
CMS Manual System

Pub. 100-04 Medicare Claims Processing

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal: 80

Date: FEBRUARY 6, 2004

CHANGE REQUEST 2874

I. SUMMARY OF CHANGES: Extend Medicare Coverage for Certain Colorectal Cancer Screenings at Skilled Nursing Facilities (SNFs).

NEW/REVISED MATERIAL - EFFECTIVE DATE: July 1, 2004

*IMPLEMENTATION DATE: July 6, 2004

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.

II. CHANGES IN MANUAL INSTRUCTIONS: (R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	18/60/60.6/Billing Requirements for Claims Submitted to Intermediaries

*III. FUNDING:

These instructions shall be implemented within your current operating budget.

IV. ATTACHMENTS:

X	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

*Medicare contractors only

Business Requirements

Pub. 100-04	Transmittal: 80	Date: February 6, 2004	Change Request 2874
--------------------	------------------------	-------------------------------	----------------------------

I. GENERAL INFORMATION

This instruction extends coverage for Fecal Occult-Blood tests (HCPCS G0107 and G0328), Flexible Sigmoidoscopies (HCPCS G0104), and Barium Enemas (HCPCS G0106) to skilled nursing facilities (SNFs) as intended to be used for colorectal cancer screenings effective July 1, 2004. It also instructs intermediaries in billing procedures for such screening tests.

A. Background: Section 4104 of the Balanced Budget Act of 1997 (P.L.105-33) provides for Part B coverage of various colorectal examinations, subject to certain frequency and payment limitations, performed on or after January 1, 1998. Initially coverage was limited to hospital outpatient departments and critical access hospitals (CAHs). The Arkansas Part A Shared System (APASS) is exempt from making the changes described in the requirements below. The Regional Home Health Intermediary using APASS is exempt from these requirements until the completion of their transition to the Fiscal Intermediary Shared System (FISS).

B. Policy: Refer to Internet Only Manual Pub. 100-04 Chapter 18 §60

C. Provider Education: Intermediaries shall inform affected providers by posting either a summary or relevant portions of this document on their Web site within two weeks of the issuance date of this instruction. Also, intermediaries shall publish this same information in their next regularly scheduled bulletin. If they have a listserv that targets affected providers, they shall use it to notify subscribers that information about Extend Medicare Coverage for Certain Colorectal Cancer Screening Tests at skilled nursing facilities is available on their Web site.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement #	Requirements	Responsibility
2874.1	<p>In addition to hospital outpatients departments and CAHs, the Common Working File (CWF) shall permit the following HCPCS codes for colorectal cancer screenings to be billed on types of bills 22x and 23x on claims with date of service on or after July 1, 2004.</p> <ul style="list-style-type: none"> • G0104-flexible sigmoidoscopy • G0106-barium enema • G0107 fecal-occult blood test (guaic-based) • G0328 fecal-occult blood test (immunoassay-based) 	CWF

2874.2	The CWF maintainer shall not change the existing effective date of edit 9946 in modifying the edit for this new instruction.	CWF
2874.3	The standard system shall pay for covered flexible sigmoidoscopies (G0104), fecal occult blood tests (G0107 and G0328), and barium enema examinations (G0106) billed on the following types of bills: <ul style="list-style-type: none"> • 22x • 23x 	FISS
2874.4	Intermediaries shall inform SNFs that the following screening tests are approved to be performed for Medicare beneficiaries at SNFs: <ul style="list-style-type: none"> • Fecal-occult blood test, guaiac-based (G0107) • Fecal-occult blood test, immunoassay-based (G0328) • Flexible sigmoidoscopy (G0104) • Barium enema examination (G0106) 	FIs
2874.5	Intermediaries shall inform SNFs to perform fecal-occult blood tests using the following frequency: Fecal-occult blood tests (G0107 and G0328) are covered at a frequency of once every 12 months for beneficiaries who have attained age 50. Medicare will allow either one covered G0328 or one covered G0107, but not both, during a 12-month period.	FIs
2874.6	Intermediaries shall inform SNFs to perform colorectal screening tests using the following frequency: Flexible sigmoidoscopies (G0104) are covered at a frequency of once every 48 months for beneficiaries who have attained age 50. If during the course of a screening flexible sigmoidoscopy a lesion or growth is detected which results in a biopsy or removal of the growth, the appropriate diagnostic procedure classified as a flexible sigmoidoscopy with biopsy or removal should be billed and paid rather than code G0104.	FIs
2874.7	Intermediaries shall inform SNFs to perform colorectal screening tests using the following frequency: Barium enema examination (G0106) is covered as an alternative to a screening sigmoidoscopy (code G0104) examination. The same frequency parameters specified in the law for screening flexible sigmoidoscopies apply.	FIs
2874.8	Intermediaries shall advise SNFs to use the following HCPCS codes for colorectal screening tests: <ul style="list-style-type: none"> • G0104 colorectal cancer screening; flexible sigmoidoscopy • G0106 screening barium enema examinations; as an alternative to G0104 • G0107 colorectal cancer screening; fecal-occult blood tests, I-3 simultaneous determinations (this test is guaiac-based) • G0328 colorectal cancer screening; immunoassay, fecal-occult blood test, 1-3 simultaneous determinations 	FIs

2874.9	<p>Intermediaries shall follow the general bill review instruction in IOM Pub 100-4 Chapter 18 §60. In addition SNFs (type of bill 22X or 23X) are required to bill utilizing the following revenue codes and HCPCS codes.</p> <table border="0"> <thead> <tr> <th><u>Screening Procedure</u></th> <th><u>Rev Code</u></th> <th><u>HCPCS Code</u></th> </tr> </thead> <tbody> <tr> <td>flexible sigmoidoscopy</td> <td>075X</td> <td>G0104</td> </tr> <tr> <td>barium enema</td> <td>032X</td> <td>G0106</td> </tr> <tr> <td>fecal occult-blood test</td> <td>030X</td> <td>G0107</td> </tr> <tr> <td>fecal-occult blood test, immunoassay</td> <td>030X</td> <td>G0328</td> </tr> </tbody> </table>	<u>Screening Procedure</u>	<u>Rev Code</u>	<u>HCPCS Code</u>	flexible sigmoidoscopy	075X	G0104	barium enema	032X	G0106	fecal occult-blood test	030X	G0107	fecal-occult blood test, immunoassay	030X	G0328	FIs
<u>Screening Procedure</u>	<u>Rev Code</u>	<u>HCPCS Code</u>															
flexible sigmoidoscopy	075X	G0104															
barium enema	032X	G0106															
fecal occult-blood test	030X	G0107															
fecal-occult blood test, immunoassay	030X	G0328															
2874.10	Standard systems shall pay for a screening flexible sigmoidoscopy (code G0104) based on the Medicare Physician Fee Schedule in SNFs.	FISS															
2874.11	Standard systems shall pay for a screening barium enema (code G0106) based on the Medicare Physician Fee Schedule in SNFs.	FISS															
2874.12	Standard systems shall pay for a screening fecal-occult blood tests (codes G0107 and G0328) based on the clinical diagnostic laboratory fee schedule in SNFs.	FISS															
2874.13	Intermediaries shall educate providers to follow special billing instructions for SNF patients in a covered Part A stay when the tests are billed on bill type 22x using the actual date of service.	FIs															
2874.14	Intermediaries shall inform affected SNFs by posting relevant portions of this instruction on their Web sites within two weeks of the issuance date of this instruction. In addition, this same information shall be published in your next regularly scheduled bulletin. If you have a listserv that targets the affected provider communities, you must use it to notify subscribers that Extend Medicare Coverage for Certain Colorectal Cancer Screening at skilled nursing facilities is available on your Web site.	FIs															

II. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. OTHER CHANGES: N/A

Citation	Change

SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date: July 1, 2004</p> <p>Implementation Date: July 6, 2004</p> <p>Pre-Implementation Contact(s): William Ruiz at 410-786-9283 or Faith Ashby at 410-786-6145</p> <p>Post-Implementation Contact(s): Your local regional office</p>	<p>These instructions should be implemented within your current operating budget.</p>
--	--

60.6 - Billing Requirements for Claims Submitted to FIs

(Rev. 80, 02-06-04)

A3-3660.17.E and G

Follow the general bill review instructions in Chapter 25. *Providers* bill the FI on Form CMS-1450 using bill type 13X, *22X, 23X*, 83X, or 85X. In addition, the hospital bills revenue codes and HCPCS codes as follows:

Screening Test/Procedure	Revenue Code	HCPCS Code
Occult blood test	030X	G0107, G0328
Barium enema	032X	G0106, G0120, G0122
Flexible Sigmoidoscopy	*	G0104
Colonoscopy-high risk	*	G0105, G0121
* The appropriate revenue code when reporting any other surgical procedure <i>for bill types 13X, 83X, or 85X and revenue code 075X for bill types 22X or 23X.</i>		

A - Special Billing Instructions for Hospital Inpatients

When these tests/procedures are provided to inpatients of a hospital, they are covered under this benefit. However, the provider bills on bill type 13X using the discharge date of the hospital stay to avoid editing in the Common Working File (CWF) as a result of the hospital bundling rules.