



Date: May 22, 2015

To: OHP medical-surgical providers

From: Don Ross, Manager
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Subject: Change to fee-for-service colonoscopy reimbursement effective June 1, 2015

Starting June 1, 2015, the Division of Medical Assistance Programs (DMAP) will begin paying for the following colonoscopy procedures at a reduced rate when billed with modifier 53:

- **G0105:** Colorectal cancer screening; colonoscopy on individual at high risk
- **G0121:** Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk
- **45378:** Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon

Why is this happening?

As you know, DMAP uses Medicare's Relative-Value Unit (RVU) weights to set rates for many professional billing codes. The Centers for Medicare and Medicaid Services recently added RVU weights for codes G0105, G0121 and 45378 when they are billed with modifier 53 (*Discontinued Procedure*).

We are now able to update our claim processing system to reflect this change.

What should you do?

No action is required on your part.

To learn more about DMAP's current fee-for-service rates, visit the [OHP fee schedule page](#).

Questions?

If you have any questions about this announcement, contact the Provider Services Unit at dmap.providerservices@state.or.us or call 1-800-336-6016. We are available Monday through Friday, anytime between 8 a.m. to 5 p.m. (including lunch hours).

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