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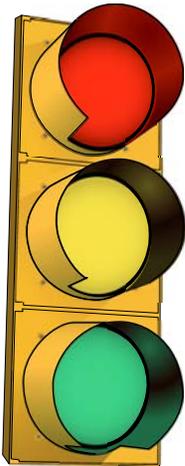
Extending Medicare Coverage for Certain Colorectal Cancer Screenings at Skilled Nursing Facilities (SNFs)

Note: This article was revised to contain Web addresses that conform to the new CMS web site and to show they are now MLN Matters articles. All other information remains the same.

Provider Types Affected

Skilled Nursing Facilities (SNFs)

Provider Action Needed



STOP

The following screening tests and examinations are approved to be performed for Medicare beneficiaries at Skilled Nursing Facilities (SNFs):

- Guaiac-based Fecal-Occult Blood tests
- Immunoassay-based Fecal-Occult Blood tests
- Flexible Sigmoidoscopy examinations
- Barium Enema examinations.

CAUTION

This instruction extends coverage for Fecal-Occult-Blood tests, Flexible Sigmoidoscopy and Barium Enema examinations to SNFs for colorectal cancer screening effective July 1, 2004.

GO

Please refer to the Background and Additional Information sections of this instruction for further details.

Disclaimer

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Background

The Balanced Budget Act of 1997 (P.L.105-33, Section 4104) provides Medicare Part B coverage for 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. However, the following colorectal cancer screening tests and examinations, billed with these HCPCS on bill types 22x and 23x, are approved to be performed for Medicare beneficiaries at SNFs, effective July 1, 2004:

- G0107- Guaiac-based Fecal-Occult blood tests
- G0328 - Immunoassay-based Fecal-Occult blood tests
- G0104 - Flexible Sigmoidoscopy examinations
- G0106 - Barium Enema examinations.

Once every 12 months, one Fecal-Occult blood test (guaiac-based or immunoassay-based)) is covered for beneficiaries age 50 and over. Medicare will allow either one covered guaiac-based or one covered immunoassay-based Fecal-Occult blood test, but not both, during a 12-month period.

Once every 48 months, one Flexible Sigmoidoscopy examination is covered for beneficiaries age 50 and over. If, during the course of a screening Flexible Sigmoidoscopy, a lesion or growth is detected which results in a biopsy or removal of a growth, the appropriate diagnostic procedure (such as Flexible Sigmoidoscopy with biopsy or removal) should be billed rather than just a Flexible Sigmoidoscopy examination. A Barium Enema examination is covered as an alternative to a screening sigmoidoscopy examination, and the same test frequency and beneficiary age applies as for Flexible Sigmoidoscopy examinations.

Implementation

The implementation date is July 6, 2004 and applies to services rendered on or after July 1, 2004.

Additional Information

The official instruction issued to your carrier regarding this change may be found by going to <http://www.cms.hhs.gov/Transmittals/downloads/R80CP.pdf> on the CMS web site.

If you have any questions, please contact your carrier/intermediary at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.pdf> on the CMS web site.

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