

# Medicare Advantage Preferred Provider Organization Enhanced Benefit Policy



Nonprofit corporations and independent licensees  
of the Blue Cross and Blue Shield Association

## UAW Retiree Medical Benefits Trust Colonoscopies

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### Medicare Plus Blue<sup>SM</sup>

- Group  
 Individual

Approval Date: 10/13/2025

Effective Date: 01/01/2026

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### Description

Colonoscopy is a procedure to screen for colorectal cancer where a **colonoscope** (long, flexible tube about the width of a finger with a light and small video camera on the end) is used to look inside of the colon and rectum. It's put in through the anus and into the rectum and colon. Special instruments can be passed through the colonoscope to biopsy (sample) or remove any suspicious-looking areas such as polyps, if needed.

### Medicare Coverage

Medicare covers screening colonoscopies under Medicare Part B as follows:

- Once every 24 months for beneficiaries at high risk for colorectal cancer
- Once every 120 months for those who aren't at high risk
- Once every 48 months after a previous flexible sigmoidoscopy

There's no minimum age requirement.

If beneficiaries initially have a Medicare-covered, non-invasive stool-based colorectal cancer screening test (fecal occult blood tests or multi-target stool DNA test), or a blood-based biomarker screening test and get a positive result, Medicare also covers a follow-up colonoscopy as a screening test.

### Policy Guidelines

Medicare Plus Blue is a Medicare Advantage Preferred Provider Organization (PPO) Plan, which provides at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows Blue Cross to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

After searching the Medicare Coverage Database and other sources of conditions of coverage, it was determined that either Original Medicare does not provide coverage or has restrictions that have been modified or removed for the items/services found in this enhanced benefit policy.

Since Original Medicare offers limited coverage for colonoscopies, the scope of the benefit, reimbursement methodology, maximum allowable payment amounts and member cost sharing are determined by Blue Cross *groups that select this benefit*.

**The following are applicable for this enhanced benefit policy:**

**CPT/HCPCS Codes**

CPT/HCPCS Code(s):	Code Description:
G0105	Colorectal cancer screening; colonoscopy on individual at high risk
G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk
G0500	Moderate sedation services provided by the same physician or other qualified health care professional performing a gastrointestinal endoscopic service that sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time; patient age 5 years or older (additional time may be reported with 99153, as appropriate)
00811	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified
00812	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy
0464U	Oncology (colorectal) screening, quantitative real-time target and signal amplification, methylated DNA markers, including LASS4, LRRC4 and PPP2R5C, a reference marker ZDHHC1, and a protein marker (fecal hemoglobin), utilizing stool, algorithm reported as a positive or negative result
44388	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
44389	Colonoscopy through stoma; with biopsy, single or multiple
44390	Colonoscopy through stoma; with removal of foreign body(s)
44391	Colonoscopy through stoma; with control of bleeding, any method
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique

CPT/HCPCS Code(s):	Code Description:
44401	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
44402	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)
44404	Colonoscopy through stoma; with directed submucosal injection(s), any substance
44405	Colonoscopy through stoma; with transendoscopic balloon dilation
44406	Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures
44407	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures
44408	Colonoscopy through stoma; with decompression (for pathologic distention) (e.g., volvulus, megacolon), including placement of decompression tube, when performed
45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
45379	Colonoscopy, flexible; with removal of foreign body(s)
45380	Colonoscopy, flexible; with biopsy, single or multiple
45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance
45382	Colonoscopy, flexible; with control of bleeding, any method
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
45386	Colonoscopy, flexible; with transendoscopic balloon dilation
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)

CPT/HCPCS Code(s):	Code Description:
45389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)
45390	Colonoscopy, flexible; with endoscopic mucosal resection
45391	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures
45392	Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures
45393	Colonoscopy, flexible; with decompression (for pathologic distention) (e.g., volvulus, megacolon), including placement of decompression tube, when performed
81528	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result
99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)

CPT® codes, descriptions and materials are copyrighted by the American Medical Association (AMA).

HCPCS® codes, descriptions and materials are copyrighted by Centers for Medicare and Medicaid Services (CMS).

### ICD-10 Codes

ICD-10 Code(s):	Code Description:
	Consistent with Original Medicare

ICD-10® codes, descriptions and materials are copyrighted by the World Health Organization (WHO).

## Conditions for payment

The table below specifies payment conditions for colonoscopies.

Conditions for Payment	
Eligible Provider	Consistent with Original Medicare
Payable Location	Consistent with Original Medicare
Frequency Limits	Colonoscopies: Once per year 81528 and 0464U: Once per year, covered at 100% All other services: Consistent with Original Medicare
CPT/HCPCS Code Restriction	Consistent with Original Medicare
Diagnosis Restrictions	Consistent with Original Medicare
Age Restrictions	Consistent with Original Medicare

## Medicare Plus Blue Reimbursement

Medicare Plus Blue plan's maximum payment amount for the colonoscopies benefit is consistent with Original Medicare. The provider will be paid the lesser of Medicare's allowed amount or the provider's charge, minus the member's cost share. This represents payment in full and providers are not allowed to balance bill the member for the difference between the allowed amount and the charge.

## Member cost sharing

- The first colonoscopy of the calendar year will be paid at 100% of the allowed amount for a preventive or a diagnostic colonoscopy in-network or out-of-network, not subject to deductible. Subsequent colonoscopies within the same calendar year are subject to applicable cost share.
- Non-invasive stool-based colorectal cancer tests – such as Cologuard – are covered INN and OON at 100%, not subject to deductible.
- Any related sedation/anesthesia provided during the first colonoscopy or during a colonoscopy performed following an initial non-invasive stool-based CRC test is covered at 100%. Sedation/anesthesia for subsequent colonoscopies are subject to applicable cost share for INN and OON.
- Medicare Plus Blue providers should collect the applicable cost sharing from the member at the time of the service when possible. Cost sharing refers to a flat-dollar copayment, a percentage coinsurance or a deductible.
- Providers can only collect the appropriate Medicare Plus Blue cost sharing amounts from the member.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with the non-covered service.
- Providers may not have members sign an Advance Beneficiary Notice of Noncoverage to accept financial responsibility for noncovered items. If there is any question about whether an item is covered, seek a coverage determination from Medicare Plus Blue before providing the item to the member. If a provider issues a noncovered item to a member without first obtaining a coverage determination, the member must be held harmless for all charges except for any applicable cost share.

To verify benefits and cost-share, providers may utilize our provider portal or call 1-866-309-1719.

## Billing instructions for providers

1. Bill services on the CMS 1500 (02/12) claim form, UB-04 or the 837 equivalent claim form.
2. Use the Medicare Advantage PPO unique billing requirements.

3. Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
4. Report your National Provider Identifier number on all claims.
5. Send your electronic and paper claims to your local Blue Cross plan.
6. Use electronic billing:
  - a. **Michigan Providers:** Copies of the ANSI ASC X 12N 837 and 835 Institutional Health Care Claim and Health Care Claim Payment/Advice (Blue Cross Electronic Data Interchange (EDI) Institutional 837/835 Companion Documents) are available on the Blue Cross website under the reference library section at [bcbsm.com/providers/help/edi/](http://bcbsm.com/providers/help/edi/).
  - b. Providers outside Michigan should contact their local Blue Cross plan.
7. Send paper claims to:
  - a. Michigan Providers:

Blue Cross Blue Shield of Michigan  
Imaging and Support Services  
P.O. Box 32593  
Detroit, MI 48232-0593
  - b. Providers outside of Michigan should contact their local Blue Cross plan.

## Government Regulations

### National:

National Coverage Determination (NCD) 210.3 – *Colorectal Cancer Screening Tests*

N/A

### Local:

N/A

*(The above information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicare Services (CMS) are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, please refer to CMS.gov website.)*

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## References

1. Medicare Benefit Policy Manual
    - Chapter 15, Section 280.2 – Colorectal Cancer Screening
    - [MLN006559 – Medicare Preventive Services](#)
  2. Medicare Claims Processing Manual
    - Chapter 18, section 60 – Colorectal Cancer Screening
  3. Medicare.gov
    - [Colonoscopies \(screening\)](#)
  4. Related internal Medical Policy
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## Important Reminder

Medicare Advantage Enhanced Benefit Policies list the criteria BCBSM and BCN use to decide which medical services are considered “reasonable and necessary” when Medicare coverage rules are not fully developed. Individual member benefit plan documents, such as the Evidence of Coverage and Annual Notice of Change, as well as applicable laws govern benefit coverage, including any inclusion, exclusion, and/or other restrictions.

Medicare Advantage Enhanced Benefit policies are created when permitted by applicable laws, reviewed regularly, and may be revised periodically. BCBSM/BCN Enhanced Benefit Policies are proprietary and should not be copied or disseminated without the express, prior written approval of BCBSM. All providers are required to review applicable BCBSM reimbursement policies prior to claim submission and bill for covered services in accordance with those policies. Additionally, providers contracted with BCBSM or BCN’s Medicare Advantage network(s) should review the provider manual for any additional claim submission requirements. Providers not contracted with BCBSM or BCN’s Medicare Advantage network may be required to submit documentation supporting billed claims, including but not limited to applicable medical records.

**Disclaimer:** This Enhanced Benefit Policy is not an authorization, certification, explanation of benefits, or a contract for the services, devices, or drugs that is referenced in this Enhanced Benefit Policy. Enhanced benefit policies do not constitute medical advice and do not guarantee any results or outcomes or guarantee payment. The Enhanced Benefit Policy is not intended to replace independent medical judgment for treatment of individuals. Treating physicians and health care providers are solely responsible for determining what care to provide to their patients. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another.

Pursuant to Section 1557 and Section 504, Blue Cross does not discriminate on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes). This includes our rules, benefit designs and medical policies.

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## BCBSM/BCN Medicare Advantage Policy History

<b>Policy Effective Date</b>	<b>BCBSM/BCN Approval Date</b>	<b>Comments</b>
01/01/2026	10/13/2025	New benefit effective 01/01/2026. Approval date reflects date approved by Medicare Advantage Medical Director and/or delegated clinician.