



Removal of a National Coverage Determination & Expansion of Coverage of Colorectal Cancer Screening

Related CR Release Date: **October 12, 2023**

MLN Matters Number: MM13017 **Revised**

Effective Date: January 1, 2023

Related Change Request (CR) Number: [CR 13017](#)

Implementation Date: February 27, 2023,
**November 13, 2023, for requirements
subject to revision in the amended CR**

Related CR Transmittal Numbers:
[R12299CP](#), [R12299BP](#), and [R12299NCD](#)

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

What's Changed: We added clarifying information about the -KX modifier for screening colonoscopy claims in the context of a complete colorectal cancer screening. Substantive changes are in dark red (pages 2-3).

Affected Providers

- Physicians
- Hospitals
- Ambulatory Surgical Centers
- Other providers billing Medicare Administrative Contractors (MACs) for services they provide to Medicare patients

Action Needed

Make sure your billing staff knows about:

- Removal of National Coverage Determination (NCD) 160.22 - Ambulatory Electroencephalographic (EEG) Monitoring
- Lowering the minimum age for colorectal cancer screening (CRC) from age 50 to 45 for certain tests
- Expanding the definition of CRC screening tests and new billing instructions for colonoscopies under certain scenarios
- Medicare manual updates

Background

NCD Removal

NCD 160.22 was effective on June 16, 1984. The NCD describes Ambulatory EEG monitoring as a diagnostic procedure for patients in whom a seizure diathesis is suspected, but not defined by history, physical, or resting EEG. In the CY 2023 Physician Fee Schedule (PFS) Final Rule, CMS removed NCD 160.22. In the absence of this NCD, your MAC will make coverage determinations under Section 1862(a)(1)(A) of the [Social Security Act](#) (the Act).

CRC Screening

Medicare coverage for CRC screening tests under Medicare 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 Section 210.3 of the [Medicare NCD Manual](#).

We're reducing the minimum age for coverage for the following CRC screening tests (HCPCS codes G0104, G0106, G0120, G0327, G0328, 81528, and 82270) from 50 years 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 continues to **not** have a minimum age limitation. We aren't modifying existing maximum age limitations (where applicable).

Also, 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 returns a positive result (**within the context of a complete colorectal cancer screening**).

We now understand both the non-invasive, stool-based test and the follow-on colonoscopy are both part of a continuum of a complete CRC screening. Patient cost sharing won't apply to the non-invasive, stool-based test and the follow-on screening colonoscopy in the scenario **of a complete colorectal cancer screening**, because both are specified preventive screening services. **In addition**, frequency limitations for screening colonoscopies in 42 CFR 410.37(g) won't apply to the follow-on screening colonoscopy **in the context of a complete colorectal cancer screening**.

Our policy goal of not having frequency limitations apply 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.

When you provide a screening colonoscopy in the context of a complete colorectal cancer

screening (following a positive result from a non-invasive stool-based CRC screening test), the providing practitioner must apply the -KX modifier to the claim for the screening colonoscopy to confirm that the clinical requirements of the complete colorectal cancer screening policy are met. The providing practitioner is responsible for correctly applying the -KX modifier to appropriate claims for screening colonoscopy in the context of a complete colorectal cancer screening.

If you submit claim for screening colonoscopy in the context of a complete colorectal cancer screening incorrectly in that it doesn't include the -KX modifier, your MAC will process this claim under prior established policies and claims processing instructions for regular screening colonoscopy (without the flexibilities described above for a screening colonoscopy in the context of a complete colorectal cancer screening).

Note: We encourage all practitioners who experienced a returned claim for screening colonoscopy with dates of service on or after January 1, 2023 as "return to provider" (Part A) and "return as unprocessable" (Part B), especially Part B claims with CARC 16: "Claim/service lacks information or has submission billing error(s)" and RARC N822: "Missing Procedure Modifier(s)" or RARC N823: "Incomplete/Invalid Procedure Modifier", to contact their MACs for guidance on claims reprocessing.

More Information

We issued CR 13017 to your MAC as the official instruction for this change. CR 13017 consists of 3 transmittals:

- Transmittal R12299BP updates the Medicare Benefit Policy Manual
- Transmittal R12299CP updates the Medicare Claims Processing Manual
- Transmittal R12299NCD updates the Medicare NCD Manual

For more information, [find your MAC's website](#).

Document History

Date of Change	Description
October 30, 2023	We added clarifying information about the -KX modifier for screening colonoscopy claims in the context of a complete colorectal cancer screening. Substantive changes are in dark red (pages 2-3).
February 17, 2023	We made no substantial changes to the Article other than to update the web addresses of the CR transmittals.
February 2, 2023	Initial article released.

[Medicare Learning Network® Content Disclaimer and Department of Health & Human Services Disclosure](#)

The Medicare Learning Network®, MLN Connects®, and MLN Matters® are registered trademarks of the U.S. Department of Health & Human Services (HHS).