

PROVIDER BULLETIN
#22-2016

TO: Participating hospitals and ancillary facilities

FROM: Donald Liss, M.D.
Vice President, Medical Management
Ronald J. Brooks, M.D.
Senior Medical Director, Clinical Services

DATE: November 15, 2016

SUBJECT: Cost-sharing and billing requirements for Preventive colorectal cancer screening

We are sending this bulletin to notify you that Independence Blue Cross (Independence) is consistent with the requirements of the Affordable Care Act by covering certain colorectal cancer screening tests without member cost-sharing (i.e., copayments, coinsurance, and deductibles) when using an in-network provider.* Currently, the United States Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer in adults beginning at age 50 and continuing until age 75 using one of the following:

- fecal occult blood testing
- highly sensitive fecal immunochemical testing (FIT)
- CT colonography
- stool DNA testing (alone or combined with FIT)
- flexible sigmoidoscopy
- colonoscopy
- barium enema

For members enrolled in a commercial plan, when the colorectal cancer screening tests identified above are billed, they will be processed as a Preventive service based on the frequency and age recommendations described by the USPSTF and outlined in Attachment A of Medical Policy #00.06.02s: Preventive Care Services. This policy is currently posted as a Notification and will become effective on January 1, 2017.

continued on next page

We encourage you to share this information with appropriate members of your staff.

Small group (1-50) and consumer commercial plans include a Preventive Plus feature that requires members to see a Preventive Plus provider **and meet the Preventive criteria for colonoscopy screenings to be covered with \$0 cost-sharing; cost-sharing will apply when members have colonoscopy screenings performed by in-network non-Preventive Plus providers. For small group and consumer commercial members who live outside of our five-county service area (i.e., Bucks, Chester, Delaware, Montgomery, and Philadelphia) and contiguous counties (i.e., counties that surround the Independence five-county service area) may obtain a Preventive colonoscopy screening from any in-network provider at \$0 cost-sharing.*

Colorectal cancer screening tests that are not included in the USPSTF recommendations will be subject to medical necessity and member cost-sharing, based on the terms of the member's benefit plan. Refer to Medical Policy #11.03.12l: Colorectal Cancer Screening for more information.

Additionally, when a medically necessary esophagogastroduodenoscopy (EGD) is performed on the same day as a Preventive colorectal cancer screening test (e.g., colonoscopy), it is subject to applicable member cost-sharing.

New billing requirement

Beginning January 1, 2017, when billing for a colonoscopy or flexible sigmoidoscopy that converts from a screening to a diagnostic service, a PT modifier must be appended to the appropriate diagnostic CPT[®] code to indicate the service turned into a diagnostic procedure.

\$0 cost-sharing for related screening services

As a reminder, no member cost-sharing is required for the following services when associated with a Preventive colorectal cancer screening procedure, when the criteria outlined in the Preventive Care Services policy are met:

- prescription bowel preparation medication for flexible sigmoidoscopy, colonoscopy, or CT colonography;
- pre-procedure consultation visit for flexible sigmoidoscopy, colonoscopy, or CT colonography;
- anesthesia associated with flexible sigmoidoscopy or colonoscopy;
- pathology associated with flexible sigmoidoscopy or colonoscopy.

If you have any questions related to coverage and cost-sharing for these services, please visit the Medical Policy Portal at www.ibx.com/medpolicy and enter the policy name or number in the Search field or contact your Network Coordinator.