Changes to Beneficiary Coinsurance for Additional Procedures Furnished During the Same Clinical Encounter As Certain Colorectal Cancer Screening Tests

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Implementation Date: January 1, 2023

Provider Types Affected

This MLN Matters Article is for physicians, hospitals, and other providers billing Medicare Administrative Contractors (MACs) for colorectal screening tests they do for Medicare patients.

Provider Action Needed

Make sure your billing staff knows about:

- Reduced coinsurance for certain screening flexible sigmoidoscopies and screening colonoscopies

Background

Section 122 of Division CC of the Consolidated Appropriations Act (CAA) of 2021, Waiving Medicare Coinsurance for Certain Colorectal Cancer Screening Tests, amends section 1833(a) of the Act to offer a special coinsurance rule for screening flexible sigmoidoscopies and screening colonoscopies. This special coinsurance applies regardless of the code you bill for the establishment of a diagnosis as a result of the test, or for the removal of tissue or other matter or other procedure. It’s effective when provided in connection with, as a result of, and in the same clinical encounter as the colorectal cancer screening test. The reduced coinsurance is being phased-in beginning January 1, 2022.

Currently, the addition of any procedure beyond a planned colorectal cancer screening test (for which there’s no coinsurance) results in the patient having to pay coinsurance. CMS will gradually reduce this coinsurance until it’s completely free for dates of service on or after January 1, 2030.

Effective January 1, 2022, when a screening colorectal cancer procedure, G0104, G0105, or G0121 has the PT modifier submitted on the claim line item with HCPCS codes 10000 – 69999, G0500, 00811, or CPT code 99153 for diagnostic colonoscopy, or diagnostic flexible sigmoidoscopy, or other procedure to indicate that a screening colorectal cancer procedure,
HCPCS G0104, G0105, or G0121, has become a diagnostic or therapeutic service, coinsurance is reduced or waived for claims as follows:

- For dates of service in calendar years 2023-2026, the reduced coinsurance is 15%
- For dates of service calendar years 2027-2029, the reduced coinsurance is 10%
- For dates of service on or after calendar year 2030, Medicare waives the coinsurance

More Information

We issued CR 12656 to your MAC as the official instruction for this change.

For more information, find your MAC’s website.

Document History

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<th>Date of Change</th>
<th>Description</th>
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<td>April 29, 2022</td>
<td>Initial article released.</td>
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