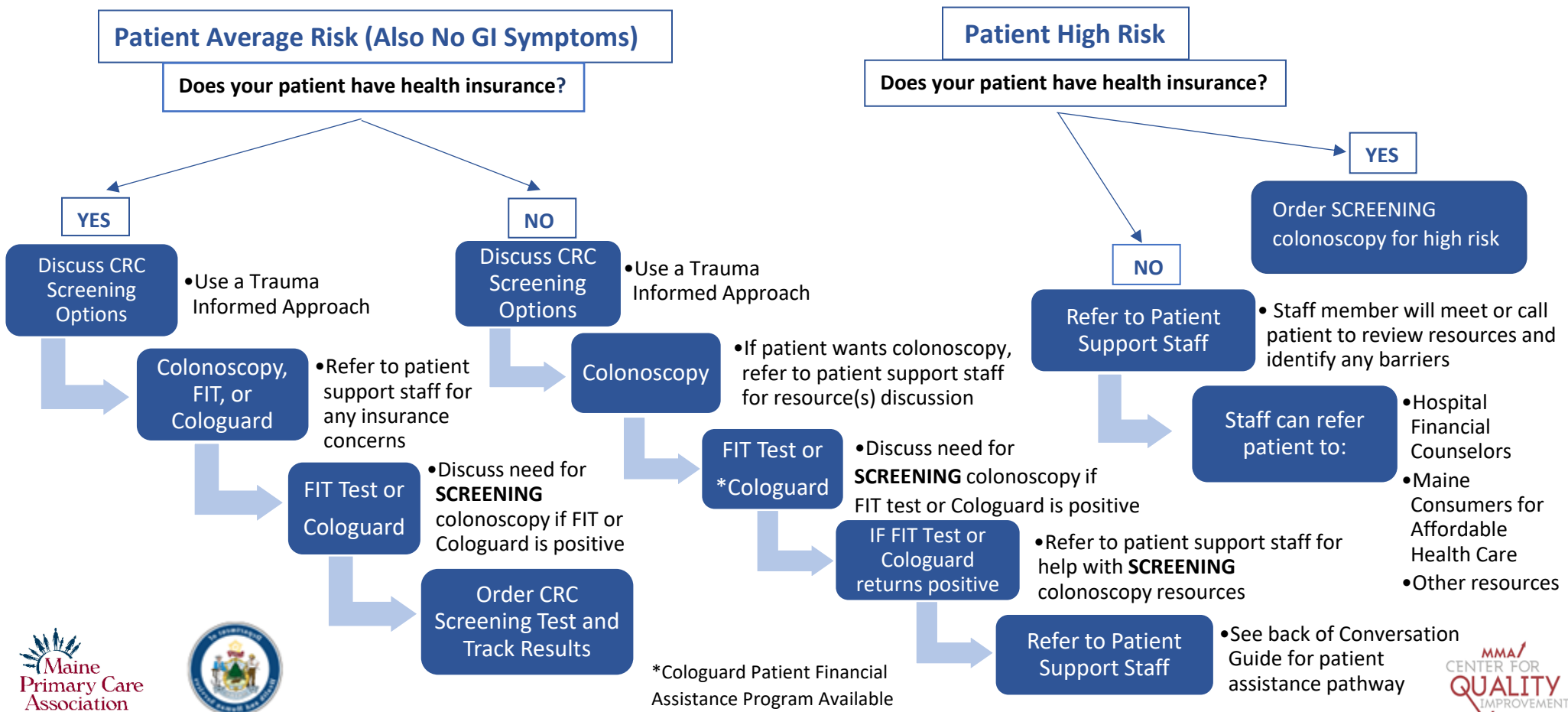


Provider Team – CRC Screening Conversation Guide

Step 1: Discuss Patient and Family History: *A patient with any of these criteria is High Risk*

- Personal or family history of colorectal cancer or adenomatous polyps (adenomas)
 - Personal history of inflammatory bowel disease (IBD), including Crohn’s disease or ulcerative colitis
 - Personal history of gall bladder removal (cholecystectomy)
 - Personal history of radiation to the abdomen or pelvis area
 - Personal or family history of an inherited syndrome; including Familial Adenomatous Polyposis (FAP) and Lynch Syndrome (hereditary non-polyposis colon cancer (HNPCC))
- Source: [Colorectal Cancer Risk Factors](#) | [Hereditary Colorectal Risk Factors](#) | [American Cancer Society](#)

Step 2: Determining CRC Screening Options Based on Risk:



Patient Navigation Pathway for CRC Screening Assistance:

Patient is referred to staff member who provides patient navigation support:

- Staff member will call or meet with patient and family and will assess needs/barriers, current insurance status; can also help patient call insurance to see what is covered if indicated and connect to resources; including hospital financial counseling.
- Maine [Bureau of Insurance | PFR Insurance \(maine.gov\)](#) or 1-800-300-5000
- [Consumers for Affordable Health Care \(mainecahc.org\)](#) [Consumer Assistance Program Helpline](#): 1-800-965-7476 – Help with health coverage eligibility screening, including private Marketplace plans and MaineCare

Medicare CRC Screening Updates:

- Medicare Part B covers CRC screening tests for patients who are 45-85 years old, asymptomatic, and at average risk for colorectal cancer.
- Following a **positive result** on any Medicare-covered stool-based test such as FIT or MT-sDNA (Cologuard), colonoscopies are ordered as a **screening** (with screening diagnosis code) and paid at 100%, no deductible or co-pay.
- Screening Colonoscopy is covered 100%; with Polyp Removal, there is a coinsurance fee. Patients will be responsible for a decreasing coinsurance with the cost being completely phased out by 2030.
For more info: [Colonoscopy Screening Coverage \(medicare.gov\)](#)
- **Ordering HCPC Codes for Colonoscopy Screening: G0121** – Colonoscopy (Average Risk); **G0105** – Colonoscopy (High Risk); **DX Code Z12.11**

MaineCare and Commercial Insurance:

- Screening colonoscopy coverage begins at age 45 for asymptomatic, average risk patients, with no cost sharing for MaineCare or private/commercial insurance. A lesion discovered and removed during screening colonoscopy cannot be billed as a diagnostic colonoscopy – it is still billed as a screening colonoscopy. Full coverage MaineCare includes pathology. **Patient should call hospital billing dept. for price estimates for other types of MaineCare and commercial insurance to determine if there will be any co-pays.**
- A **positive** CRC screening test (FIT or Cologuard) requires the follow-up colonoscopy be paid 100% as a **screening colonoscopy**.
- **Ordering CPT Code all colonoscopies: 45378**– Colonoscopy, flexible, diagnostic, including collection of specimens
- **Diagnosis code for screening colonoscopy: Z12.11** [Title 24-A, §2763: Coverage for colorectal cancer screening \(mainelegislature.org\)](#)

ICD-10 Diagnosis Codes for Ordering Screening Colonoscopies:

Z12.11 – screening for malignant neoplasm of colon

If following positive FIT, Cologuard (or other FIT-DNA test) add: **R19.5** – other fecal abnormalities (positive stool/fit test)

- **For High Risk Add:**

Z85.038 - Personal history of other malignant neoplasm of large intestine

Z85.048 - Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus

Z80.0 - Family history of malignant neoplasm of digestive organs

Z83.71 – Family history of colonic polyps

Z86.010 - Personal history of colonic polyps

K50.90 - Crohn's disease, unspecified, without complications

K51.00 - Ulcerative colitis, without complications



Updated 08.22.24