

March is National Colorectal Cancer Awareness Month. Please join with the Centers for Medicare & Medicaid Services (CMS) in promoting increased awareness of colorectal cancer and the colorectal cancer screening benefit covered by Medicare. Colorectal cancer is largely preventable through screening, which can find colon growths called polyps that can be removed before they turn into cancer. Screening can also detect cancer early when it is easier to treat and cure.

Screening for colorectal cancer is recommended for all adults ages 50 and older, although screening may start at younger ages for individuals who are at high risk for colon cancer. The frequency of screening is based on an individual's risk for colorectal cancer and the type of screening test that is used.

An individual is considered to be at high risk for colorectal cancer if he or she has had colorectal cancer before or has a history of polyps, has a family member who has had colorectal cancer or a history of polyps, or has a personal history of inflammatory bowel disease, including Crohn's Disease and ulcerative colitis.

In addition, risk for colorectal cancer increases with age. It is important to encourage patients who were screened before entering Medicare to continue with screening at clinically appropriate intervals.

Medicare Covers Screening Tests

Medicare covers the following screening tests to detect colorectal cancer early, when it is most treatable, and to identify people at high risk for developing this type of cancer:

- Fecal Occult Blood Test (FOBT)—Medicare covers both guaiac and immunoassay tests, but Medicare will only pay for one FOBT each year
- Colonoscopy—Medicare covers every 10 years for normal risk; more frequently for high risk persons
- Sigmoidoscopy—Medicare covers every 4 years
- Barium Enema—Medicare covers every 4 years for normal risk; every 2 years for high risk

For specific details on Medicare coverage criteria and billing procedures for colorectal cancer screening services, refer to Special Edition *MLN Matters* article:

SE0710 <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0710.pdf> .

New Coverage Information for 2007!

Starting in January 2007, Medicare waived the requirement that beneficiaries meet the deductible for **screening** colonoscopy, sigmoidoscopy, or barium enema (as an alternative to colonoscopy or sigmoidoscopy). In addition, the coinsurance for colonoscopy and sigmoidoscopy is now 25% when performed in ambulatory surgical centers and non-outpatient prospective payment system hospital outpatient departments.

For specific details about these changes, click on the following links:

- Special Edition *MLN Matters* article MM5387 (coinsurance changes)
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5387.pdf>
- Special Edition *MLN Matters* article MM5127 (deductible change)
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5127.pdf>

CMS Needs Your Help

CMS needs your help to get the word out to your Medicare patients and their caregivers about the benefits of colorectal cancer screening. We hope that you will encourage your eligible Medicare patients to take advantage of this potentially life saving benefit.

For information and resources to help you discuss colorectal cancer screening with your patients, visit the following American Cancer Society website:

http://www.cancer.org/colonmd?utm_source=CMSlistserve&utm_medium=email&utm_term=colon&utm_content=colonMD

Thank you for supporting CMS' effort to increase awareness of colorectal cancer and the colorectal cancer screening benefit covered by Medicare.

Colorectal cancer is preventable, treatable, and beatable. Encourage your patients to get screened—it could save their lives.

Flu Shot Reminder

It's Not Too Late to Give and Get the Flu Shot!

The peak of flu season typically occurs between late December and March; however, flu season can last until May.

Protect yourself, your patients, and your family and friends by getting and giving the flu shot. Each office visit presents an opportunity for you to talk with your patients about the importance of getting an annual flu shot and a lifetime pneumococcal vaccination. Remember - influenza and pneumococcal vaccination and their administration are covered Part B benefits. Note that influenza and pneumococcal vaccines are NOT Part D covered drugs. For more information about Medicare's coverage of adult immunizations and educational resources, go to CMS' website: <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0667.pdf>.