

GI Guide to Colonoscopy Prep & Billing



Up to 35% of colonoscopies have inadequate prep, resulting in missed polyps and repeated procedures.

PREParing your patient for colonoscopy

Saline-based

- Low-volume, better tolerance
- Use caution in those age >65, or with kidney, liver, or heart disease, or inflammatory bowel disease
- Use caution in those taking diuretics, antihypertensives, or diabetes medications
- Includes Suprep, Sutab or CLENPIQ

High-volume PEG

- 4 liters
- Best for those with chronic constipation or prior poor prep
- Best for patients who can't tolerate fluid/electrolyte shifts, or have liver or renal disease
- Includes GoLYTELY and NuLYTELY

Low-volume PEG

- 2 liters or 1 liter
- Provides effectiveness similar to 4L PEG
- Safest for patients with kidney, liver, or heart disease
- Contains ascorbic acid and sodium ascorbate to enhance osmotic effect and palatability
- MoviPrep or 1 bottle of MiraLax mixed with 64oz. clear liquid + 4 Dulcolax

The best prep is the one the patient completes correctly.

Special thanks to Dr. Christy Matteoni, Division Chief of Gastroenterology at Renown Health.

Billing tips

Screening colonoscopy = No cost to the patient, even with polyp removal. Must add modifier 33 or PT to each CPT code to identify procedures as a screening service.

45378	Screening colonoscopy, no findings
45380	Colonoscopy, flexible; with biopsy, single or multiple
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45388	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
Modifiers	Add modifier 33 to each CPT code for commercial insurance Add modifier PT (colorectal cancer screening test; converted to diagnostic test or other procedure) to each CPT code for Medicare

Follow-up colonoscopy after a positive stool test = Covered with no cost sharing. The follow-up procedure is considered part of the preventive screening under PHS Act Section 2713 and is required for screening to be complete.

Commercial Insurance and Medicaid	Medicare
Add modifier 33 to each CPT code submitted. If modifier 33 is not added, the colonoscopy will not be recognized as a screening service and the patient will be inappropriately billed. Colonoscopy, bowel prep, sedation, lab work and the hospital or ambulatory surgery center costs where the colonoscopy with polypectomy was performed are covered 100% by health insurance.	With HCPCS code G0150 or G0121 add modifier KX for screening colonoscopy following stool-based test. If polyps are removed, use the appropriate CPT code with modifier PT. If a polyp is removed, the patient is responsible for 15% of the cost. From 2027 to 2029 it falls to 10%, and by 2030 it will be covered 100% by Medicare.

Scan to access more billing resources and information.



This resource developed by the Nevada Cancer Coalition Colorectal Cancer Collaborative.

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