

Primary Care Guide to Colorectal Cancer Screening



NEVADA CANCER
COALITION

Start screening at age 45.

Begin earlier for higher-risk patients.

Match test choice to patient risk and access.

Risk assessment

If a patient has one or more of these risk factors they are at higher risk of colorectal cancer and should be screened before age 45 and by colonoscopy.



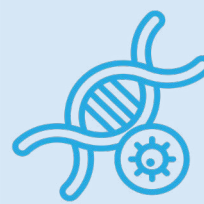
Personal history
of CRC or polyps



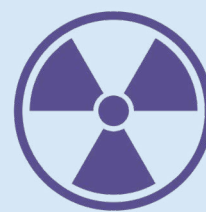
Family history of
CRC or polyps



IBD, ulcerative
colitis or Crohn's



Known hereditary
syndrome



Prior abdominal/
pelvic radiation

Recommend a screening test

Direct Visualization - The gold standard.

Colonoscopy, every 10 years

- Frequency may increase based on the presence of polyps.
- Up to 35% of colonoscopies have inadequate prep, resulting in missed polyps and repeated procedures. Ensure you communicate to patients what to expect with colonoscopy prep when making the referral.

Stool-based tests - An alternative for average risk patients.

FIT

Every year

Lower sensitivity
Higher specificity

mt-sDNA or mt-sRNA

Every 3 years

Higher sensitivity
Lower specificity

- A colonoscopy is required to complete screening if any stool-based test yields abnormal results.
- Ensure referral and billing code modifiers indicate the colonoscopy is preventive screening.

Blood-based tests - An option for those unwilling to do other tests.

- Lower sensitivity.
- A colonoscopy is required to complete screening if test yields abnormal results.
- Ensure referral and billing code modifiers indicate the colonoscopy is preventive screening.

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.

NevadaCancerCoalition.org

