



Related MLN Matters Article #: SE0613

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Colorectal Cancer: Preventable, Treatable, and Beatable: Medicare Coverage and Billing for Colorectal Cancer Screening

Key Words

SE0613, Colorectal, Cancer, Screening

Provider Types Affected

Physicians, nurse practitioners, physician assistants, clinical nurse specialists, outpatient hospital departments, community surgical centers

Key Points

- March is National Colorectal Cancer Awareness Month.
- Providers should encourage their eligible Medicare patients ages 50 and older to be screened for colorectal cancer.
- Claims data from 1998-2002 indicate that less than half of Medicare beneficiaries had any screening test during this five-year period, and less than one-third were tested according to recommended intervals.
- The U.S. Preventive Services Task Force strongly recommends ("A" rating) that clinicians screen men and women ages 50 and older for colorectal cancer. To read the full recommendation, go to <http://www.ahrq.gov/clinic/uspstf/uspscolo.htm>.
- The Partnership for Prevention found that screening adults for colorectal cancer was among the services considered by decision makers to be of the greatest value based on two criteria—burden of disease prevented and cost-effectiveness.
- There are a variety of methods available for colorectal cancer screening, including fecal occult blood testing, flexible sigmoidoscopy, colonoscopy, and screening barium enema.
- Medicare covers the following colorectal cancer screening tests and procedures:
 - Fecal Occult Blood Test (FOBT)
 - Medicare will pay for one per year (either immunoassay-based or guaiac-based) for beneficiaries 50 years or older.

- Beneficiaries do not have to pay coinsurance and do not have to meet the annual Medicare Part B deductible.
- Screening Flexible Sigmoidoscopy
 - Medicare covers one every four years for beneficiaries 50 years or older
 - If a beneficiary had a screening colonoscopy in the previous 10 years, then the next screening flexible sigmoidoscopy would be covered only after 119 months have passed following the month in which the last screening colonoscopy was performed.
 - **Prior to January 1, 2007**, the beneficiary is liable for paying 20 percent of the Medicare-approved amount (the coinsurance) for screening flexible sigmoidoscopy after meeting the annual Medicare Part B deductible.
- Screening Colonoscopy
 - For beneficiaries 50 and older not considered to be at high risk for developing colorectal cancer, Medicare covers one screening colonoscopy every 10 years but not within 47 months of a previous screening flexible sigmoidoscopy.
 - For beneficiaries considered to be at high risk for developing colorectal cancer, Medicare covers one screening colonoscopy every two years regardless of age.
 - **Prior to January 1, 2007**, the beneficiary is liable for paying 20% of the Medicare-approved amount (the coinsurance) for screening colonoscopy after meeting the annual Medicare Part B deductible.
- Screening Barium Enema – an alternative to a screening flexible sigmoidoscopy or a screening colonoscopy
 - For beneficiaries 50 and older not considered to be at high risk for developing colorectal cancer, Medicare covers one screening barium enema every four years.
 - For beneficiaries considered to be at high risk for developing colorectal cancer, Medicare covers one screening barium enema every two years regardless of age.
 - A double contrast barium enema is preferable, but the physician may order a single contrast barium enema if it is more appropriate for the beneficiary.
 - **Prior to January 1, 2007**, the beneficiary is liable for paying 20% of the Medicare-approved amount (the coinsurance) for screening barium enema after meeting the annual Medicare Part B deductible.
- **Effective January 1, 2007**, Medicare will waive the annual Medicare Part B deductible for colorectal cancer screening tests billed with the Healthcare Common Procedure Coding System (HCPCS) codes: G0104, G0105, G0121, G0106, and G0120. This change is implemented under CR5127, transmittal 1004, dated July 21, 2006.
- While the deductible will be waived, and will not apply for colorectal cancer screening test services furnished on or after January 1, 2007, the Medicare Part B coinsurance still applies for these screening tests and will require a 25% beneficiary coinsurance. This change is implemented under CR5387, transmittal 1160, dated January 19, 2007.

- Beneficiaries are considered to be at high risk for colorectal cancer if they have any of the following:
 - A close relative (sibling, parent, or child) who has had colorectal cancer or an adenomatous polyp;
 - A family history adenomatous polyposis;
 - A family history of hereditary nonpolyposis colorectal cancer;
 - A personal history of adenomatous polyps;
 - A personal history of colorectal cancer; or
 - A personal history of inflammatory bowel disease, including Crohn's Disease and ulcerative colitis.
- The HCPCS codes that should be used to bill for colorectal cancer screening may be reviewed in the table on page 5 of MLN Matters article SE0613.
- If billing Medicare carriers, the appropriate HCPCS and corresponding diagnosis codes must be provided on Form CMS-1500 (or the Health Insurance Portability and Accountability Act (HIPAA) 837 Professional electronic claim record).
- If billing Medicare intermediaries, the appropriate HCPCS, revenue, and corresponding diagnosis codes must be provided on Form CMS-1450 (or the HIPAA Institutional electronic claim record).
- Information on the type of bill and associated revenue code is also provided in the colorectal cancer screening chapter (page 82) of the Guide to Preventive Services, which is available at <http://www.cms.hhs.gov/MLNProducts/downloads/PSGUID.pdf> on the CMS website.
- Reimbursement information is also provided in this guide.
- The following is a link to the colorectal cancer screening section including website links to information and resources developed by other organizations interested in promoting colorectal cancer screening including: the National Cancer Institute, the Centers for Disease Control and Prevention, and the American Cancer Society: <http://www.cms.hhs.gov/ColorectalCancerScreening/>.
- Providers may also visit the Medicare Learning Network (MLN) website at <http://www.cms.hhs.gov/MLNGenInfo/> to access the *Guide to Medicare Preventive Services for Physicians, Providers, Suppliers, and Other Health Care Professionals* as well as other educational resources designed for health care professionals to promote and increase national awareness of Medicare-covered preventive services. Once on the MLN site, scroll to the bottom of the page and click on Products, then click on Preventive Services.

Important Links

The related MLN Matters article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0613.pdf> on the CMS website.

Providers may find additional information on colorectal cancer detection American Cancer Society screening recommendations and guidelines at http://www.cancer.org/docroot/CRI/content/CRI_2_6X_Colorectal_Cancer_Early_Detection_10.asp?sitearea=&level on the American Cancer Society website.

Additional related articles and CRs that providers may review are:

- MM5127: (“Non-Application of Deductible for Colorectal Cancer Screening Tests”) at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5127.pdf> and the related CR is at <http://www.cms.hhs.gov/Transmittals/downloads/R1004CP.pdf> on the CMS website; and
- MM5387 (“Colorectal Cancer Screening Flexible Sigmoidoscopy and Colonoscopy Coinsurance Payment Change”) at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5387.pdf> and the related CR is at <http://www.cms.hhs.gov/Transmittals/downloads/R1160CP.pdf> on the CMS website.