

Colorectal Cancer Screening (NCD 210.3 [\)](https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=281&ncdver=3&CoverageSelection=National&bc=gAAAAACAAAAA&)

HCPCS/CPT Codes

What's Changed?

- No 2021 first quarter changes

- **81528** — Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result
- **82270** — Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided 3 cards or single triple card for consecutive collection)
- 🕒 **G0104** — Colorectal cancer screening; flexible sigmoidoscopy
- 🕒 **G0105** — Colorectal cancer screening; colonoscopy on individual at high risk
- **G0106** — Colorectal cancer screening; alternative to g0104, screening sigmoidoscopy, barium enema
- **G0120** — Colorectal cancer screening; alternative to g0105, screening colonoscopy, barium enema
- 🕒 **G0121** — Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk
- **G0328** — Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous
- **00812** — Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy

ICD-10 Codes

Z86.004

NOTE: Additional ICD-10 codes may apply. See the [CMS ICD-10](https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10) (<https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10>) webpage for individual

Change Requests (CRs) and the specific ICD-10-CM codes Medicare covers for this service, and [contact your MAC \(http://go.cms.gov/MAC-website-list\)](http://go.cms.gov/MAC-website-list) for guidance.

NOTE: For multitarget sDNA test, use Z12.11 and Z12.12.

Medicare Covers

For colorectal cancer screening using multitarget sDNA test:

Patients who fall into all categories:

- Aged 50 to 85 years
- Asymptomatic
- At average risk of developing colorectal cancer

For screening colonoscopies, fecal occult blood tests (FOBTs), flexible sigmoidoscopies, and barium enemas:

Patients who fall into at least 1 category:

- Aged 50 and older at normal risk of developing colorectal cancer
- At high risk of developing colorectal cancer

NOTE: “High risk for developing colorectal cancer” is defined in [42 CFR Section 410.37\(a\)\(3\) \(https://www.ecfr.gov/cgi-bin/text-idx?SID=c9e8c54ace3ce0636691c04e54ddc95d&mc=true&node=se42.2.410_137&rgn=div8\)](https://www.ecfr.gov/cgi-bin/text-idx?SID=c9e8c54ace3ce0636691c04e54ddc95d&mc=true&node=se42.2.410_137&rgn=div8).

NOTE: Coverage of screening colonoscopies has no age limitation.

Frequency

Table 1. Patients Not Meeting Criteria for High Risk

Service	Timeframe
Multitarget sDNA test	Once every 3 years
Screening FOBT	Once every 12 months
Screening flexible sigmoidoscopy	Once every 48 months (unless the patient doesn't meet the criteria for high risk of developing colorectal cancer and the patient had a screening colonoscopy within the preceding 10 years. If so, Medicare may cover a screening flexible sigmoidoscopy only after at least 119 months passed following the month the patient got the screening colonoscopy)
Screening colonoscopy	Once every 120 months (10 years) or 48 months after a previous sigmoidoscopy
	Once every 48 months

Screening barium enema (when used instead of a flexible sigmoidoscopy or colonoscopy)	
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Table 2. Patients at High Risk

Service	Timeframe
Screening FOBT	Once every 12 months
Screening flexible sigmoidoscopy	Once every 48 months
Screening colonoscopy	Once every 24 months (unless a screening flexible sigmoidoscopy was performed and then Medicare may cover a screening colonoscopy only after at least 47 months)
Screening barium enema (when used instead of a flexible sigmoidoscopy or colonoscopy)	Once every 24 months

Patient Pays

00812, 81528, 82270, G0104, G0105, G0121, and G0328:

- Copayment/Coinsurance waived
- Deductible waived

G0106 and G0120:

- [Copayment/Coinsurance applies \(https://www.medicare.gov/your-medicare-costs/medicare-costs-at-a-glance\)](https://www.medicare.gov/your-medicare-costs/medicare-costs-at-a-glance)
- Deductible waived

No deductible applies for all surgical procedures (CPT code range of 10000 to 69999) delivered on the same date and in the same encounter as a screening colonoscopy, flexible sigmoidoscopy, or barium enema initiated as colorectal cancer screening services.

Append modifier –PT to CPT code in the surgical range of 10000 to 69999 in this scenario.

Other Notes

- CPT code 81528 replaced HCPCS G0464 for the Cologuard™ multitarget stool DNA (sDNA) test.
- Append modifier –33 (Preventive Service) to the anesthesia CPT code 00812 when you supply a separately payable anesthesia service with a screening colonoscopy (G0105 and G0121) to waive patient copayment/coinsurance and deductible.

- When a screening colonoscopy becomes a diagnostic colonoscopy, report anesthesia services with CPT code 00811 (Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified) with only the –PT modifier, and this only waives the deductible. Report this with 00812.
- Medicare waives coinsurance and deductible for moderate sedation services (reported with G0500 or 99153) when provided with and in support of a screening colonoscopy service and when reported with modifier –33. When a screening colonoscopy becomes a diagnostic colonoscopy, report moderate sedation services (G0500 or 99153) with only the –PT modifier; Medicare only waives the [deductible \(https://www.medicare.gov/your-medicare-costs/medicare-costs-at-a-glance\)](https://www.medicare.gov/your-medicare-costs/medicare-costs-at-a-glance).

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