



August 22, 2011

Preventive Care Colonoscopies: Benefit Clarification and Use of PT Modifier

With the enactment of federal healthcare reform, we understand there has been confusion among providers about how routine preventive care services are covered—especially for colonoscopies—and how to bill for them.

Please note the following:

The preventive colonoscopy benefit is for members age 50-75. Members' benefits usually cover 100 percent of your contractual allowance for the facility and surgeon fee for this service when:

- the group renews on or after Oct. 1, 2010,
- the provider is participating in our network,
- the colonoscopy is routine (not related to symptoms), and
- no medical issues are found.

Colonoscopies performed by out-of-network providers, for members under age 50, and for purposes other than preventive screening do not fall under the preventive care benefit. Ancillary charges, such as for pathology services, are not considered part of the routine colonoscopy. Other exceptions may apply based on the member's group policy.

PT modifier

Effective January 1, 2011, the new PT modifier can be billed when a medical issue is identified during a colonoscopy procedure for members ages 50-75, but the service itself was intended as a screening colonoscopy. If the member is eligible for a screening colonoscopy, we will process the claim under the preventive care benefit outlined above.

If you have any questions, you are welcome to contact our Customer Service Department:

Oregon: 541.684.5582 or 888.977.9299

Idaho: 208.333.1596 or 800.688.5008

Email: cs@pacificsource.com