



Colorectal Cancer Screening Tests: Changes to Coinsurance for Related Procedures

MLN Matters Number: MM12656 **Revised** Related Change Request (CR) Number: 12656

Related CR Release Date: **December 29, 2022** Effective Date: January 1, 2022

Related CR Transmittal Number: **R11772OTN** Implementation Date: January 1, 2023

Related CR Title: Changes to Beneficiary Coinsurance for Additional Procedures Furnished During the Same Clinical Encounter as Certain Colorectal Cancer Screening Tests

Note: We revised this Article due to a revised CR 12656. The CR changes didn't affect the contents of the Article. We did change the CR release date, transmittal number and the CR web address. All other information remains the same.

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:

- Phasing out coinsurance for certain colorectal cancer screening procedures that become a diagnostic or therapeutic service

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 colonoscopies. The reduced coinsurance is being phased-in starting January 1, 2022.

Currently, planned colorectal cancer screening tests are free. However, if you add a procedure in the same clinical encounter as a result of the colorectal cancer screening, the patient pays a coinsurance.

Starting January 1, 2023, CMS will gradually reduce coinsurance for procedures performed:

- In connection with a colorectal cancer screening test

- As a result of a screening test
- In the same clinical encounter as the screening test

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.

The reduced coinsurance applies regardless of the code you bill.

For dates of service in CYs:

- 2023–2026, coinsurance is 15%
- 2027–2029, coinsurance is 10%
- Starting 2030, no 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

Date of Change	Description
December 30, 2022	We revised this Article due to a revised CR 12656. The CR changes didn't affect the contents of the Article. We did change the CR release date, transmittal number and the CR web address. All other information remains the same.
September 29, 2022	We revised this Article due to a revised CR 12656. The CR changes didn't affect the contents of the Article. We did change the CR release date, transmittal number and the CR web address. All other information remains the same.
April 29, 2022	Initial article released.

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