
Micro-Scope V16 QUATTRO Diagnostic Suite |VERIFIED|

diagnostic testing can be performed at any time after initiating a colonoscopy procedure (e.g., post-cath, post-polypectomy). for diagnostic testing to be covered, the polyp must have been removed prior to the test. the decision to perform a diagnostic test is made by the endoscopist. for example, the endoscopist may perform a biopsy of a polyp to look for dysplasia, or the endoscopist may choose to remove the polyp and perform diagnostic tests after the procedure. for non-medicare recipients, use healthcare common procedural coding system (hcpcs) code g0105 (colorectal cancer screening; colonoscopy on individual at high risk) or g0121 (colorectal cancer screening; colonoscopy on individual not meeting the criteria for high risk) as appropriate. cms developed the hcpcs codes to differentiate between screening and diagnostic colonoscopies in the medicare population. if polyps are removed, use the appropriate cpt code listed above and add modifier pt (colorectal cancer screening test; converted to diagnostic test or other procedure) to each cpt code for non-medicare. for all payors, if the procedure was initiated as a screening, the screening diagnosis is primary and the polyp is secondary. for example, on form cms-1500 in the line with the polypectomy procedure code, in box 24e (the diagnostic pointer box) enter a 2 linking the procedure with the polyp. in this way, the patient will receive the insurance benefits associated with screening procedures and the service will be paid correctly. for non-medicare beneficiaries, use healthcare common procedural coding system (hcpcs) code g0105 (colorectal cancer screening; colonoscopy on individual at high risk) or g0121 (colorectal cancer screening; colonoscopy on individual not meeting the criteria for high risk) as appropriate. cms developed the hcpcs codes to differentiate between screening and diagnostic colonoscopies in the medicare population. if polyps are removed, use the appropriate cpt code listed above and add modifier pt (colorectal cancer screening test; converted to diagnostic test or other procedure) to each cpt code for non-medicare.

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