Subject	**Evaluation & Management Visit Prior to a Colonoscopy**
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Evaluation & Management Visit Prior to a Colonoscopy

Reference: AR- LSB 021405
In Issue number 2002-04 (winter issue) of the Rhode Island *Medicare Memo* and in the Medicare Coverage Database located at www.cms.gov/coverage, an article was published titled *E&M Visits Prior to a Colonoscopy*.

This article stated that Rhode Island Medicare would cover a separate E&M visit (by the consulting gastroenterologist) made solely to determine suitability for a screening colonoscopy if it was provided on a day separate from the screening colonoscopy. In addition, the article stated that this service should be billed with CPT code 99242 and coded with ICD-9 code V76.51, Special screening for malignant neoplasm, colon. This information is conflicting with Medicare law and is corrected below.
Medicare does not cover an E&M prior-visit to a screening colonoscopy. An item or service must have a defined benefit category in the law to be covered under Medicare. For example, physicians? services are covered under section 1861(s)(1) of the Social Security Act. However, section 1862(a)(1)(A) states that no payment may be made for items or services that are not reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member. In addition, section 1862(a)(7) prohibits payment for routine physical checkups. These sections prohibit payment for routine screening services, those services furnished in the absence of signs, symptoms, complaints, or personal history of disease or injury.

The only exceptions are screening services that are specifically authorized by statute, such as colorectal cancer screening tests covered under section 1861(s)(2)®. Section 1861(PP)(1) defines colorectal cancer screening tests as ??*any of the following procedures furnished to an individual for the early detection of colorectal cancer*: a) screening fecal occult blood test; b) screening flexible sigmoidoscopy; c) screening colonoscopy; d) such other tests or procedures, and modifications to tests and procedures under this subsection ...as the Secretary determines appropriate.??.

While the law specifically provides for a screening colonoscopy, it does not also specifically provide for a separate screening visit prior to the procedure. The Office of General Counsel (OGC) was consulted to determine if sections 1861(s)(2)(R) and 1861(pp) could be interpreted to allow separate payment for a pre-procedure screening visit in addition to the screening colonoscopy. The OGC advises that the statute does not provide for such a preprocedure screening visit. Section 1861(pp)(D) gives the Secretary the discretion to add other ?tests or procedures? to those listed as covered colorectal cancer screening tests. In addition, the above italicized introductory language provides that the tests must be specifically for the detection of colorectal cancer. It is clear from the legislative history that Congress? intent in enacting this provision was to permit coverage only for tests and procedures that are capable of detecting colorectal cancer. A pre-procedure screening examination of the patient is a general examination to determine the patient?s suitability to undergo the screening colonoscopy. The screening visit is not a test for the direct purpose of detecting colorectal cancer, nor is it capable of detecting the cancer.

Consequently, a pre-procedure visit performed on an asymptomatic patient (if the patient had symptoms the visit might be medically necessary, but the subsequent colonoscopy would be **diagnostic** rather than **screening** and both the colonoscopy and the visit would be covered as an 1861(s)(1) physician?s service) prior to a screening colonoscopy is not covered under current law. While separate payment is not currently made for these visits, fee schedule payment amounts for all procedures, including colonoscopy, contain payment for the usual pre-procedure work associated with the procedure. Additionally, in most cases, patients do not simply present to a gastroenterologist asking for a colonoscopy, but are instead referred by their primary care physician who has already determined their suitability for the procedure.

We apologize for any inconvenience caused by our previously published erroneous information.