

In the News

Coding Follow-Up Colonoscopies Correctly for Medicare Advantage Members

Proper coding and billing for follow-up colonoscopies after a positive stool-based test is important to ensure that our Medicare Advantage members receive the care they need without delaying or avoiding follow-up due to cost concerns.

CMS Guidelines

A colonoscopy performed after a positive stool-based test is a continuation of the screening process, not a standard diagnostic exam. Navigating the specific coding and billing requirements is essential for accurate claim submission, preventing denials and protecting patients from inappropriate costs.

What This Means for Medicare Advantage Members

For our Medicare Advantage members, a follow-up colonoscopy after a positive result from a noninvasive stool-based CRC screening test is considered part of a continuous screening episode.

No copay or coinsurance should apply for this procedure when completed by an in-network provider and coded appropriately as screening using G-codes G0105 and G0121 plus an appropriate modifier:

- Modifier KX – Follow-up colonoscopy after positive stool-based test

Use modifier PT as a secondary code when a screening colonoscopy (including one after a positive stool test) results in diagnostic or therapeutic intervention (e.g., biopsy, polypectomy) on the same date of service

- Append Modifier PT to the diagnostic/therapeutic colonoscopy code that describes the procedure performed, not to the G0121/G0105 themselves. Medicare uses PT to recognize that the procedure stated as a preventive screening and to apply the correct cost sharing waiver rules.

When Can a Follow-up Colonoscopy Be Considered Diagnostic?

If a colonoscopy is ordered due to symptoms (e.g., bleeding, pain, anemia) rather than as a planned follow-up after a screening, it is **diagnostic**, triggering cost-sharing for members.

Coding Flow

Step	Action	Example
1	Identify screening colonoscopy	G0121 or G0105
2	Append KX (follow-up positive stool test)	G0121-KX primary code
3	If biopsy/polypectomy performed – add PT to therapeutic CPT code	45385-PT secondary code

Scenario	Coverage Category	Coding Required	Member Cost-Sharing
Follow-up colonoscopy after positive stool-based test	Screening	G0105/G0121 + KX modifier	\$0
Colonoscopy due to symptoms or prior findings	Diagnostic	Appropriate Diagnostic CPT	Copay Applies

You can also find information on Endoscopic Billing Procedures in Section 2 of our [Medical Mutual Provider Manual](#) found at MedMutual.com/Provider.

If you have any questions, please reach out to your Medical Mutual Provider Contracting Manager.