CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-03 Medicare National Coverage Determinations	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12299	**Date: October 12, 2023**
	Change Request 13017

Transmittal 11865 issued February 16, 2023, is being rescinded and replaced by Transmittal 12299, dated October 12, 2023, to provide clarifications on CMS policy and related claims processing instructions for our approach to colonoscopies within the context of a complete colorectal cancer screening by revising the policy section with additional verbiage, adding Business Requirement (BR) 13017 - 04.5.3, and revising BRs 13017-04.1 and 13017 - 04.4 to 13017 - 04.10. This CR is amended to remove the requirement (and corresponding Pub. 100-04 narrative) that contractors shall return to provider/ return as un-processable certain screening colonoscopy claims that do not include the KX modifier. This correction does not make any revisions to the companion Pub. 100-02 or Pub. 100-03; all revisions are associated with Pub. 100-04. All other information remains the same.

SUBJECT: An Omnibus CR to Implement Policy Updates in the CY 2023 PFS Final Rule, Including (1) Removal of Selected NCDs (NCD 160.22 Ambulatory EEG Monitoring), and, (2) Expanding Coverage of Colorectal Cancer Screening - Full Agile Pilot CR

I. SUMMARY OF CHANGES: The purpose of this omnibus Change Request (CR) is to make contractors aware of policy updates resulting from changes specified in the Calendar Year (CY) 2023 Physician Fee Schedule (PFS) Final Rule (87 FR 69404), published in the Federal Register on 11/18/2022. The policy updates include removal of one selected National Coverage Determination (NCD) : Ambulatory Electroencephalographic (EEG) Monitoring (NCD 160.22). Separately, the policy updates also include policies to expand colorectal cancer screening coverage by 1) reducing the minimum age for certain CRC screening tests from 50 to 45 years and 2) expanding the regulatory definition of CRC screening tests to include a follow-on screening colonoscopy after a Medicare covered non-invasive stool-based test returns a positive result.

EFFECTIVE DATE: January 1, 2023
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: November 13, 2023- For requirements subject to revision in amended CR only; February 27, 2023 - Requirements Implementation Date; April 3, 2023 - For Release Tracking Purposes Only

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	1/160.22/ Ambulatory EEG Monitoring
R	1/210.3/ Colorectal Cancer Screening Tests

III. FUNDING:

For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements
Manual Instruction

Attachment - Business Requirements

Pub. 100-03	Transmittal:12299	Date: October 12, 2023	Change Request: 13017

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I. GENERAL INFORMATION

A. Background:

NCD Removal:

National coverage policy NCD 160.22 Ambulatory EEG Monitoring was made effective on June 16, 1984. The NCD describes Ambulatory EEG monitoring is a diagnostic procedure for patients in whom a seizure diathesis is suspected but not defined by history, physical or resting EEG.

CRC Screening:

Medicare coverage for colorectal cancer (CRC) screening tests under Part B are described in statutes (sections 1861(s)(2)(R), 1861(pp), 1862(a)(1)(H) and 1834(d) of the Act), regulation (42 CFR 410.37), and National Coverage Determination (NCD) (Section 210.3 of the NCD Manual, Publication (Pub) 100-03). The following CRC screening tests currently include a payment and/or coverage limitation that the individual be at least 50 years of age or older:

- Screening Flexible Sigmoidoscopy Test (G0104)
- Screening Guaiac-based Fecal Occult Blood Test (gFOBT) (82270)
- Screening Immunoassay-based Fecal Occult Blood Test (iFOBT) (G0328)
- Screening The Cologuard™ – Multi-target Stool DNA (sDNA) Test (81528)
- Screening Barium Enema Test (G0106, G0120)
- Screening Blood-based Biomarker Tests (G0327)

In addition, and separately, Medicare policy has historically considered a colonoscopy that follows a positive result from a non-invasive stool-based CRC test (gFOBT, iFOBT or sDNA) to be a diagnostic procedure (and not a screening procedure) because the positive result from the non-invasive stool-based test represented a sign of illness. Beneficiary cost sharing is not applicable to a screening colonoscopy (G0105,

G0121) (as a specified preventive screening procedure), but is applicable to a diagnostic colonoscopy.

B. Policy: The CY 2023 PFS includes the following policy updates, effective January 1, 2023:

NCD Removal:

CMS periodically identifies and proposes to remove NCDs through public notice and comment rulemaking in the PFS that no longer contain clinically pertinent and current information or no longer reflect current medical practice.

In the CY 2023 PFS Final Rule, CMS finalized a proposal to remove NCD 160.22 EEG Monitoring. In the absence of this NCD, coverage determinations will be made by the Medicare Administrative Contractors (MACs) under section 1862(a)(1)(A) of the Social Security Act (the Act).

CRC Screening:

The minimum age payment and/or coverage limitation for the following CRC screening tests is now reduced to 45 years of age or older:

- Screening Flexible Sigmoidoscopy Test
- Screening Guaiac-based Fecal Occult Blood Test (gFOBT)
- Screening Immunoassay-based Fecal Occult Blood Test (iFOBT)
- Screening The Cologuard™ – Multi-target Stool DNA (sDNA) Test
- Screening Barium Enema Test
- Screening Blood-based Biomarker Tests

Screening Colonoscopy will continue to not have a minimum age limitation. We are not modifying existing maximum age limitations (where applicable).

In addition, and separately, a positive result from a non-invasive stool-based CRC screening test no longer requires that the following colonoscopy be a diagnostic colonoscopy. CRC screening tests now include a follow-on screening colonoscopy after a Medicare covered non-invasive stool-based CRC screening test (gFOBT, iFOBT or sDNA) returns a positive result. We now understand both the non-invasive stool-based test and the follow-on colonoscopy to both be part of a continuum of a complete CRC screening. Beneficiary cost sharing will not apply to the non-invasive stool-based test and the follow-on screening colonoscopy in this scenario because both are specified preventive screening services. In support of this new policy, the frequency limitations for screening colonoscopy in 42 CFR 410.37(g) will not be applicable to the follow-on screening colonoscopy that follows a positive result from a stool-based test. The policy goal of not applying frequency limitations to the follow-on screening colonoscopy after a non-invasive stool-based test returns a positive result is to remove barriers and encourage the patient to proceed to the colonoscopy procedure soon after the positive result from the stool-based test.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
13017 - 03.1	**NCD Removal**: Effective for claims with dates of service on or after January 1, 2023, contractors shall be aware that	X	X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	coverage determinations are made by Medicare Administrative Contractors for Ambulatory EEG Monitoring. NOTE: Also refer to Pub 100-03, NCD Manual, chapter 1, part 2, section 160.22.									
13017 - 03.2	**CRC Screening**: Effective for claims with dates of service on or after January 1, 2023, contractors shall be aware that NCD 210.3 Colorectal Cancer Screening Tests has been revised to reduce the minimum age limitation from 50 to 45 years for FOBT, sDNA Test and Blood-based Biomarker Tests. NOTE: Also refer to Pub 100-02, Benefit Policy Manual (BPM), chapter 15 section 280.2 Pub 100-03, NCD Manual, chapter 1, part 4, section 210.3 and Pub 100-04, Claims Processing Manual (CPM), Chapter 18 section 60.	X	X						X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
13017 - 03.3	Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the CR. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 instructions for distributing the MLN Connects newsletter information to providers and link to relevant information on your website. You may supplement MLN content with your local information after we release the MLN Connects newsletter. Subscribe to the "MLN Connects" listserv to get MLN content notifications. You don't need to separately track and report MLN content releases when you distribute MLN	X	X			

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	Connects newsletter content per the manual section referenced above.					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 1

NCD:	210.3
NCD Title:	Colorectal Cancer Screening Tests
IOM:	www.cms.gov/manuals/downloads/ncd103c1_Part4.pdf
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=281&ncdver=3&CoverageSelection=National&bc=gAAAACAAAAAA&
CPM	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c18.pdf
ICD-10 CM	**ICD-10 DX Description**
	CMS reserves the right to add or remove diagnosis codes associated with its NCDs in order to implement those NCDs in the most efficient manner within the confines of the policy.
	Partial List of Dx Codes Indicating High Risk: Only applicable to G0105 and G0120 (high risk colorectal screening)
C18.0	Malignant neoplasm of cecum
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure
C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of colon
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum
C21.0	Malignant neoplasm of anus, unspecified
C21.1	Malignant neoplasm of anal canal
C21.2	Malignant neoplasm of cloacogenic zone
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
C49.A3	Gastrointestinal stromal tumor of small intestine
C49.A4	Gastrointestinal stromal tumor of large intestine
C49.A5	Gastrointestinal stromal tumor of rectum
C78.5	Secondary malignant neoplasm of large intestine and rectum
C7A.021	Malignant carcinoid tumor of the cecum
C7A.022	Malignant carcinoid tumor of the ascending colon
C7A.023	Malignant carcinoid tumor of the transverse colon
C7A.024	Malignant carcinoid tumor of the descending colon
C7A.025	Malignant carcinoid tumor of the sigmoid colon
C7A.026	Malignant carcinoid tumor of the rectum
D01.0	Carcinoma in situ of colon
D01.1	Carcinoma in situ of rectosigmoid junction
D01.2	Carcinoma in situ of rectum
D01.3	Carcinoma in situ of anus and anal canal
D12.0	Benign neoplasm of cecum
D12.2	Benign neoplasm of ascending colon
D12.3	Benign neoplasm of transverse colon
D12.4	Benign neoplasm of descending colon
D12.5	Benign neoplasm of sigmoid colon
D12.7	Benign neoplasm of rectosigmoid junction
D12.8	Benign neoplasm of rectum
D12.9	Benign neoplasm of anus and anal canal
D37.4	Neoplasm of uncertain behavior of colon
D37.5	Neoplasm of uncertain behavior of rectum
D37.9	Neoplasm of uncertain behavior of digestive organ, unspecified
D3A.021	Benign carcinoid tumor of the cecum
D3A.022	Benign carcinoid tumor of the ascending colon
D3A.023	Benign carcinoid tumor of the transverse colon

ICD-10 CM	ICD-10 DX Description
D3A.024	Benign carcinoid tumor of the descending colon
D3A.025	Benign carcinoid tumor of the sigmoid colon
D3A.026	Benign carcinoid tumor of the rectum
D3A.029	Benign carcinoid tumor of the large intestine, unspecified portion
K50.00	Crohn's disease of small intestine without complications
K50.011	Crohn's disease of small intestine with rectal bleeding
K50.012	Crohn's disease of small intestine with intestinal obstruction
K50.013	Crohn's disease of small intestine with fistula
K50.014	Crohn's disease of small intestine with abscess
K50.018	Crohn's disease of small intestine with other complication
K50.019	Crohn's disease of small intestine with unspecified complications
K50.10	Crohn's disease of large intestine without complications
K50.111	Crohn's disease of large intestine with rectal bleeding
K50.112	Crohn's disease of large intestine with intestinal obstruction
K50.113	Crohn's disease of large intestine with fistula
K50.114	Crohn's disease of large intestine with abscess
K50.118	Crohn's disease of large intestine with other complication
K50.119	Crohn's disease of large intestine with unspecified complications
K50.80	Crohn's disease of both small and large intestine without complications
K50.811	Crohn's disease of both small and large intestine with rectal bleeding
K50.812	Crohn's disease of both small and large intestine with intestinal obstruction
K50.813	Crohn's disease of both small and large intestine with fistula
K50.814	Crohn's disease of both small and large intestine with abscess
K50.818	Crohn's disease of both small and large intestine with other complication
K50.819	Crohn's disease of both small and large intestine with unspecified complications
K50.90	Crohn's disease, unspecified, without complications
K50.911	Crohn's disease, unspecified, with rectal bleeding
K50.912	Crohn's disease, unspecified, with intestinal obstruction
K50.913	Crohn's disease, unspecified, with fistula
K50.914	Crohn's disease, unspecified, with abscess
K50.918	Crohn's disease, unspecified, with other complication
K50.919	Crohn's disease, unspecified, with unspecified complications
K51.00	Ulcerative (chronic) pancolitis without complications
K51.011	Ulcerative (chronic) pancolitis with rectal bleeding
K51.012	Ulcerative (chronic) pancolitis with intestinal obstruction
K51.013	Ulcerative (chronic) pancolitis with fistula
K51.014	Ulcerative (chronic) pancolitis with abscess
K51.018	Ulcerative (chronic) pancolitis with other complication
K51.019	Ulcerative (chronic) pancolitis with unspecified complications
K51.20	Ulcerative (chronic) proctitis without complications
K51.211	Ulcerative (chronic) proctitis with rectal bleeding
K51.212	Ulcerative (chronic) proctitis with intestinal obstruction
K51.213	Ulcerative (chronic) proctitis with fistula
K51.214	Ulcerative (chronic) proctitis with abscess
K51.218	Ulcerative (chronic) proctitis with other complication
K51.219	Ulcerative (chronic) proctitis with unspecified complications
K51.30	Ulcerative (chronic) rectosigmoiditis without complications
K51.311	Ulcerative (chronic) rectosigmoiditis with rectal bleeding
K51.312	Ulcerative (chronic) rectosigmoiditis with intestinal obstruction
K51.313	Ulcerative (chronic) rectosigmoiditis with fistula
K51.314	Ulcerative (chronic) rectosigmoiditis with abscess

ICD-10 CM	ICD-10 DX Description
K51.318	Ulcerative (chronic) rectosigmoiditis with other complication
K51.319	Ulcerative (chronic) rectosigmoiditis with unspecified complications
K51.40	Inflammatory polyps of colon without complications
K51.411	Inflammatory polyps of colon with rectal bleeding
K51.412	Inflammatory polyps of colon with intestinal obstruction
K51.413	Inflammatory polyps of colon with fistula
K51.414	Inflammatory polyps of colon with abscess
K51.418	Inflammatory polyps of colon with other complication
K51.419	Inflammatory polyps of colon with unspecified complications
K51.50	Left sided colitis without complications
K51.511	Left sided colitis with rectal bleeding
K51.512	Left sided colitis with intestinal obstruction
K51.513	Left sided colitis with fistula
K51.514	Left sided colitis with abscess
K51.518	Left sided colitis with other complication
K51.519	Left sided colitis with unspecified complications
K51.80	Other ulcerative colitis without complications
K51.811	Other ulcerative colitis with rectal bleeding
K51.812	Other ulcerative colitis with intestinal obstruction
K51.813	Other ulcerative colitis with fistula
K51.814	Other ulcerative colitis with abscess
K51.818	Other ulcerative colitis with other complication
K51.819	Other ulcerative colitis with unspecified complications
K51.90	Ulcerative colitis, unspecified, without complications
K51.911	Ulcerative colitis, unspecified with rectal bleeding
K51.912	Ulcerative colitis, unspecified with intestinal obstruction
K51.913	Ulcerative colitis, unspecified with fistula
K51.914	Ulcerative colitis, unspecified with abscess
K51.918	Ulcerative colitis, unspecified with other complication
K51.919	Ulcerative colitis, unspecified with unspecified complications
K52.1	Toxic gastroenteritis and colitis
K52.89	Other specified noninfective gastroenteritis and colitis
K52.9	Noninfective gastroenteritis and colitis, unspecified
K57.20	Diverticulitis of large intestine with perforation and abscess without bleeding
K57.21	Diverticulitis of large intestine with perforation and abscess with bleeding
K57.30	Diverticulosis of large intestine without perforation or abscess without bleeding
K57.31	Diverticulosis of large intestine without perforation or abscess with bleeding
K57.32	Diverticulitis of large intestine without perforation or abscess without bleeding
K57.33	Diverticulitis of large intestine without perforation or abscess with bleeding
K57.40	Diverticulitis of both small and large intestine with perforation and abscess without bleeding
K57.41	Diverticulitis of both small and large intestine with perforation and abscess with bleeding
K57.50	Diverticulosis of both small and large intestine without perforation or abscess without bleeding
K57.51	Diverticulosis of both small and large intestine without perforation or abscess with bleeding
K57.52	Diverticulitis of both small and large intestine without perforation or abscess without bleeding
K57.53	Diverticulitis of both small and large intestine without perforation or abscess with bleeding
K57.80	Diverticulitis of intestine, part unspecified, with perforation and abscess without bleeding
K57.81	Diverticulitis of intestine, part unspecified, with perforation and abscess with bleeding
K57.90	Diverticulosis of intestine, part unspecified, without perforation or abscess without bleeding
K57.91	Diverticulosis of intestine, part unspecified, without perforation or abscess with bleeding
K57.92	Diverticulitis of intestine, part unspecified, without perforation or abscess without bleeding
K57.93	Diverticulitis of intestine, part unspecified, without perforation or abscess with bleeding

ICD-10 CM	ICD-10 DX Description
K62.0	Anal polyp
K62.1	Rectal polyp
K62.6	Ulcer of anus and rectum
K63.3	Ulcer of intestine
K63.5	Polyp of colon
Z12.10	Encounter for screening for malignant neoplasm of intestinal tract, unspecified
Z12.11	Encounter for screening for malignant neoplasm of colon
Z12.12	Encounter for screening for malignant neoplasm of rectum
Z15.09	Genetic susceptibility to other malignant neoplasm
Z80.0	Family history of malignant neoplasm of digestive organs
Z83.71	Family history of colonic polyps
Z85.038	Personal history of other malignant neoplasm of large intestine
Z85.048	Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus
Z86.004	Personal history of in-situ neoplasm of other and unspecified digestive organs
Z86.010	Personal history of colonic polyps
Applicable to 81528 and G0327- only 1 dx required	
Z12.12	Encounter for screening for malignant neoplasm of rectum
Z12.11	Encounter for screening for malignant neoplasm of colon

NCD:	210.3
NCD Title:	Colorectal Cancer Screening Tests
IOM:	www.cms.gov/manuals/downloads/ncd103c1_Part4.pdf
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=281&ncdver=3&CoverageSelection=National&bc=gAAAACAAAAAA&

ICD-10	ICD-10 PCS Description
N/A	N/A
	CMS reserves the right to add or remove diagnosis codes associated with its NCDs in order to implement those NCDs in the most efficient manner within the confines of the policy.

NCD:	210.3
Title:	Colorectal Cancer Screening Tests (CR5127, CR8109, CR8691, CR9115, CR9252, CR9540, CR9631, CR9861, CR10473, CR11491, CR12280, CR13017)
IOM:	www.cms.gov/manuals/downloads/ncd103c1_Part4.pdf
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=281&ncdver=3&CoverageSelection=National&bc=gAAAACAAAAAA&
CPM	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c18.pdf

Part A	Rule Description Part A	Proposed HCPCS/ CPT Part A	Frequency Limitations	TOB (Part A)	Revenue Code Part A	Modifier Part A/B	Provider Specialty	Proposed MSN Message Part A	Proposed CARC Message Part A	Proposed RARC Message Part A
Part A	Effective 1/1/98, payment may be made for colorectal cancer screening for early detection of cancer. For screening colonoscopy services (1 type of service included in benefit) prior to 7/1/01, coverage was limited to high-risk individuals. Effective 7/1/01, screening colonoscopies are covered for individuals not at high-risk. **CWF** shall edit all colorectal screening claims for age & frequency, **CWF** will edit A/MAC claims for valid procedure codes (G0104, G0105, G0106, 82270, G0120, G0121, G0122, and G0328) and for valid TOBs.	G0104 G0105 G0106 82270 G0120 G0121 G0328	varies by CPT/ HCPCS	varies by CPT/ HCPCS	varies by CPT/ HCPCS	N/A	N/A	varies by rule see below	varies by rule see below	varies by rule see below
Part A	**CRC Screening:** **CWF/ (RC 59099/59100) & A/MACs:** Effective 1/1/2023, allow the following CRC screening tests for **ages 45 years and older:** -Screening Fecal-Occult Blood Tests (FOBT) (HCPCS codes G0328 and 82270) -Screening Flexible Sigmoidoscopies (HCPCS code G0104) -Screening Barium Enema (HCPCS codes G0106 and G0120) **CWF/ & A/MACs:** NOTE: Also refer to Pub 100-02, Benefit Policy Manual (BPM), chapter 15 section 280.2 Pub 100-03, NCD Manual, chapter 1, part 4, section 210.3 and Pub 100-04, Claims Processing Manual (CPM), Chapter 18 section 60. **A/MACs** shall not search for or adjust claims for colorectal cancer CRC screening tests that have been paid prior to April 3, 2023. However, contractors shall adjust claims brought to their attention.	G0104 G0106 G0120 G0328 82270	N/A	N/A	N/A	N/A	N/A	18.13 18.15	96	M82

NCD:	210.3
Title:	Colorectal Cancer Screening Tests (CR5127, CR8109, CR8691, CR9115, CR9252, CR9540, CR9631, CR9861, CR10473, CR11491, CR12280, CR13017)
IOM:	www.cms.gov/manuals/downloads/ncd103c1_Part4.pdf
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=281&ncdver=3&CoverageSelection=National&bc=gAAAACAAAAAA&
CPM	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c18.pdf

Part A	Rule Description Part A	Proposed HCPCS/ CPT Part A	Frequency Limitations	TOB (Part A)	Revenue Code Part A	Modifier Part A/B	Provider Specialty	Proposed MSN Message Part A	Proposed CARC Message Part A	Proposed RARC Message Part A
Part A	**CRC Screening:** **CWF/ & A/MACs**: Effective for claims with dates of service on or after 1/1/2023, contractors shall be aware that CRC screening tests include a follow-on Screening Colonoscopy (HCPCS codes G0105 and G0121) after a Medicare covered non-invasive stool-based CRC screening test returns a positive result. Non-invasive stool-based CRC screening tests include: -Screening Guaiac-based Fecal Occult Blood Test (gFOBT) (82270) -Screening Immunoassay-based Fecal Occult Blood Test (iFOBT) (G0328) -Screening The Cologuard™ – Multi-target Stool DNA (sDNA) Test (81528) Contractors shall also be aware that frequency limitations for Screening Colonoscopy shall not apply when the screening colonoscopy follows a positive result from a stool-based test described above. **Note**: For additional claims processing information, refer to Pub 100-04, Medicare Claims Processing Manual, chapter 18, section 60.	G0105 G0121 ------ 81528 82270 G0328	no frequency limitations when the screening colonoscopy follows a positive result from a stool-based test							

NCD:	210.3
Title:	Colorectal Cancer Screening Tests (CR5127, CR8109, CR8691, CR9115, CR9252, CR9540, CR9631, CR9861, CR10473, CR11491, CR12280, CR13017)
IOM:	www.cms.gov/manuals/downloads/ncd103c1_Part4.pdf
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=281&ncdver=3&CoverageSelection=National&bc=gAAAACAAAAAA&
CPM	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c18.pdf

Part A	Rule Description Part A	Proposed HCPCS/ CPT Part A	Frequency Limitations	TOB (Part A)	Revenue Code Part A	Modifier Part A/B	Provider Specialty	Proposed MSN Message Part A	Proposed CARC Message Part A	Proposed RARC Message Part A
Part A	**CRC Screening:** **CWF & A/MACs**: Effective 1/1/2023, contractors shall allow a follow-on screening colonoscopy (HCPCS code G0105 and G0121) after a Medicare covered CRC non-invasive stool-based test (HCPCS code G0328, 81528, or 82270) returns a positive result. **NOTE**: A -KX modifier shall be attached to a screening colonoscopy code to indicate such service was performed as a follow-on screening after a positive result from a stool-based test. **A/MACs** shall return to provider claims for a follow-on screening colonoscopy after a Medicare covered non-invasive stool-based test returns a positive result when the KX modifier is not attached to the follow-on screening colonoscopy code. **CWF**: Effective for claims with dates of service on and after January 1, 2023, contractors shall not apply frequency limitations to CRC screening colonoscopy (HCPCS codes G0105 and G0121) that follows a positive result from a non-invasive stool-based CRC screening test (HCPCS code G0328, 81528, or 82270) as identified by the KX modifier and described above. **A/MACs** shall not search for or adjust claims for CRC screening colonoscopies, described above, that have been paid prior to April 3, 2023. However, contractors shall adjust claims brought to their attention.	G0105 G0121 ------ 81528 82270 G0328				KX				
Part A	**CRC Screening**: **A/MACs** shall engage in user acceptance testing when the code is delivered.									

NCD:	210.3
Title:	Colorectal Cancer Screening Tests (CR5127, CR8109, CR8691, CR9115, CR9252, CR9540, CR9631, CR9861, CR10473, CR11491, CR12280, CR13017)
IOM:	www.cms.gov/manuals/downloads/ncd103c1_Part4.pdf
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=281&ncdver=3&CoverageSelection=National&bc=gAAAACAAAAAA&
CPM	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c18.pdf

Part A	Rule Description Part A	Proposed HCPCS/ CPT Part A	Frequency Limitations	TOB (Part A)	Revenue Code Part A	Modifier Part A/B	Provider Specialty	Proposed MSN Message Part A	Proposed CARC Message Part A	Proposed RARC Message Part A
Part A	**FISS & A/MACs:** Shall allow FOBT 82270 or G0328 (as an alternative to 82270) **once per 12 months**; i.e., at least 11 months have passed following month in which last covered screening FOBT was performed. Effective 1/1/04, payment may be made for immunoassay-based FOBT, G0328, as an alternative to guaiac-based FOBT, 82270*. Medicare will pay for only one covered FOBT per year, either 82270* or G0328, but not both.	82270 G0328	1 x 12 months	12X 13X 14X* (*only applicable for non-patient lab specimens) 22X 23X 83X 85X	030X	N/A	N/A	18.14 18.16	119 ---------- 119	M90 ---------- N386
Part A	**A/MACs:** Shall allow G0104 when performed by doctor of medicine/osteopathy, or by PA, NP, or CNS (as defined in §1861(aa)(5) & in CFR 42 CFR 410.74, 410.75, 410.76) at frequency of 1 **every 48 months** (i.e., at least 47 months have passed following month in which last covered screening flexible sigmoidoscopy was done) unless beneficiary does not meet criteria for high-risk (refer to §60.3) and he/she has had screening colonoscopy, G0121, within preceding 10 years. If screening colonoscopy within preceding 10 years, then he/she can have screening flexible sigmoidoscopy only after at least 119 months have passed following month that he/she received screening colonoscopy, G0121.	G0104	1 x 48 months	12X 13X 22X 23X 83X 85X*	*CAH Method II bill RC 096X 097X and/or 098X for PC & 075X (or other RC) for TC	N/A	N/A	18.14 18.16	119 -------- 119 -------- 97	M86 ---------- N386 ---------- M86

NCD:	210.3
Title:	Colorectal Cancer Screening Tests (CR5127, CR8109, CR8691, CR9115, CR9252, CR9540, CR9631, CR9861, CR10473, CR11491, CR12280, CR13017)
IOM:	www.cms.gov/manuals/downloads/ncd103c1_Part4.pdf
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=281&ncdver=3&CoverageSelection=National&bc=gAAAACAAAAAA&
CPM	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c18.pdf

Part A	Rule Description Part A	Proposed HCPCS/ CPT Part A	Frequency Limitations	TOB (Part A)	Revenue Code Part A	Modifier Part A/B	Provider Specialty	Proposed MSN Message Part A	Proposed CARC Message Part A	Proposed RARC Message Part A
Part A	**FISS & A/MACs:** Shall allow G0106 at frequency of **one every 48 months,** i.e., at least 47 months have passed following month in which last screening barium enema or screening flexible sigmoidoscopy was performed. Screening barium enema requires written order from beneficiary's attending physician.	G0106	1 per 48 months	12X 13X 22X 23X 85X*	*CAH Method II bill RC 096X, 097X, and/or 098X for PC & 075X (or other RC) for TC	N/A	N/A	18.14 18.16	119 ---------- 119 ---------- 97	M86 ---------- N386 ---------- M86
Part A	**A/MACs:** Shall allow screening colonoscopies, G0105 **with approved Dx** when performed by doctor of medicine/osteopathy at frequency of 1 **every 24 months** for **beneficiaries at high risk** (i.e., at least 23 months have passed following month in which last covered G0105 screening colonoscopy was performed). **NOTE-** There may be more instances of conditions, which may be coded and could be considered high-risk at A/MAC discretion. This edit shall be overrideable. Additional dx will be at MAC discretion. RCs 59099/59100.	G0105	1 x 24 months	12X 13X 22X 23X 83X 85X*	*CAH Method II bill RC 096X 097X and/or 098X for PC & 075X (or other RC) for TC	N/A	N/A	18.14 18.16	119 ---------- 97	M83 ---------- M86

NCD:	210.3
Title:	Colorectal Cancer Screening Tests (CR5127, CR8109, CR8691, CR9115, CR9252, CR9540, CR9631, CR9861, CR10473, CR11491, CR12280, CR13017)
IOM:	www.cms.gov/manuals/downloads/ncd103c1_Part4.pdf
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=281&ncdver=3&CoverageSelection=National&bc=gAAAACAAAAAA&
CPM	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c18.pdf

Part A	Rule Description Part A	Proposed HCPCS/ CPT Part A	Frequency Limitations	TOB (Part A)	Revenue Code Part A	Modifier Part A/B	Provider Specialty	Proposed MSN Message Part A	Proposed CARC Message Part A	Proposed RARC Message Part A
Part A	**A/MACs**: Shall allow G0120 as alternative to G0105 **with payable high-risk DX** once every 24 months i.e., at least 23 months have passed following month in which last screening barium enema or last screening colonoscopy was performed, must have written order from beneficiary's attending physician. **NOTE:** There may be more instances of conditions, which may be coded and could be considered high-risk at medical directors' discretion. This edit shall be overrideable. Additional dx at MAC discretion. RCs 59099/59100.	G0120	1 x 24 months	12X 13X 22X 23X 85X*	*CAH Method II bill RC 096X 097X and/or 098X for PC and 075X (or other RC) for TC	N/A	N/A	18.14 18.16	119 ---------- 97	M83 ---------- M86
Part A	**FISS & A/MACs:** Shall allow **once every 10 years** i.e., at least 119 months have passed following month in which last covered G0121 screening colonoscopy was performed. If individual would otherwise qualify to have G0121 screening colonoscopy based on above (see §4180.2.D.1 and .2) but has had covered screening flexible sigmoidoscopy, G0104, then he/she may have G0121 screening colonoscopy only after at least 47 months have passed following month in which last covered G0104 flexible sigmoidoscopy was performed. **NOTE:** If during screening colonoscopy, a lesion/growth is detected which results in biopsy/removal of growth, appropriate dx procedure classified as colonoscopy with biopsy/removal should be billed and paid rather than G0121.	G0121	1 x 10 yrs for average risk patients; 1 x 2 years for high-risk patients	12X 13X 22X 23X 83X 85X*	*CAH Method II bill RC 096X 097X and/or 098X for PC & 075X (or other RC) for TC	N/A	N/A	18.14 18.16	119 ---------- 119 ---------- 97	M86 ---------- N386 ---------- M86

NCD:	210.3
Title:	Colorectal Cancer Screening Tests (CR5127, CR8109, CR8691, CR9115, CR9252, CR9540, CR9631, CR9861, CR10473, CR11491, CR12280, CR13017)
IOM:	www.cms.gov/manuals/downloads/ncd103c1_Part4.pdf
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=281&ncdver=3&CoverageSelection=National&bc=gAAAACAAAAAA&
CPM	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c18.pdf

Part A	Rule Description Part A	Proposed HCPCS/ CPT Part A	Frequency Limitations	TOB (Part A)	Revenue Code Part A	Modifier Part A/B	Provider Specialty	Proposed MSN Message Part A	Proposed CARC Message Part A	Proposed RARC Message Part A
Part A	**FISS & A/MACs:** Shall deny G0122 & 74263 as **non-covered** because they fail to meet benefit requirements. Beneficiary is liable for payment. Codes are not covered by Medicare.	G0122 74263	N/A	12X 13X 22X 23X 85X*	*CAH Method II bill RC 096X 097X and/or 098X for PC & 075X (or other RC) for TC	N/A	N/A	16.10	49	N429

NCD:	210.3
Title:	Colorectal Cancer Screening Tests (CR5127, CR8109, CR8691, CR9115, CR9252, CR9540, CR9631, CR9861, CR10473, CR11491, CR12280, CR13017)
IOM:	www.cms.gov/manuals/downloads/ncd103c1_Part4.pdf
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=281&ncdver=3&CoverageSelection=National&bc=gAAAACAAAAAA&
CPM	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c18.pdf

Part A	Rule Description Part A	Proposed HCPCS/ CPT Part A	Frequency Limitations	TOB (Part A)	Revenue Code Part A	Modifier Part A/B	Provider Specialty	Proposed MSN Message Part A	Proposed CARC Message Part A	Proposed RARC Message Part A
Part A	**FISS, A/MACs, CWF:** Effective 10/9/14, shall allow Cologuard ™ test G0464, and, Effective 1/19/21, allow Blood-Based Biomarker tests using generic G0327 unless a more specific code becomes available (G0327 effective 7/1/21) for approved dx 1 **every 3 years** for beneficiaries who meet all the following criteria: -Age **45 to 85** years (effective 1/1/2023, minimum age criteria reduced from 50 to 45), -Asymptomatic (no signs/symptoms of colorectal disease including but not limited to lower gastrointestinal pain, blood in stool, positive guaiac fecal occult blood test or fecal immunochemical test), and -At average risk of developing colorectal cancer (no personal history of adenomatous polyps, colorectal cancer, or inflammatory bowel disease, including Crohn's Disease and ulcerative colitis; no family history of colorectal cancers or an adenomatous polyp, familial adenomatous polyposis, or hereditary nonpolyposis colorectal cancer). -Only one diagnosis- Z12.11 OR Z12.12 is required on the claim. Effective for claims with DOS on and after 1/1/16, G0464 shall be replaced with 81528. NOTE: Deductible and coinsurance are waived. **CWF:** NOTE: also see Pub 100-02 Benefit Policy Manual Chapter 15 Section 280.2 and Pub 100-03, NCD Manual, Chapter 1 Section 210.3.	81528 G0327	1 x 3 yrs		N/A	N/A	N/A	15.19 15.20 21.25	119 ---------- 6 ---------- 167 ---------- 170	N386 ---------- N129 ---------- N386 ---------- N95

NCD:	210.3
Title:	Colorectal Cancer Screening Tests (CR5127, CR8109, CR8691, CR9115, CR9252, CR9540, CR9631, CR9861, CR10473, CR11491, CR12280, CR13017)
IOM:	www.cms.gov/manuals/downloads/ncd103c1_Part4.pdf
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=281&ncdver=3&CoverageSelection=National&bc=gAAAACAAAAAA&
CPM	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c18.pdf

Part A	Rule Description Part A	Proposed HCPCS/ CPT Part A	Frequency Limitations	TOB (Part A)	Revenue Code Part A	Modifier Part A/B	Provider Specialty	Proposed MSN Message Part A	Proposed CARC Message Part A	Proposed RARC Message Part A
Part A	**FISS, A/MACs:** For colorectal cancer screening, effective 1/1/18, when anesthesia 00812 is performed in conjunction with screening colonoscopy G0105 or G0121, coinsurance and deductible will be waived for anesthesia 00812. When screening colonoscopy becomes dx colonoscopy, anesthesia 00811 should be submitted with only -PT modifier and only deductible will be waived.	00811 (dx) 00812 (sc)								

NCD:	210.3
Title:	Colorectal Cancer Screening Tests (CR5127, CR8109, CR8691, CR9115, CR9252, CR9540, CR9631, CR9861, CR10473, CR11491, CR12280, CR13017)
IOM:	www.cms.gov/manuals/downloads/ncd103c1_Part4.pdf
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=281&ncdver=3&CoverageSelection=National&bc=gAAAACAAAAAA&
CPM	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c18.pdf

Part A	Rule Description Part A	Proposed HCPCS/ CPT Part A	Frequency Limitations	TOB (Part A)	Revenue Code Part A	Modifier Part A/B	Provider Specialty	Proposed MSN Message Part A	Proposed CARC Message Part A	Proposed RARC Message Part A
Part B	Rule Description Part B	Proposed HCPCS/ CPT Part B	Frequency Limitations	POS (Part B)	n/a	Modifier Part B	Provider Specialty	Proposed MSN Message Part B	Proposed CARC Message Part B	Proposed RARC Message Part B
Part B	Effective 1/1/98, payment may be made for colorectal cancer screening for early detection of cancer. For screening colonoscopy services (one of the services included in benefit) prior to 7/1/01, coverage was limited to high-risk individuals. Effective 7/1/01, screening colonoscopies are covered for individuals not at high-risk. **CWF** shall edit all colorectal screening claims for age and frequency standards.	G0104 G0105 G0106 82270 G0120 G0121 G0328	varies by CPT/HCPCS	N/A	N/A	N/A	N/A	varies by rule see below	varies by rule see below	varies by rule see below
Part B	**CRC Screening:** **B/MACs and CWF:** Effective 1/1/2023, allow the following CRC screening tests for **ages 45 years and older**. -Screening Fecal-Occult Blood Tests (FOBT) (HCPCS codes G0328 and 82270) -Screening Flexible Sigmoidoscopies (HCPCS code G0104) -Screening Barium Enema (HCPCS codes G0106 and G0120) **B/MACs and CWF:** **NOTE**: Also refer to Pub 100-02, Benefit Policy Manual (BPM), chapter 15 section 280.2 Pub 100-03, NCD Manual, chapter 1, part 4, section 210.3 and Pub 100-04, Claims Processing Manual (CPM), Chapter 18 section 60. **B/MACs** shall not search for or adjust claims for colorectal cancer CRC screening tests that have been paid prior to April 3, 2023. However, contractors shall adjust claims brought to their attention.	G0104 G0106 G0120 G0328 82270	N/A	N/A	N/A	N/A	N/A	18.13 18.15	96	M82

NCD:	210.3
Title:	Colorectal Cancer Screening Tests (CR5127, CR8109, CR8691, CR9115, CR9252, CR9540, CR9631, CR9861, CR10473, CR11491, CR12280, CR13017)
IOM:	www.cms.gov/manuals/downloads/ncd103c1_Part4.pdf
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=281&ncdver=3&CoverageSelection=National&bc=gAAAACAAAAAA&
CPM	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c18.pdf

Part A	Rule Description Part A	Proposed HCPCS/ CPT Part A	Frequency Limitations	TOB (Part A)	Revenue Code Part A	Modifier Part A/B	Provider Specialty	Proposed MSN Message Part A	Proposed CARC Message Part A	Proposed RARC Message Part A
Part B	**CRC Screening:** **CWF & B/MACs**: Effective for claims with dates of service on or after 1/1/2023, contractors shall be aware that CRC screening tests include a follow-on Screening Colonoscopy (HCPCS codes G0105 and G0121) after a Medicare covered non-invasive stool-based CRC screening test returns a positive result. Non-invasive stool-based CRC screening tests include: -Screening Guaiac-based Fecal Occult Blood Test (gFOBT) (82270) -Screening Immunoassay-based Fecal Occult Blood Test (iFOBT) (G0328) -Screening The Cologuard™ – Multi-target Stool DNA (sDNA) Test (81528) Contractors shall also be aware that frequency limitations for Screening Colonoscopy shall not apply when the screening colonoscopy follows a positive result from a stool-based test described above. **Note**: For additional claims processing information, refer to Pub 100-04, Medicare Claims Processing Manual, chapter 18, section 60.	G0105 G0121 --- 81528 82270 G0328	no frequency limitations when the screening colonoscopy follows a positive result from a stool-based test							

NCD:	210.3
Title:	Colorectal Cancer Screening Tests (CR5127, CR8109, CR8691, CR9115, CR9252, CR9540, CR9631, CR9861, CR10473, CR11491, CR12280, CR13017)
IOM:	www.cms.gov/manuals/downloads/ncd103c1_Part4.pdf
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=281&ncdver=3&CoverageSelection=National&bc=gAAAACAAAAAA&
CPM	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c18.pdf

Part A	Rule Description Part A	Proposed HCPCS/ CPT Part A	Frequency Limitations	TOB (Part A)	Revenue Code Part A	Modifier Part A/B	Provider Specialty	Proposed MSN Message Part A	Proposed CARC Message Part A	Proposed RARC Message Part A
Part B	**CRC Screening:** **CWF & B/MACs** shall allow a follow-on screening colonoscopy (HCPCS code G0105 and G0121) after a Medicare covered CRC non-invasive stool-based test (HCPCS code G0328, 81528, or 82270) returns a positive result. **NOTE**: A -KX modifier shall be attached to a screening colonoscopy code to indicate such service was performed as a follow-on screening after a positive result from a stool-based test. **B/MACs** shall return as unprocessable claims for a follow-on screening colonoscopy after a Medicare covered non-invasive stool-based test returns a positive result, when the KX modifier is not attached to the follow-on screening colonoscopy code. **CWF**: Effective for claims with dates of service on and after January 1, 2023, contractors shall not apply frequency limitations to CRC screening colonoscopy (HCPCS codes G0105 and G0121) that follows a positive result from a non-invasive stool-based CRC screening test (HCPCS code G0328, 81528, or 82270) as identified by the KX modifier and described above. **B/MACs** shall not search for or adjust claims for CRC screening colonoscopies, that have been paid prior to April 3, 2023. However, contractors shall adjust claims brought to their attention.	G0105 G0121 --- 81528 82270 G0328				KX			16	N822/N823 Group code CO
Part B	**CRC Screening**: **B/MACs** shall engage in user acceptance testing when the code is delivered.									

NCD:	210.3
Title:	Colorectal Cancer Screening Tests (CR5127, CR8109, CR8691, CR9115, CR9252, CR9540, CR9631, CR9861, CR10473, CR11491, CR12280, CR13017)
IOM:	www.cms.gov/manuals/downloads/ncd103c1_Part4.pdf
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=281&ncdver=3&CoverageSelection=National&bc=gAAAACAAAAAA&
CPM	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c18.pdf

Part A	Rule Description Part A	Proposed HCPCS/ CPT Part A	Frequency Limitations	TOB (Part A)	Revenue Code Part A	Modifier Part A/B	Provider Specialty	Proposed MSN Message Part A	Proposed CARC Message Part A	Proposed RARC Message Part A
Part B	**B/MACs:** Shall allow FOBT 82270 or G0328 (as an alternative to 82270) 1 x **12 months**; i.e., at least 11 months have passed following month in which last covered screening FOBT was performed.	82270 G0328	1 x 12 months	N/A	N/A	N/A	N/A	18.14 18.16	119 --- 119	M90 --- N386
Part B	**B/MACs:** Shall allow G0104 when performed by doctor of medicine/osteopathy, or by PA, NP, or CNS (as defined in §1861(aa)(5) & CFR 42 CFR 410.74, 410.75, 410.76) at frequency of 1 x **48 months** (i.e., at least 47 months have passed following month in which last covered screening flexible sigmoidoscopy was done) unless beneficiary does not meet criteria for high-risk (refer to §60.3) and he/she has had a screening colonoscopy (HCPCS G0121) within preceding 10 years. If screening colonoscopy within preceding 10 years, then he/she can have screening flexible sigmoidoscopy only after at least 119 months have passed following month that he/she received screening colonoscopy, G0121.	G0104	1 x 48 months	N/A	N/A	N/A	N/A	18.14 18.16	119 --- 119 --- 97	M86 --- N386 --- M86
Part B	**B/MACs:** Shall allow G0106 at the frequency of **once every 48 months** i.e. at least 47 months have passed following month in which last screening barium enema or screening flexible sigmoidoscopy was performed. Screening barium enema requires written order from beneficiary's attending physician.	G0106	1 x 48 months	N/A	N/A	N/A	N/A	18.14 18.16	119 --- 119 --- 97	M86 --- N386 --- M86
Part B	**MCS (025L) & B/MACs:** Shall allow G0105 with **payable high risk DX** 1 x 24 months i.e., at least 23 months have passed following month in which last screening barium enema or last screening colonoscopy was performed, when performed by doctor of medicine/osteopathy. MCS audit 025L **NOTE**- There may be additional dx considered high-risk at B/MAC discretion so this edit shall be overrideable.	G0105	1 x 24 months	N/A	N/A	N/A	N/A	18.14 18.16	119 --- 97	M83 --- M86

NCD:	210.3
Title:	Colorectal Cancer Screening Tests (CR5127, CR8109, CR8691, CR9115, CR9252, CR9540, CR9631, CR9861, CR10473, CR11491, CR12280, CR13017)
IOM:	www.cms.gov/manuals/downloads/ncd103c1_Part4.pdf
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=281&ncdver=3&CoverageSelection=National&bc=gAAAACAAAAAA&
CPM	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c18.pdf

Part A	Rule Description Part A	Proposed HCPCS/ CPT Part A	Frequency Limitations	TOB (Part A)	Revenue Code Part A	Modifier Part A/B	Provider Specialty	Proposed MSN Message Part A	Proposed CARC Message Part A	Proposed RARC Message Part A
Part B	**MCS & B/MACs:** Shall allow G0120 as an alternative to G0105 with **payable high risk DX** 1 **e**very 24 months i.e., at least 23 months have passed following month in which last screening barium enema or last screening colonoscopy was performed, must have written order from beneficiary's attending physician. MCS audit 025L **NOTE**- There may be additional dx considered high risk at B/MAC discretion so this edit shall be overrideable.	G0120	1 x 24 months	N/A	N/A	N/A	N/A	18.14 18.16	119 ---------- 97	M83 ---------- M86
Part B	**B/MACs:** Shall allow CPT/HCPCS 1 x **10 years** i.e., at least 119 months have passed following month in which last covered G0121 screening colonoscopy was performed. If individual would otherwise qualify to have covered G0121 screening colonoscopy based on above (see §4180.2.D.1 and .2) but had a covered screening flexible sigmoidoscopy, G0104, then he/she may have G0121 screening colonoscopy only after at least 47 months have passed following month in which last covered G0104 flexible sigmoidoscopy was performed. **NOTE:** If during screening colonoscopy, a lesion/growth is detected which results in biopsy/removal of growth, appropriate dx procedure classified as colonoscopy with biopsy/removal should be billed and paid rather than G0121.	G0121	1 x 10 yrs for average risk patients; 1 x 2 years for high risk patients	N/A	N/A	N/A	N/A	18.14 18.16	119 ---------- 119 ---------- 97	M86 ---------- N386 ---------- M86
Part B	**B/MACs:** Shall deny G0122 and 74263 as **non-covered** because they fail to meet benefit requirements. Beneficiary is liable for payment. Code is not covered by Medicare.	G0122 74263	N/A	N/A	N/A	N/A	N/A	16.10	49	N429

NCD:	210.3
Title:	Colorectal Cancer Screening Tests (CR5127, CR8109, CR8691, CR9115, CR9252, CR9540, CR9631, CR9861, CR10473, CR11491, CR12280, CR13017)
IOM:	www.cms.gov/manuals/downloads/ncd103c1_Part4.pdf
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=281&ncdver=3&CoverageSelection=National&bc=gAAAACAAAAAA&
CPM	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c18.pdf

Part A	Rule Description Part A	Proposed HCPCS/ CPT Part A	Frequency Limitations	TOB (Part A)	Revenue Code Part A	Modifier Part A/B	Provider Specialty	Proposed MSN Message Part A	Proposed CARC Message Part A	Proposed RARC Message Part A
	MCS, B/MACs, CWF: Effective 10/9/14, shall allow Cologuard TM test G0464, and, Effective 1/19/21, allow Blood-Based Biomarker tests using generic G0327 unless a more specific code becomes available (G0327 effective 7/1/21) for specific dx at dx tab, 1 X/ 3 **years** for beneficiaries who meet all the following criteria: -Age **45 to 85** years(effective 1/1/23, minimum age criteria reduced from 50 to 45) -Asymptomatic (no signs/symptoms of colorectal disease including but not limited to lower gastrointestinal pain, blood in stool, positive guaiac fecal occult blood test or fecal immunochemical test), and -At average risk of developing colorectal cancer (no personal history of adenomatous polyps, colorectal cancer, or inflammatory bowel disease, including Crohn's Disease and ulcerative colitis; no family history of colorectal cancers or an adenomatous polyp, familial adenomatous polyposis, or hereditary nonpolyposis colorectal cancer). -Only one diagnosis- Z12.11 OR Z12.12 is required on the claim. Effective for claims with DOS on and after 1/1/16, G0464 shall be replaced with 81528. NOTE: Deductible and coinsurance are waived.	81528 G0327	1 x 3 yrs	13X 14X 85X	N/A	N/A	N/A	15.19 15.20 21.25	119 ---------- 6 ---------- 167 ---------- 170	N386 ---------- N129 ---------- N386 ---------- N95
Part B										
	B/MACs: For colorectal cancer screening, effective 1/1/18, when anesthesia 00812 is performed in conjunction with screening colonoscopy G0105 or G0121, coinsurance and deductible will be waived for anesthesia 00812. When screening colonoscopy becomes dx colonoscopy, anesthesia 00811 should be submitted with only -PT modifier and only deductible will be waived.	00811 (dx) 00812 (sc)								
Part B										

Date	Revision History

NCD:	210.3
Title:	Colorectal Cancer Screening Tests (CR5127, CR8109, CR8691, CR9115, CR9252, CR9540, CR9631, CR9861, CR10473, CR11491, CR12280, CR13017)
IOM:	www.cms.gov/manuals/downloads/ncd103c1_Part4.pdf
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=281&ncdver=3&CoverageSelection=National&bc=gAAAACAAAAAA&
CPM	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c18.pdf

Part A	Rule Description Part A	Proposed HCPCS/ CPT Part A	Frequency Limitations	TOB (Part A)	Revenue Code Part A	Modifier Part A/B	Provider Specialty	Proposed MSN Message Part A	Proposed CARC Message Part A	Proposed RARC Message Part A
	CR8691: Clarify dx code restrictions apply to high-risk colorectal screening codes. Update CARC/RARC to comply with CORE. Add to dx tab: "Partial List of ICD-9-CM Codes Indicating High-Risk: Only applicable to G0105 and G0120 (high risk colorectal screening)".									
	CR9252: Add new coverage for G0464 in Rule and dx tab. Add contractor discretion for G0105, G0120 in rows 13/14 & 24/25. Clarify FISS RC 59099/59100 shall be overridable per First Coast. Clarify all editing for NCD210.3 relative to new policy for stool DNA screening being performed in CR9115. Remove FISS, MCS from rows: 11, 20, 22, 23, 24, 25, 26. Add MCS to rows 24, 25 at their request to correspond to audit 025L. Add CWF to lines 17, 28 per MCS. Add additional dx codes per CMS MO and Z86.010 per NGS. Delete codes based on suggestion from JE MAC.									
	CR9540: Replace HCPCS G0464 with CPT 81528 as covered effective for claims with DOS on and after 1/1/16 in all related edits. Remove redundant columns on dx tab. Revise FISS RC31853, MCS edit 067L verbiage from 'AND' to 'OR' - ICD-10 Z12.12 OR ICD-10 Z12.11 effective 10/1/15 (ICD-9 V76.41 OR V76.51 effective 10/9/14).									
	CR9631: Replace 43 valid ICD-10 dx codes, 11 ICD-9 dx codes that were inadvertently removed from CR9252. FISS RC 59099, 59100.									
	CR9861: Add C49.A3, C49.A4, C49.A5 as 3 new approved 2017 ICD-10 dx codes effective 10/1/16. FISS RC 59099/59100, MCS 025L.									
	CR10473: Add statement regarding CPT 00812 from CR8874. Follow Instructions in CR 10181. End-date CPT 00810 effective 12/31/2017. Add CPT 00812 effective 1/1/2018. Remove ICD-9 dx codes from spreadsheet.									
	CR11491: Add ICD-10 dx Z86.004 effective 10/1/19. End-date ICD-10 dx C18.9, D12.6 effective 9/30/19. Add CPT 74263 as non-covered for Part B omitted in error. Non-covered status per OCE. (FISS 59099, 59100)									
	CR12280: Add G0327 effective 7/1/2021 lines 17 &29. Clarified CR9450 requirements "Only one diagnosis- Z12.11 OR Z12.12 is required on the claim." Update messaging in lines 17 & 29.									
	CR13017: Effective 1/1/2023, reduce the minimum age requirement for specified CRC screening tests from 50 to 45 years of age. Add a new rule that CRC screening tests include a follow-on screening colonoscopy after a positive result from a stool-based CRC screening test (the follow-on colonoscopy would no longer be diagnostic in this scenario). The follow-on screening colonoscopy is identified by the -KX modifier and frequency limitations would not apply under this rule.									

160.22 Ambulatory EEG Monitoring *(Retired)*

(Rev. 12299; Issued:10-12-23; Effective:01-01-23; Implementation:11-13-23)

Effective January 1, 2023, the Centers for Medicare & Medicaid Services removed the national coverage determination (NCD) for Ambulatory EEG Monitoring. In the absence of an NCD, coverage determinations will be made by the Medicare Administrative Contractors under section 1862(a)(1)(A) of the Social Security Act.

210.3– Colorectal Cancer Screening Tests

(Rev. 12299; Issued:10-12-23; Effective:01-01-23; Implementation:11-13-23)

A. General

Sections 1861(s)(2)(R) and 1861(pp) of the Social Security Act (the Act) and regulations at 42 CFR 410.37 authorize Medicare coverage for screening colorectal cancer tests under Medicare Part B. The statute and regulations authorize the Secretary to add other tests and procedures (and modifications to tests and procedures for colorectal cancer screening) as the Secretary finds appropriate based on consultation with appropriate organizations.

B. Nationally Covered Indications

1. Fecal Occult Blood Tests (FOBT) (effective January 1, 2004)

Fecal occult blood tests (FOBTs) are generally divided into two types: immunoassay and guaiac types. Immunoassay (or immunochemical) fecal occult blood tests (iFOBT) use "antibodies directed against human globin epitopes. While most iFOBTs use spatulas to collect stool samples, some use a brush to collect toilet water surrounding the stool. Most iFOBTs require laboratory processing.

Guaiac fecal occult blood tests (gFOBT) use a peroxidase reaction to indicate presence of the heme portion of hemoglobin. Guaiac turns blue after oxidation by oxidants or peroxidases in the presence of an oxygen donor such as hydrogen peroxide. Most FOBTs use sticks to collect stool samples and may be developed in a physician's office or a laboratory. In 1998, Medicare began reimbursement for guaiac FOBTs, but not immunoassay type tests for colorectal cancer screening. Since the fundamental process is similar for other iFOBTs, the Centers for Medicare & Medicaid Services evaluated colorectal cancer screening using immunoassay FOBTs in general.

Effective for dates of service on and after January 1, 2004, Medicare covers one screening FOBT per annum for the early detection of colorectal cancer. This means that Medicare will cover one gFOBT or one iFOBT at a frequency of every 12 months; i.e., at least 11 months have passed following the month in which the last covered screening FOBT was performed, for beneficiaries aged 50 years and older. The beneficiary completes the existing gFOBT by taking samples from two different

sites of three consecutive stools; the beneficiary completes the iFOBT by taking the appropriate number of stool samples according to the specific manufacturer's instructions. This screening requires a written order from the beneficiary's attending physician. ("Attending physician" means a doctor of medicine or osteopathy (as defined in §1861(r)(1) of the Act) who is fully knowledgeable about the beneficiary's medical condition, and who would be responsible for using the results of any examination performed in the overall management of the beneficiary's specific medical problem.)

Effective January 1, 2023, the minimum age for FOBT is reduced to 45 years and older.

2. The Cologuard™ – Multi-target Stool DNA (sDNA) Test (effective October 9, 2014)

Screening stool or fecal DNA (deoxyribonucleic acid, sDNA) testing detects molecular markers of altered DNA that are contained in the cells shed by colorectal cancer and pre- malignant colorectal epithelial neoplasia into the lumen of the large bowel. Through the use of selective enrichment and amplification techniques, sDNA tests are designed to detect very small amounts of DNA markers to identify colorectal cancer or pre-malignant colorectal neoplasia. The Cologuard™ – multi-target sDNA test is a proprietary in vitro diagnostic device that incorporates both sDNA and fecal immunochemical test techniques and is designed to analyze patients' stool samples for markers associated with the presence of colorectal cancer and pre-malignant colorectal neoplasia.

Effective for dates of service on or after October 9, 2014, The Cologuard™ test is covered once every three years for Medicare beneficiaries that meet all of the following criteria:

- Age 50 to 85 years, and,
- Asymptomatic (no signs or symptoms of colorectal disease including but not limited to lower gastrointestinal pain, blood in stool, positive guaiac fecal occult blood test (gFOBT) or fecal immunochemical test (iFOBT)), and,
- At average risk of developing colorectal cancer (no personal history of adenomatous polyps, colorectal cancer, or inflammatory bowel disease, including Crohn's Disease and ulcerative colitis; no family history of colorectal cancers or adenomatous polyps, familial adenomatous polyposis, or hereditary nonpolyposis colorectal cancer).

Effective January 1, 2023, the minimum age for sDNA test is reduced to 45 years and older.

3. Blood-based Biomarker Tests (effective January 19, 2021)

Blood-based DNA testing detects molecular markers of altered DNA that are contained in the cells shed into the blood by colorectal cancer and pre-malignant colorectal epithelial neoplasia.

Effective for dates of service on or after January 19, 2021, a blood-based biomarker test is covered as an appropriate colorectal cancer screening test once every 3 years for Medicare beneficiaries when performed in a Clinical Laboratory Improvement Act (CLIA)-certified laboratory, when ordered by a treating physician and when all of the following requirements are met:

The patient is:

- age 50-85 years, and,

- asymptomatic (no signs or symptoms of colorectal disease including but not limited to lower gastrointestinal pain, blood in stool, positive guaiac fecal occult blood test or fecal immunochemical test), and,

- at average risk of developing colorectal cancer (no personal history of adenomatous polyps, colorectal cancer, or inflammatory bowel disease, including Crohn's Disease and ulcerative colitis; no family history of colorectal cancers or adenomatous polyps, familial adenomatous polyposis, or hereditary nonpolyposis colorectal cancer).

The blood-based biomarker screening test must have all of the following:

- Food and Drug Administration (FDA) market authorization with an indication for colorectal cancer screening; and,
- proven test performance characteristics for a blood-based screening test with both sensitivity greater than or equal to 74% and specificity greater than or equal to 90% in the detection of colorectal cancer compared to the recognized standard (accepted as colonoscopy at this time), as minimal threshold levels, based on the pivotal studies included in the FDA labeling.

Effective January 1, 2023, the minimum age for blood-based biomarker test is reduced to 45 years and older.

C. Nationally Non-Covered Indications

All other indications for colorectal cancer screening not otherwise specified in the Act and regulations, or otherwise specified above remain nationally non-covered. Non-coverage specifically includes:

(1) All screening sDNA tests, effective April 28, 2008, through October 8, 2014. Effective for dates of service on or after October 9, 2014, all other screening sDNA tests not otherwise specified above remain nationally non-covered.

(2) Screening computed tomographic colonography (CTC), effective May 12, 2009.

D. Other

N/A

(This NCD was last reviewed January 202*3 and includes policy updates finalized in the Calendar Year 2023 Physician Fee Schedule final rule 87 FR 69404*)