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Updates to Colorectal Cancer Screening & Hepatitis B Vaccine Policies

Related CR Release Date: May 29, 2025	**MLN Matters Number:** MM14031
Effective Date: January 1, 2025	**Related Change Request (CR) Number:** CR 14031
Implementation Date: October 6, 2025	**Related CR Transmittal Number:** R13248BP & R13248CP
Related CR Title: Omnibus Change Request (CR) Covering Updates for the Medicare Physician Fee Schedule (MPFS) Rule 2025: (1) Updates to Colorectal Cancer Screening and Hepatitis B Vaccine Policies	

Affected Providers

- Physicians
- Hospitals
- Rural health clinics (RHCs)
- Federally Qualified Health Centers (FQHCs)
- Other providers billing Medicare Administrative Contractors (MACs) for preventive services

Action Needed

Make sure your billing staff knows about these updates:

- Coverage changes for colorectal cancer (CRC) screening tests
- Clarification of policy that applies to complete CRC screening
- Expanded coverage and changes to billing policies for the hepatitis B vaccine

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Background

In the CY 2025 Medicare Physician Fee Schedule (PFS) final rule, CMS included policy changes related to the coverage and payment of CRC screening and the hepatitis B vaccine.

CRC Screening

Sections 1861(s)(2)(R), 1861(pp), 1862(a)(1)(H), and 1834(d) of the Social Security Act and regulations at 42 CFR 410.37 authorize Medicare coverage for CRC screening tests under Medicare Part B. The statue and regulations allow the Secretary to add other tests and procedures (and modifications to the tests and procedures for CRC screening) as the Secretary finds appropriate based on consulting with appropriate organizations. Coverage and payment policies for CRC screening are found in the Medicare National Coverage Determination (NCD) Manual, Chapter 1, Part 4, section 210.3.

Hepatitis B Vaccine

Hepatitis B is a vaccine-preventable, communicable disease of the liver. We cover hepatitis B vaccines as a Part B benefit under section 1861(s)(10)(B) of the Social Security Act. Medicare patients with a high or intermediate risk of contracting hepatitis B can receive hepatitis B vaccines with no cost sharing. The Secretary defines the hepatitis B vaccine risk groups at 42 CFR 410.63.

Key Updates

Updates to CRC Screening

Starting January 1, 2025, we:

- Removed coverage of barium enema as a method of screening.
- Expanded coverage to include computed tomography (CT) colonography.
- Added Medicare covered blood-based biomarker CRC screening tests as part of the continuum of screening. Like stool-based CRC screening tests, a blood-based biomarker test with a positive result will lead to a follow-on screening colonoscopy (with no patient cost-sharing).
- Clarified regulations that CRC screening frequency limitations don't apply to the follow-on screening colonoscopy in the context of "complete CRC screening."

CR 14031 updates the Medicare Claims Processing Manual, Chapter 18, section 60 for CRC screening using the CT colonography and the Cologuard Plus test. We waive the patient deductible and coinsurance for these tests.

CT Colonography (HCPCS Code 74263)

Starting January 1, 2025, we cover CT colonography when ordered by a treating physician and for patients who meet the following criteria:

- Age 45 or older
- Asymptomatic
- At average risk

We cover the CT colonography:

- For average-risk patients:
  - Once in a 5-year period (after at least 59 months since the month the patient got their last screening CT colonography)
  - Once in a 4-year period (after at least 47 months since the month the patient got their last flexible sigmoidoscopy or screening colonoscopy)
- For high-risk patients:
  - Once in a 2-year period (after at least 23 months since the month the patient got their last screening CT colonography or screening colonoscopy)
  - When you report at least 1 of the high-risk ICD-10 diagnosis codes from List 1 of the coding spreadsheet for NCD 210.3

You should submit Medicare Part A claims with revenue code 030X on type of bills (TOBs) 12X, 13X, and 85X.

Cologuard Plus (HCPCS Code 0464U)

Starting October 3, 2024, we cover the Cologuard Plus test every 3 years for patients who meet the following criteria:

- Age 45–85 years
- Asymptomatic
- At average risk

For claims with dates of service on or after January 1, 2025, you should report at least 1 of the following ICD-10 diagnosis codes:

- Z12.11 — Encounter for screening for malignant neoplasm of colon
- Z12.12 — Encounter for screening for malignant neoplasm of rectum

You should submit Part A claims with revenue code 030X on TOBs 13X, 14X (only for non-patient laboratory specimens), and 85X.

Updates to Hepatitis B Vaccine

Starting January 1, 2025, we made the following changes:

- Expanded coverage of hepatitis B vaccinations to include individuals who haven't previously received a complete hepatitis B vaccination series or whose vaccination history is unknown
- We no longer require a physician's order, which will allow roster billing by mass immunizers
- We pay for hepatitis B vaccines and their administration at 100% of reasonable costs in RHCs and FQHCs, separate from payment under the FQHC Prospective Payment System or the RHC all-inclusive rate methodology

CR 14031 updates the Medicare Benefit Policy Manual, Chapter 15, section 50.4.4.2 to expand the list of high-risk and intermediate-risk groups eligible for the hepatitis B vaccine. We also updated the Medicare Claims Processing Manual, Chapter 18, section 10.1.3.

More Information

We issued CR 14031 to your MAC as the official instruction for this change. For more information, find your MAC's website.

Document History

Date of Change	Description
June 10, 2025	Initial article released.