

February 12, 2015
MB# 15-008

MEDICAID BULLETIN

All

TO: Providers Indicated

SUBJECT: Healthy Connections Checkup: Colorectal Cancer Screening Benefits

Effective immediately, the following codes are now billable under the Healthy Connections Checkup (Checkup) colorectal cancer screening benefit. These services are available once every 10 years for patients 50-75 years old. An FP modifier must be appended to the following Current Procedural Terminology (CPT) codes.

- 45378: Colonoscopy, flexible, diagnostic, with/without specimen
- 88305: Level IV Surgical Pathology, gross and microscopic examination

When polyps are removed during the colonoscopy or sigmoidoscopy procedure, providers must bill for the number of samples sent to pathology in the unit field of the CMS 1500 form to receive appropriate reimbursement.

To bill for a pre-procedure consultation visit, providers must use one of the following CPT codes to be reimbursed under Healthy Connections Checkup. Providers should append the FP modifier to the CPT codes listed below.

- 99212: Evaluation and Management Office or Outpatient Service for Established Patients
- 99201: Evaluation and Management Office or Outpatient Service for a New Patient Level 1

The following is a list of all codes billable under the Checkup colorectal cancer screening benefit. An FP modifier must be appended to the CPT codes listed below.

- G0105:Colorectal Cancer Screening; Colonoscopy on individual at high risk
- 45378: Colonoscopy, flexible, diagnostic, with/without specimen
- 45331: Sigmoidoscopy, flexible; with biopsy, single or multiple
- 82270: Blood, occult, by peroxidase activity
- 82274: Blood, occult by fecal hemoglobin determination by immunoassay
- 88305: Level IV Surgical Pathology, gross and microscopic examination

Please refer any questions or concerns regarding this bulletin to the Provider Service Center at 888-289-0709. Thank you for your continued support of the South Carolina Healthy Connections Medicaid Program.

/s/
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Interim Director