Caritas New Hampshire Provider Manual.
- X. New Hampshire Medicaid Fee Schedule(s).

Attachments

N/A

Associated Policies

N/A

Policy History

06/2025	Minor updates to formatting and syntax
05/2025	Reimbursement Policy Committee Approval
04/2025	Revised preamble
04/2024	Revised preamble
08/2023	Removal of policy implemented by AmeriHealth Caritas New Hampshire from Policy History section
01/2023	Template Revised • Revised preamble • Removal of Applicable Claim Types table • Coding section renamed to Reimbursement Guidelines • Added Associated Policies section