Program Memorandum
Carriers/Intermediaries

Department of Health & Human Services (DHHS)
Centers for Medicare & Medicaid Services (CMS)

Transmittal AB-03-114 **Date: AUGUST 1, 2003**

CHANGE REQUEST 2822

SUBJECT: Claims Processing and Payment of Incomplete Screening Colonoscopies

I. GENERAL INFORMATION

A. Background: Medicare covers colorectal cancer screening test/procedures for the early detection of colorectal cancer when coverage conditions are met. Among the screening procedures covered are screening colonoscopies: G0105--Colorectal cancer screening; colonoscopy on individual at high risk; and G0121--Colorectal screening; colonoscopy on individual not meeting criteria for high risk. Coverage of these services is subject to certain frequency limitations.

In some instances, a provider may begin a screening colonoscopy, but, because of extenuating circumstances, be unable to complete the procedure. At another time, the provider may attempt and complete the intended screening colonoscopy on the patient. This situation parallels those of diagnostic colonoscopies in which the provider is unable to complete the colonoscopy because of extenuating circumstances and must attempt a complete colonoscopy at a later time. If coverage conditions are met, Medicare pays for both the uncompleted colonoscopy and the completed colonoscopy whether the colonoscopy is screening in nature or diagnostic.

Because screening colonoscopies G0105 and G0121 are subject to frequency limitations, the common working file (CWF) must be able to distinguish between those services that are subject to the frequency limitation from those that are not. It is not appropriate to count the incomplete colonoscopy toward the beneficiary's frequency limit for a screening colonoscopy because that would preclude the beneficiary's being able to obtain a covered completed colonoscopy. CWF must be changed so that it ignores incomplete screening colonoscopies when it calculates frequency limitations for this benefit.

B. Policy for Carriers: When a covered colonoscopy is attempted but cannot be completed because of extenuating circumstances (refer to Medicare Carriers Manual §15100B), Medicare will pay for the interrupted colonoscopy at a rate consistent with that of a flexible sigmoidoscopy as long as coverage conditions are met for the incomplete procedure. When a covered colonoscopy is next attempted and completed, Medicare will pay for that colonoscopy according to its payment methodology for this procedure as long as coverage conditions are met. This policy is applied to both screening and diagnostic colonoscopies. When submitting a claim for the interrupted colonoscopy, professional providers are to suffix the colonoscopy code with a modifier of –53 to indicate that the procedure was interrupted. When submitting a claim for the facility fee associated with this procedure, Ambulatory Surgical Centers (ASCs) are to suffix the colonoscopy code with –73 or –74 as appropriate. Payment for covered screening colonoscopies, including that for the associated ASC facility fee when applicable, shall be consistent with payment for diagnostic colonoscopies, whether the procedure is complete or incomplete.

Note that Medicare would expect the provider to maintain adequate information in the patient's medical record in case it is needed by the contractor to document the incomplete procedure.

C. Policy for Fiscal Intermediaries: When a covered colonoscopy is attempted but cannot be completed because of extenuating circumstances, Medicare will pay for the interrupted colonoscopy as long as the coverage conditions are met for the incomplete procedure. However, the frequency standards associated with screening colonoscopies will not be applied by CWF. When a covered colonoscopy is next attempted and completed, Medicare will pay for that colonoscopy according to its payment methodology for this procedure as long as coverage conditions are met, and the frequency standards will be applied by CWF. This policy is applied to both screening and diagnostic colonoscopies. When submitting a facility claim for the interrupted colonoscopy, providers are to suffix the colonoscopy HCPCS codes with a modifier of –73 or –74 as appropriate to indicate that the procedure was interrupted. Payment for covered incomplete screening colonoscopies shall be consistent with payment methodologies currently in place for complete screening colonoscopies including those contained in 42 CFR §419.44(b). In situations where a critical access hospital (CAH) has elected payment Method II for CAH patients, payment shall be consistent with payment methodologies currently in place as outlined in §3610.22 of the Medicare Intermediary Manual. As such, instruct CAHs that elect Method II payment to use modifier –53 to identify an incomplete screening colonoscopy (physician professional service(s) billed in revenue code 096x, 097x, and/or 098x). Such CAHs will also bill the technical or facility component of the interrupted colonoscopy in revenue code 075x (or other appropriate revenue code) using the -73 or -74 modifier as appropriate.

Note that Medicare would expect the provider to maintain adequate information in the patient's medical record in case it is needed by the contractor to document the incomplete procedure.

II. BUSINESS REQUIREMENTS

Requirement #	Requirements	Responsibility
2822.1	Pay for screening colonoscopies, codes G0105 and G0121, when coverage conditions are met.	Carriers, SSMs FIs
2822.2	Pay for incomplete colonoscopies; codes G0105-53, G0105-73, G0105-74, G0121-53, G0121-73, and G0121-74; when coverage conditions are met.	Carriers, SSMs FIs
2822.3	Apply appropriate frequency limitations to screening colonoscopies, codes G0105 and G0121.	CWF
2822.4	Do not apply frequency limitations to incomplete screening colonoscopies; codes G0105-53, G0105-73, G0105-74, G0121-53, G0121-73, and G0121-74.	CWF
2822.5	If covered, pay for professional services for screening colonoscopies, codes G0105 and G0121, at a rate consistent with professional services for diagnostic colonoscopy code 45378.	Carriers, SSMs
2822.6	If covered, pay for screening colonoscopies, codes G0105 and G0121, under OPPS for hospital outpatient departments, for hospitals not subject to OPPS, under payment methodologies currently in place and on reasonable cost basis for CAHs not electing method II.	FIs, SSMs
2822.7	If covered, pay for screening colonoscopies, codes G0105 and G0121, for professional services under payment methodologies currently in place as indicated in §3610.19 of the Part A Medicare Intermediary Manual (MIM) for CAHs electing method II.	FIs, SSMs
2822.8	If covered, pay for interrupted screening colonoscopies codes G0105-73, G0105-74 and G0121-73, G0121-74	FIs, SSMs

	under OPPS for hospital outpatients departments and for hospitals not subject to OPPS, under payment methodologies currently in place, and on a reasonable cost basis for CAHs not electing method II.	
2822.9	If covered, pay for professional services for interrupted screening colonoscopies, codes G0105-53 and G0121-53 under payment methodologies currently in place as indicated in §3610.19 of the Part A MIM for CAHs electing Method II.	FIs, SSMs
2822.10	If covered, pay for professional services for interrupted screening colonoscopies, codes G0105-53 and G0121-53, at a rate consistent with professional services for interrupted diagnostic colonoscopy code 45378-53.	Carriers, SSMs
2822.11	If covered, pay for the ASC facility fees for interrupted screening colonoscopies, codes G0105-73 and G0121-73 at a rate consistent with the ASC facility fee for interrupted diagnostic colonoscopies, code 45378-73, using the methodologies for incomplete procedures indicated in MCM §5243.4.	Carriers, SSMs
2822.12	If covered, pay for ASC facility fees for interrupted screening colonoscopies, codes G0105-74 and G0121-74, at a rate consistent with the ASC facility fee for interrupted diagnostic colonoscopies, code 45378-74, using the methodologies for incomplete procedures indicated in MCM §5243.4.	Carriers, SSMs
2822.14	Use the Medicare physician fee schedule database to calculate payment when rates for the above codes are included in the database.	Carriers, SSMs
2822.15	Inform affected provider communities by posting relevant portions of this instruction on your Web sites within two weeks of the issuance date of this instruction and refer them to this web-available information on appropriate listservs you maintain. In addition, publish this same information in your next regularly scheduled bulletin.	Carriers, FIs

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions:

X-Ref Requirement #	Instructions
2822.4	CWF shall not apply frequency limitations to codes G0105-53, G0105-73, G0105-74, G0121-53, G0121-73, and G0121-74
2822.4	CWF shall continue to apply frequency limitations to codes G0105 and G0121
2822.4	CWF shall run a utility to remove records of paid claims with codes G0105-53, G0105-73, G0105-74, G0121-53, G0121-73, and G0121-74 from the cancer auxiliary file so that these claims are not counted toward the frequency limitations for screening colonoscopies.

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. ATTACHMENT(S): N/A

Version: Implementation Date: January 1, 2004 Discard Date: January 1, 2005 Post-Implementation Contact: Regional Offices	Effective Date: January 1, 2004 Funding: These instructions should be implemented within your current operating budget. Pre-Implementation Contact: Claudette Sikora/CMM/PBG/DPCP/ 410-786-5618 William Ruiz 410-786-9283