

**FIRST COAST SERVICE OPTIONS  
MAC – PART A/B  
CODING GUIDELINES**

---

**LCD Database ID Number**

L33671

**Contractor Name**

First Coast Service Options, Inc.

**Contractor Number**

09101 - Florida  
09201 – PR/USVI  
09102 - Florida  
09202 – Puerto Rico  
09302 – Virgin Islands

**LCD Title**

Diagnostic Colonoscopy

**Coding Guidelines**

When submitting a claim for the interrupted colonoscopy, suffix the colonoscopy HCPCS codes with a modifier of –73 or –74 as appropriate to indicate that the procedure was interrupted. In situations where a critical access hospital (CAH) has elected payment Method II for CAH patients, payment shall be consistent with payment methodologies currently in place as outlined in §3610.22 of the Medicare Intermediary Manual. CAHs that elect Method II payment should use modifier –53 to identify an incomplete screening colonoscopy (physician professional service(s) billed in revenue code 096x, 097x, and/or 098x). Such CAHs will also bill the technical or facility component of the interrupted colonoscopy in revenue code 075x (or other appropriate revenue code) using the –73 or –74 modifier as appropriate.

When submitting a claim for the interrupted colonoscopy, professional providers are to suffix the colonoscopy code with a modifier of –53 to indicate that the procedure was interrupted. When a covered colonoscopy is next attempted and completed, Medicare will pay for that colonoscopy according to its payment methodology for this procedure as long as coverage conditions are met.

**Other Comments**

N/A

**Revision History**

Date	Revision
10/01/2015	This “Coding Guideline” replaces all previous “Coding Guidelines” to comply with ICD-10-CM based on Change Request 8112. The effective

Diagnostic Colonoscopy \_Coding Guidelines

	date of this “Coding Guideline” is based on date of service.
--	--

---

Document formatted: 05/29/2013 (DA/st)