



COLONOSCOPY SCREENING

Getting the Best Benefit

The American Cancer Society® recommends that men and women should begin regular screening and testing for colorectal cancer beginning at the age of 50. Those who have a family history or other risk factors for colorectal polyps or cancer should talk with their doctor about starting screenings at a younger age or more frequent screenings.

A **Screening Colonoscopy** is a preventive procedure used to detect abnormalities that could lead to colorectal polyps and cancer when no gastrointestinal symptoms are present. In some cases, when the doctor is conducting this procedure, it may be necessary to remove a polyp discovered during the screening. Under your current benefit plan, this would still be considered a preventive colonoscopy screening, provided your physician uses the appropriate diagnosis code.

A **Diagnostic Colonoscopy** is a procedure used by doctors to look for a specific abnormality when the patient is considered at-risk for colorectal polyps or cancer and/or displays gastrointestinal symptoms such as a change in bowel habits, rectal bleeding, cramping or abdominal pain.

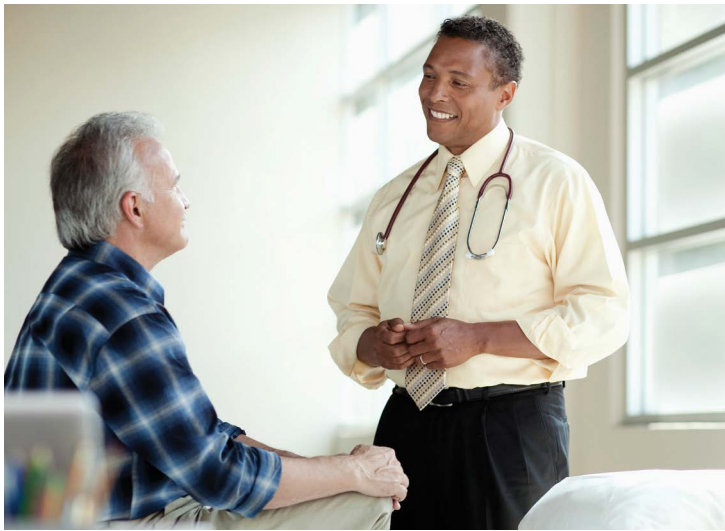
Remember, whether you receive a Screening or Diagnostic Colonoscopy, both are considered invasive diagnostic services and are classified as a surgical procedure. As always, refer to your Evidence of Coverage at bcbst.com for specific details or call Customer Service at the phone number on your BlueCross BlueShield of Tennessee member ID card.

Screening Colonoscopy is covered at 100% in most benefit plans.*

If you are over the age of 50 or have risk factors associated with colorectal cancer, please be sure to talk with your doctor or health care provider about the right colonoscopy procedure for you.

See reverse side for specific provider instructions

*May not apply to grandfathered plans as defined in the Affordable Care Act.



MESSAGE TO PHYSICIAN:

BlueCross BlueShield of Tennessee has expanded the configuration and code mapping for screening colonoscopy. The intent of this change is to more accurately identify screening colonoscopies and apply appropriate benefits. The new expanded configuration includes G0105, plus several diagnostic colonoscopy codes when filed with one of three cancer screening diagnosis codes.

DESCRIPTION OF CODES THAT POINT TO SCREENING COLONOSCOPY BENEFITS:

HCPCS codes:

- G0105 Colorectal cancer screening; colonoscopy on individual at high risk
- G0121 Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk

ICD-9-CM codes:

- V16.0 Family history of malignant neoplasm; gastrointestinal tract
- V18.51 Family history of certain other specific conditions; digestive disorders, colonic polyps
- V70.0 Routine general medical examination at a health care facility
- V76.41 Screening for malignant neoplasm of the rectum
- V76.50 Special screening for malignant neoplasms; Intestine, unspecified
- V76.51 Special screening for malignant neoplasms; Colon

CPT® codes (when filed with V16.0, V18.51, V70.0, V76.41, V76.50 or V76.51):

- 45378 Colonoscopy
- 45380 Colonoscopy with biopsy
- 45381 Colonoscopy with directed submucosal injection
- 45383 Colonoscopy with ablation of tumor, polyp or other lesion
- 45384 Colonoscopy with removal of tumor, polyp or other lesion by hot biopsy forceps or bipolar cautery
- 45385 Colonoscopy with removal of tumor, polyp or other lesion by snare technique

Example: A patient presents for a screening colonoscopy and has no gastrointestinal symptoms. During the screening colonoscopy, a polyp is found and removed.

If the claim is filed with diagnosis code V76.51 and procedure code 45384, the patient will receive screening colonoscopy benefits.

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