
Program Memorandum

Intermediaries/Carriers

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

Transmittal AB-03-033

Date: FEBRUARY 28, 2003

CHANGE REQUEST 2580

SUBJECT: Promoting Colorectal Cancer Screening as a Part of National Colorectal Cancer Awareness Month

Background

Colorectal cancer (CRC) is the second leading cause of cancer-related death in the United States. The American Cancer Society estimates that there will be 147,500 new cases and 57,100 deaths from CRC in 2003. However, CRC is one of the most preventable cancers, as well as one of the most curable cancers when detected at an early stage.

CMS partners with the Centers for Disease Control and Prevention (CDC) to increase CRC screening within the Medicare population and the general population aged 50 and above. Together CDC and CMS implement the *Screen for Life National CRC Action Campaign* (SFL), which informs men and women aged 50 years and older about the importance of CRC screening for early detection and prevention of the disease. In addition, in March, CMS joins numerous agencies and organizations to carry out the National CRC Awareness Month campaign, which brings the public's attention to the seriousness of CRC and its prevention.

Since Carriers and Intermediaries have been instructed to cease carrying out tasks associated with customer service plan functions (Code 13004 under Beneficiary Inquiries), we are directing you to carry out activities, which do not fall under Code 13004 functions, in support of National CRC Awareness Month.

Distribution of CRC Materials

The SFL campaign has developed numerous materials, which carriers and intermediaries can distribute to help inform people with Medicare about the importance of screening. We encourage you to make these materials available to Medicare beneficiaries, health care professionals, and partners. Attachment 1 lists print materials that can be ordered free of charge or can be downloaded from the Internet, as well as ordering instructions. We encourage you to share the order form with partners. Since issuing CR 1532 in 2001, we have developed a new brochure, *Colorectal Cancer Screening Saves Lives* (CMS Pub. No. 11010), and a low-literacy patient fact sheet (CMS Pub No. 11011). The original brochure, *Let's Break the Silence* (CMS Pub. No. 95173), continues to provide correct information and still can be used.

In addition to the print materials, CDC has developed a slide presentation, *A Call to Action: Prevention and Early Detection of Colorectal Cancer*. When possible, make health care professionals aware of the slide presentation, which was developed to generate awareness among primary care practitioners of the importance of prevention and early detection of CRC. We encourage health professionals to download and present the slides to their colleagues. To access the presentation, visit www.cdc.gov/cancer/colorctl/calltoaction/.

CRC Message in Medicare Summary Notices (MSNs)– Requirement

In support of the National Colorectal Cancer Awareness Month and SFL campaigns, CMS requires you to include the following General Information Section message in your MSNs for a one-month period, during March, if possible. If you do not have adequate advance notice to meet this time frame, include the message in MSNs as close to the requested time period as possible (e.g., 2 weeks in March and 2 weeks in April; the entire month of April). Note that CMS will not assign a MSN message number since the message will appear in the General Information Section. However, you may assign your own number. You are not required to include the message in Spanish if shared systems coding changes are necessary. *Also, if your organization is an Intermediary on the Arkansas Part A Standard System (APASS), you are waived from meeting the MSN requirements specified in this CR.*

English: Colorectal cancer is the second leading cancer killer in the United States. Screening tests can find polyps before they become cancerous or find cancer early when treatment works best. Medicare helps pay for colorectal cancer screening tests. Talk to your doctor about screening options that are right for you.

Spanish: El cáncer colorectal es el segundo cáncer principal que ataca en los E.E.U.U. Pruebas de investigación pueden encontrar pólipos antes de que lleguen a ser cancerosos o pueden encontrar el cáncer temprano cuando el tratamiento trabaja lo mejor posible. Medicare ayuda a pagar por pruebas de investigación. Comuníquese con su doctor sobre las opciones de pruebas de investigación que son apropiadas para usted.

Article on Beneficiary Web Site - Requirement

If you have a Web site that includes information for Medicare beneficiaries, include an article on CRC on your site throughout the year. You may include the article provided (Attachment 2) or a portion of it, or develop your own message. The article attached is a modified version of the one provided in CR 1532.

The message points on colorectal cancer that we wish to convey follow:

- It's the second leading cancer killer.
- It affects both men and women.
- Most commonly it strikes people over age 50.
- The risk of developing colorectal cancer increases with age.
- Colorectal cancer begins without symptoms.
- Screening saves lives.
- Screening tests can find pre-cancerous polyps, and they can be removed before they become cancerous.
- Screening tests can find colorectal cancer early, when treatment works best.
- If you're over 50 and never have been screened, start now. Talk with your doctor about getting tested.
- Medicare and many health plans help pay for colorectal cancer screening.

Article in Provider Newsletter and Web Site - Requirement

Include an article on CRC screening in your provider newsletter. The article should appear in an issue that covers the March time period, if possible. However, if you do not have adequate advance notice to do so, publish it in your next regularly scheduled newsletter. In addition, if you have a Web site that includes information for health care providers, include an article on the site throughout the year, beginning in March. You may include the article provided (Attachment 3) or a portion of it, or develop your own article for your newsletter and Web site.

At a minimum, the article should:

- Provide information supporting the importance of screening;
- Encourage health care professionals to recommend screening to their patients;
- Provide information on available materials and how to order them from CMS/CDC (See Attachment 4); and
- Provide Medicare coverage information.

Your efforts to encourage health care professionals to discuss CRC screening with their patients is important to increasing utilization of the Medicare benefit. As reported in CR 1532, research conducted to support the National CRC Awareness Month Campaign found that nearly half of survey respondents who were 50 years of age or older reported that their doctors did not discuss CRC screening with them. However, 9 out of 10 survey respondents reported that they underwent the CRC screening tests that were recommended by their physicians.

Articles placed in provider newsletters and Web sites should include Attachment 4, “Materials on CRC Screening for Health Care Professionals.” This table provides information on available CRC materials and ordering instructions. CRC materials such as posters, brochures and fact sheets can be displayed in offices and offered to patients.

The effective date for this PM is March 1, 2003.

The implementation date for this PM is March 10, 2003.

These instructions should be implemented within your current operating budget.

This PM may be discarded after March 1, 2004.

If you have any questions concerning the content of the MSN message or information provided in the attachments, call Trish Sharp on 410-786-6880 or write to PSharp@cms.hhs.gov.

For questions concerning implementation of the activities specified in the PM, call or write to your regional office contact listed below:

| | | | |
|----------------|-------------------|-------------------|------------------------|
| Boston: | Peter Mackenzie | 617-565-4857 | PMackenzie@cms.hhs.gov |
| New York: | Barry Klitsberg | 212-264-3662 | BKlitsberg@cms.hhs.gov |
| Philadelphia: | Debbie Feierman | 215-861-4297 | DFeierman@cms.hhs.gov |
| Atlanta: | Colleen Carpenter | 404-562-7242 | CCarpenter@cms.hhs.gov |
| Chicago: | Natosha Thompson | 312-353-1448 | NThompson@cms.hhs.gov |
| Dallas: | Linda Horsch | 214-767-4467 | LHorsch@cms.hhs.gov |
| Kansas City: | Jewel Browning | 816-426-6317x3432 | JBrowning@cms.hhs.gov |
| Denver: | Sheila Riley | 303-844-7065 | SRiley@cms.hhs.gov |
| San Francisco: | Shirley Bordelon | 415-744-3613 | SBordelon@cms.hhs.gov |
| Seattle: | Margeret Medley | 206-615-2355 | MMedley@cms.hhs.gov |

**Materials for People with Medicare on
Colorectal Cancer (CRC) Screening**

| Campaign Print Material | Version | CMS – CDC Pub No. | Additional Information |
|--|---|--|--|
| Fact Sheet: <i>NEW</i> | CRC Basic Facts on Screening (Patients) | CMS #11011 | 8 ½ x 11”, 2-sided sheet. Low literacy version of the detailed fact sheet (see below). Information provided is similar to brochure, <i>CRC Screening Saves Lives</i> , as described below. |
| Detailed Fact Sheet: <i>REVISED</i> | CRC Facts on Screening (Patients) | CMS #11012 | 8 ½ x 11”, 2-sided sheet. Includes a chart on the back, with information on frequency/cost estimate, purpose, important considerations, etc. |
| Brochure: <i>NEW</i> | “CRC Screening Saves Lives” (Eng.) | CMS #11010 | 8 ½ x 11” trifold. Information on types of tests, how screening saves lives, who is at high risk, symptoms, insurance coverage, etc. |
| Brochure (English/ Spanish) | “Let’s Break the Silence” | CMS #95173 (Eng.) CMS #10158 (Sp.) | 8 ½ x 11” trifold. Discusses terms related to CRC screening, who is at risk, steps to take, talking with the doctor, insurance, symptoms, preventing cancer, etc. Includes diagram of colon and rectum. |
| Poster | “Medicare Good News” (Caucasian Audience) | CMS #10122 | Posterboard backing. |
| Poster | “Medicare Good News” (African-Amer. Audience) | CMS #10124 | Posterboard backing |
| Poster | “Medicare Good News” (Asian-Amer. Audience) | CMS #10125 | Posterboard backing. |
| Poster (Spanish) | “Medicare Good News” (Hispanic Audience) | CMS #10142 | Posterboard backing. Spanish. |
| Poster | “No Symptoms” | CMS #10183 CDC #099-6478 | Order version with posterboard backing from CMS. For version that folds, order from CDC (max 50 copies from CDC). |
| Poster | “True or False” | CMS #02256 (large) CMS #02255 (small) | Colorful poster with 4 questions about CRC & other information. Folds. Large size is 17” x 22”. Small size is 11” x 17”. |
| Pamphlet on Preventive Services | “Medicare Preventive Services . . . To Help Keep You Healthy” | CMS #10110 (Eng.) | Includes a chart that explains which preventive services are covered by Medicare, for whom they are covered, and what the beneficiary pays. Tear-off cards provide detailed information on some of the preventive benefits, including colorectal cancer screening. |

To view these materials, visit: <http://www.cdc.gov/cancer/screenforlife/preview.htm>.

COLORECTAL CANCER (CRC) SCREENING PUBLICATIONS

TO ORDER COPIES FROM CMS -- FAX, E-MAIL, OR TELEPHONE:

Orders from CMS For 1 copy:

- Phone: 1-800-MEDICARE (1-800-633-4227)

Orders from CMS For 1-99 copies:

- Fax: 410-786-4786

- E-Mail: LBeasley@cms.hhs.gov

- Phone: If you have questions, or cannot fax or e-mail requests, call Larry Beasley (410-786-7843).

Orders for 100 or more copies:

- Fax: 410-786-1905

- E-Mail: STaylor@cms.hhs.gov

- Phone: If you have questions, or cannot fax or e-mail requests, call Susie Taylor (410-786-7849).

NOTE: Please order publications via fax or e-mail when possible. Because of the large volume of requests, you may not receive an acknowledgment return call for orders placed on voice mail.

TO ORDER OR DOWNLOAD PUBLICATIONS FROM CMS' INTERNET SITE:

- Internet: To download copies of "*Let's Break the Silence*" brochures (English & Spanish) from the CMS Internet site, visit: www.medicare.gov. Click "Health Information." Then click "Colorectal Cancer."

TO ORDER OR DOWNLOAD PUBLICATIONS FROM CDC:

- Internet: <http://www.cdc.gov/cancer/screenforlife>,

- Phone: 1-888-842-6355, or

- E-mail: cancerinfo@cdc.gov.

TO VIEW MATERIALS BEFORE ORDERING:

- Internet: Visit the CDC site at: <http://www.cdc.gov/cancer/screenforlife>

ARTICLE**March is Colorectal Cancer Awareness Month
Some Important Facts You Should Know about Colorectal Cancer!**

- **Colorectal cancer is the second leading cancer killer in the United States after lung cancer.** Colorectal cancer (cancer of the colon or rectum) is second only to lung cancer in causing cancer-related deaths in the U.S. The American Cancer Society estimates that there will be 147,500 new cases and 57,100 deaths from colorectal cancer in 2003.
- **More than one-third of colorectal cancer deaths could be avoided if people over 50 had regular screening tests.**
- **Most colorectal cancers begin as polyps.** (Polyps are growths on the inner wall of the colon or rectum.)
- **Colorectal cancer starts with no symptoms.** Screening tests are so important because they can find colorectal cancer early, when treatment works best. When colorectal cancer is detected in the earliest stage of the disease (Stage 1), the survival rate is about 90 percent.
- **Colorectal cancer is one of the most preventable cancers.** Screening tests can help prevent colorectal cancer by finding pre-cancerous polyps so they can be removed before they turn into cancer.
- **Risk increases as we age.** The risk of developing colorectal cancer increases with age. In fact, most cases (90%) occur in people 50 and older.
- **Both men and women are at risk.** Some people think that women are not at risk for colorectal cancer. However, both sexes may develop this cancer.
- **Medicare helps pay for colorectal cancer screening tests.** People with Medicare Part B coverage who are age 50 or older are eligible for colorectal cancer screenings. However, in the case of colonoscopy, there is no age limit. The following screening tests are covered by Medicare:
 - **Fecal Occult Blood Test** (done at home) – Covered once per year. You pay no coinsurance and no Part B deductible.
 - **Flexible Sigmoidoscopy*** – Covered once every 4 years. You pay 20 percent of the Medicare approved amount after the yearly Part B deductible.
 - **Colonoscopy***

High Risk Individuals -- If you are at high risk for colorectal cancer, Medicare covers a colonoscopy or a barium enema every 2 years. You pay 20 percent of the Medicare approved amount after the yearly Part B deductible. (Your risk is greater if you have a history of inflammatory bowel disease, colorectal cancer, or polyps, and if you have a family history of colorectal cancer or polyps, or have certain hereditary syndromes.)

Average Risk Individuals – If you are at average risk (i.e., not at high risk) for colorectal cancer, Medicare will cover a colonoscopy every 10 years. You pay 20 percent of the Medicare approved amount after the yearly Part B deductible. However, if you are at average risk and have had a covered flexible sigmoidoscopy, you must wait 4 years to be eligible for Medicare coverage of a colonoscopy.
- **Barium Enema** – This test can substitute for a flexible sigmoidoscopy or for a colonoscopy. You pay 20 percent of the Medicare approved amount after the yearly Part B deductible.

*If colonoscopy or flexible sigmoidoscopy is done in an ambulatory surgical center or hospital outpatient department, you pay 25 percent of the Medicare approved amount.

Steps You Can Take Now To Protect Your Health

- If you are 50 years old and have not been screened, talk to your doctor about having a screening test for colorectal cancer. Discuss the screening options that are right for you. Do not wait for symptoms.
- If you have any of the following symptoms, discuss them with your doctor. Only he or she can determine if cancer or other conditions are causing the symptoms. The symptoms are:
 - Blood in or on the stool,
 - A change in bowel habits,
 - Stools that are narrower than usual,
 - General stomach discomfort,
 - Frequent gas pains, and
 - Unexplained weight loss.
- Visit the Federal Government's *Screen for Life* website at: www.cdc.gov/cancer/ScreenforLife for more information about colorectal cancer screening tests.
- Call the Centers for Medicare & Medicaid Services (CMS) at 1-800-MEDICARE (TTY/TDD: 1-877-486-2048) to order a helpful fact sheet called **Colorectal Cancer Basic Facts on Screening**. Ask for CMS Publication No. 11011. You also can order the fact sheet from the Centers for Disease Control and Prevention (CDC) by calling their toll-free line at 1-888-842-6355. Ask for CDC Publication No. 996949. The fact sheet has important information about colorectal cancer and describes the screening tests.
- Call the National Cancer Institute's Cancer Information Service on 1-800-4-CANCER (TTY 1-800-332-9615) for more information about colorectal cancer or any other cancer.
- When you visit the doctor, keep the following tips in mind so that you get the most from your visit.
 - Do not feel uncomfortable about asking questions. Bring a list of questions with you, and have it handy when you talk to the doctor.
 - Ask about colorectal cancer screening, even if your doctor does not mention it.
 - If you do not understand everything your doctor tells you, let him or her know.
 - Bring a notepad and write down notes to help you remember important points.
 - Ask your doctor for materials on colorectal cancer and other topics that you can read after you leave the office.

Article on Colorectal Cancer Screening for Health Care Providers**Background**

Colorectal cancer (CRC) is the second leading cause of cancer-related death in the United States. The American Cancer Society (ACS) estimates that there will be 147,500 new cases and 57,100 deaths from CRC in 2003. However, CRC is one of the most preventable cancers, as well as one of the most curable when detected at an early stage. Screening can help prevent colorectal cancer by detecting polyps so they can be removed before they turn into cancer. According to the ACS, if the cancer is detected early and appropriately treated, the 5-year survival rate is approximately 90 percent. It has been estimated that widespread screening for CRC could save more than 20,000 lives each year.

The Importance of Screening

Despite the proven effectiveness and availability of various CRC screening tests, many Americans are not being screened for the disease. Screening for CRC lags far behind screening for other cancers. Only 21 percent of people aged 50 and older who responded to the Behavioral Risk Factor Surveillance System (BRFSS) in 1999 reported having had a fecal occult blood test (FOBT) within the recommended timeframe of 1 year. Only 34 percent of respondents had undergone sigmoidoscopy or colonoscopy within the recommended timeframe of 5 years. These findings underscore the need to increase awareness and promote the use of colorectal cancer screening exams at regular intervals.

As a consequence of the low level of CRC screening, only 37% of cases are diagnosed when the disease is still localized. Later diagnosis results in a significantly lower 5-year relative survival rate than would occur if patients were diagnosed when the disease was localized. If the cancer is detected early, the 5-year survival rate is approximately 90 percent. When the cancer has spread regionally, the survival rate drops to 65 percent; and when it has metastasized, the rate lowers to only 9 percent. These considerable differences in survival rates point to the importance of screening in preventing this disease and in detecting it at its earliest stage, when treatment is most effective.

According to the 2000 U.S. census, there are approximately 76.5 million Americans who are aged 50 and older, with an expected increase of 20 million Americans in this age group through 2005. By 2030, the number of Americans age 65 and older is expected to increase by over 200 percent. If prevention and early detection of colorectal cancer are not significantly improved, the increase in morbidity and mortality from CRC in the aging population will be even more pronounced than it is today.

Incidence and Mortality

CRC usually strikes men and women over the age of 50 (90 percent of cases). The incidence rate is similar among men and women until age 50. At that age, it becomes higher in men than in women. CRC incidence and mortality rates vary substantially by race and ethnicity, with both incidence and death rates being highest in African Americans and lowest in American Indian/Alaska Natives and Hispanics. Death rates for colorectal cancer began declining in women in 1950 and in men beginning in 1985. Despite this encouraging trend, the death rates for CRC are unacceptably high. It has been suggested that the incidence and mortality of CRC could be reduced by 60 and 80 percent, respectively, if compliance were 60 percent with initial testing and 80 percent with follow-up.

Screening Tests and Intervals

Several screening regimens have been proven to be effective (in various degrees) in reducing mortality from CRC: the fecal occult blood test (FOBT), flexible sigmoidoscopy, double-contrast barium enema (DCBE), and colonoscopy. These allow detection of adenomatous polyps so they can be removed before they become cancerous and the removal of early-stage colorectal cancer when the disease is still highly curable. Each procedure differs in accuracy, cost and risk.

Regular CRC screening is recommended for all adults aged 50 or older who have no known risk factors. (Seventy-five percent of all new cases of CRC occur in individuals with no risk factors for the disease, and as stated above, more than 90 percent of cases of the disease occur in people over the age of 50.) Screening guidelines have been developed by several scientific agencies and organizations, including the U.S. Preventive Services Task Force; the ACS; and the Interdisciplinary Task Force, which is convened by the Agency for Healthcare Research and Quality (AHRQ) and supported by five major gastroenterology societies. All recommend the following screening procedures:

- Annual FOBT, or
- Flexible sigmoidoscopy every 5 years, or
- Annual FOBT plus flexible sigmoidoscopy every 5 years, or
- Total colon examination by colonoscopy every 10 years or by double contrast barium enema every 5-10 years.

These guidelines emphasize the key health benefit of CRC screening—finding precancerous polyps so they can be removed before they turn into cancer, and finding early stage CRC, so it can be treated. Currently, data are insufficient to determine the best single screening approach. Each option has advantages and disadvantages that may vary for individual patients and practice settings. AHRQ recommends developing a screening strategy based on patient preferences, medical contraindications, patient adherence, and available resources for testing and follow-up. AHRQ advises clinicians to speak with patients about the benefits and potential harms associated with each option before selecting a screening strategy.

Note: For the most up-to-date guidelines, refer to www.guideline.gov, the National Guidelines Clearinghouse.

The Role of the Health Care Professional in Increasing Screening Rates

Health care professionals should offer screening according to currently accepted guidelines to all individuals aged 50 and older who are at average risk for CRC. Those at higher than average risk should be counseled according to the accepted guidelines for those at increased risk. As with other screening tests, a recommendation by a health care professional is an important influence in determining whether or not individuals decide to be screened for CRC. Primary care providers play a very important direct role in facilitating compliance with screening. In general, when primary care providers recommend a screening procedure to patients, patients follow through.

The ACS reports that the low prevalence of CRC screening is due in part to limited communication between physicians and their patients. Patients may be unaware of the benefits of screening unless their health care professionals discuss them. However, physicians may be unlikely to suggest screening unless the patient asks about it. Clinicians should take advantage of every opportunity to recommend preventive care to patients (e.g., during visits for acute care). Reminders should be given at every visit.

Reminder systems have been shown to increase preventive services and screening rates in practices that use them. They are strongly recommended to ensure that cancer screening programs are ongoing rather than a one-time event. Reminder systems are more efficient and effective when they include the participation of office staff. Reminders can be active (e.g., at point of service) or passive (e.g., receiving a postcard in the mail). Follow-up and surveillance should be built into reminder systems. At a minimum, health care professionals can use the *Put Prevention Into Practice* system (obtainable from AHRQ at 800-358-9295 or ahrqpubs@ahrq.gov).

Numerous educational materials are available on CRC and screening. See the order form for materials that have been developed as a part of the *Screen for Life: National CRC Action Campaign*. A description of the campaign and the order form follow. Most materials can be obtained from the Centers for Medicare & Medicaid Services at no charge.

Who Should Be Tested

Patients with symptoms require immediate diagnostic testing. Symptoms include:

- Rectal bleeding,
- Frequent abdominal discomfort or pain for no reason,
- Bloating,
- A change in bowel habits, such as having stools that are narrower than usual,
- Iron deficiency anemia, and
- Unexplained weight loss.

For asymptomatic patients, routine screening is recommended for:

- Men and women aged 50 and older. As stated earlier, at least 75 percent of colorectal cancers occur in people with no personal or family history of CRC and no known risk factors.
- Patients at increased risk for developing CRC. These patients may need to be screened earlier and more frequently than other patients. Those considered at increased risk have:
 - A close relative (sibling, parent, or child) who has had CRC or an adenomatous polyp;
 - A personal or family history of familial adenomatous polyposis;
 - A personal or family history of hereditary nonpolyposis CRC;
 - A personal history of adenomatous polyps;
 - A personal history of CRC; or
 - Inflammatory bowel disease, including Crohn's disease and ulcerative colitis.

Medicare Coverage and Procedure codes

Medicare covers the following tests/procedures:

| Colorectal Cancer Screening Test/Procedure | CPT Code | <u>Medicare Coverage</u> |
|---|-----------------|--|
| Screening Fecal-Occult Blood Test | G0107 | Once every 12 months for patients age 50 and older. |
| Screening Flexible Sigmoidoscopy | G0104 | Once every 48 months for patients age 50 and older when performed by a doctor of medicine or osteopathy, or a physician assistant, nurse practitioner, or clinical nurse specialist. |
| Screening Colonoscopy - individual at high risk | G0105 | Once every 24 months for patients at any age who are at high risk for colorectal cancer, when performed by a doctor of medicine or osteopathy. |
| Screening Colonoscopy - individual not meeting criteria for high risk | G0121 | Once every 10 years but not within 48 months of a screening sigmoidoscopy for patients at any age who are not at high risk, when performed by a doctor of medicine or osteopathy. |
| Screening Barium Enema, alternative to G0104 (screening sigmoidoscopy)* | G0106 | Physicians may substitute a barium enema examination for flexible sigmoidoscopy every 4 years for patients age 50 and older. |
| Screening Barium Enema, alternative to G0105 (screening colonoscopy) * | G0120 | Physicians may substitute a barium enema examination for colonoscopy every 2 years for high-risk patients. |
| Screening Barium Enema, not performed as an alternative to G0105 or G0104. | G0122 | This service is denied as noncovered , because it fails to meet the requirements of the benefit. The beneficiary is liable for payment. |

*The screening barium enema must be ordered in writing after determining that the test is the appropriate screening test. The attending physician must determine that the estimated screening potential for the barium enema is equal to or greater than the screening potential estimated for a screening flexible sigmoidoscopy, or for a screening colonoscopy, as appropriate, for the patient.

Note: If during the course of a screening colonoscopy (or screening flexible sigmoidoscopy), a lesion or growth is detected that results in a biopsy or removal of the growth, the appropriate diagnostic procedure classified as a colonoscopy (or flexible sigmoidoscopy) with biopsy or removal should be billed and paid rather than G0121 (or G0104).

Note: For additional information on covered services, HCPCS Codes, and coverage criteria for colorectal cancer screening services:

- View CMS' Carrier Manual, Part 3, Chapter IV – Claims Review and Adjudication Procedures at: http://cms.hhs.gov/manuals/14_car/3b4010.asp. See Section 4180 for CRC screening.
- Read *Medicare Resident & New Physician Training*, Screening for Colorectal Cancer, pp. 48-51. To obtain a hardcopy of this publication or a CD, send an e-mail note to Medlearn@cms.hhs.gov. Also visit CMS' Medlearn site, which was established for health care professionals, at: <http://www.cms.hhs.gov/medlearn/>.

Screen for Life National CRC Action Campaign and National CRC Awareness Month Campaign

CMS partners with the Centers for Disease Control and Prevention (CDC) to increase CRC screening within the Medicare population and the general population aged 50 and above. Together CDC and CMS develop and implement the *Screen for Life: National Colorectal Cancer Action Campaign* (SFL), which informs men and women aged 50 years and older about the importance of CRC screening for early detection and prevention of the disease. (For more information about SFL, visit: www.cdc.gov/cancer/screenforlife.) In addition, in March, CMS joins 50 agencies and organizations to carry out the National CRC Awareness Month Campaign, which generates widespread awareness about CRC and encourages people to learn more about how to reduce their risk of the disease through regular screening and a healthy lifestyle. The Cancer Research and Prevention Foundation (CRPF) leads this national campaign. (For more information on the NCCAM campaign, visit CRPF's Internet site at www.preventcancer.org or call 1-800-227-2732.) Medicare Carriers, Intermediaries, and Quality Improvement Organizations join CMS and its partners in this effort by making people with Medicare aware of the importance of regular CRC screening and by encouraging health care professionals to: (1) educate themselves and their patients about the benefits of screening for prevention and early detection of colorectal cancer; (2) recruit patients for initial colorectal cancer screening; and (3) ensure patient compliance with current screening tests and appropriate follow-up. Both campaigns produce and distribute CRC materials for patients and health care professionals.

Materials, Education and Training

Screen for Life has developed numerous materials (e.g., brochures, fact sheets, posters), which health care professionals can make available to patients and use to inform them about the importance of screening. The publications can be obtained free of charge from CMS or CDC. See the table entitled: "Materials on Colorectal Cancer Screening for Health Care Professionals" for information on available print materials and how they may be ordered or downloaded from the Internet.

In addition to the print materials, CDC has developed a slide presentation, "*A Call to Action: Prevention and Early Detection of Colorectal Cancer*." This was developed to generate awareness among primary care professionals of the importance of CRC screening in the prevention and early detection of CRC. CDC encourages health care professionals to download and present the slides to their colleagues. CDC also offers Web-based tools that health care professionals can use to help patients select screening options (e.g., suggestions for communicating effectively with patients about CRC). The slide presentation and online tools may be viewed, ordered, or downloaded at: www.cdc.gov/cancer/colorect/calltoaction/.

Information for this article was taken from:

1. The American Cancer Society's *Cancer Facts & Figures 2002* (Special Section: Colorectal Cancer and Early Detection) and *Cancer Facts & Figures 2003*;
2. CDC's Cancer Prevention and Control, CRC Prevention and Control Initiatives Web site, including *Colorectal Cancer: The Importance of Prevention and Early Detection 2002 Fact Sheet*;
3. CDC's Cancer Prevention and Control, *Screen for Life: National CRC Action Campaign* Web site, including materials from the campaign;
4. CDC's *MMWR Weekly*, March 9, 2001/50(09); 162-6, "Trends in Screening for Colorectal Cancer—United States, 1997 and 1999";
5. Cancer Research and Prevention Foundation's (formerly the Cancer Research Foundation of America) *Confronting Colorectal Cancer: Action Steps for Change*, October 2002;
6. CMS' *Medicare Resident & New Physician Training, Sixth Edition, 2002*, Screening for Colorectal Cancer; and
7. CMS' *Carrier Manual*, Part 3, Chapter IV – Claims Review and Adjudication Procedures, Section 4180.

Materials on Colorectal Cancer (CRC) Screening for Health Care Professionals

| Campaign Material | Version | CMS – CDC Pub No. | Additional Information |
|--|---|--|---|
| Health Professionals' Fact Sheet BEING UPDATED | CRC Health Professionals' Facts on Screening | CDC # 099-6487 ORDER FROM CDC | To order or download copies: 1) visit www.cdc.gov/cancer/screenforlife ; 2) e-mail to cancerinfo@cdc.gov ; or phone 1-888-842-6355. Contains table with info on screening tests including scientific evidence supporting the tests, frequency, purpose, important considerations, insurance/Medicare coverage; etc. Currently, may only be downloaded. |
| Slide Presentation for Health Professionals | "A Call to Action: Prevention and Early Detection of CRC" | ORDER FROM CDC. See "Additional Information." | Developed by CDC to generate a greater awareness among primary care providers of the importance of prevention and early detection of CRC. Visit: www.cdc.gov/cancer/colorctl/calltoaction/index.htm Download and present slides to colleagues. |
| Poster (English/Span.) | "Medicare Good News" --Caucasian Audience --African-Amer. Audience --Asian-Amer. Audience --Hispanic Audience (Sp.) | CMS #10122 CMS #10124 CMS #10125 CMS #10142 | Posterboard backing. |
| Poster | "No Symptoms" | CMS #10183 CDC #099-6478 | Order version with posterboard backing from CMS. For version that folds, order from CDC (max 50 copies from CDC). |
| Poster | "True or False" | CMS #02256 (large) CMS #02255 (small) | Colorful poster with 4 questions about CRC & other info. Folds. Large - 17"x22". Small - 11"x17". |
| Basic Fact Sheet for Patients (low literacy version) | "CRC Basic Facts on Screening" | CMS#11011 | 8 ½ x 11", 2-sided sheet. Low literacy version of the detailed fact sheet (see below). Info provided is similar to brochure, <i>CRC Screening Saves Lives</i> . |
| Detailed Fact Sheet for Patients | "CRC Facts on Screening" | CMS#11012 | 8 ½ x 11", 2-sided sheet. Includes a chart on the back, with information on frequency/cost estimate, purpose, important considerations, etc. |
| Brochure for Patients | "CRC Screening Saves Lives" (Eng.) | CMS#11010 | 8 ½ x 11" trifold. Information on types of tests, how screening saves lives, who is at high risk, symptoms, insurance coverage, etc. |
| Brochure for Patients (English/Span.) | "Let's Break the Silence" | CMS #95173 (Eng.) CMS #10158 (Sp.) | 8 ½ x 11" trifold. Discusses terms related to CRC screening, who is at risk, steps to take, talking with the doctor, insurance, symptoms, preventing cancer, etc. Includes diagram of colon and rectum. |
| Pamphlet on Preventive Services Covered by Medicare (for Patients) | "Medicare Preventive Services . . . To Help Keep You Healthy" | CMS #10110 (Eng.) | Includes a chart that explains which preventive services are covered by Medicare, for whom they are covered, and what the beneficiary pays. Tear-off cards provide detailed information on some of the preventive benefits. |

To view these materials, visit: <http://www.cdc.gov/cancer/screenforlife/preview.htm>.

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COLORECTAL CANCER (CRC) SCREENING PUBLICATIONS

TO ORDER COPIES FROM CMS -- FAX, E-MAIL, OR TELEPHONE:

Orders from CMS For 1 copy:

- Phone: 1-800-MEDICARE (1-800-633-4227)

Orders from CMS For 1-99 copies:

- Fax: 410-786-4786

- E-Mail: LBeasley@cms.hhs.gov

- Phone: If you have questions, or cannot fax or e-mail requests, call Larry Beasley (410-786-7843).

Orders for 100 or more copies:

- Fax: 410-786-1905

- E-Mail: STaylor@cms.hhs.gov

- Phone: If you have questions, or cannot fax or e-mail requests, call Susie Taylor (410-786-7849).

NOTE: Please order publications via fax or e-mail when possible. Because of the large volume of requests, you may not receive an acknowledgment return call for orders placed on voice mail.

TO ORDER OR DOWNLOAD PUBLICATIONS FROM CMS' INTERNET SITE:

- Internet: To download copies of "*Let's Break the Silence*" brochures (English & Spanish) from the CMS Internet site, visit: www.medicare.gov. Click "Health Information." Then click "Colorectal Cancer."

TO ORDER OR DOWNLOAD PUBLICATIONS FROM CDC:

- Internet: <http://www.cdc.gov/cancer/screenforlife>,
To download slide presentation, visit:
www.cdc.gov/cancer/colorectl/calltoaction/index.htm.
- Phone: 1-888-842-6355, or
- E-mail: cancerinfo@cdc.gov.

TO VIEW MATERIALS BEFORE ORDERING:

- Internet: Visit the CDC site at: <http://www.cdc.gov/cancer/screenforlife>