

Change to National Coverage Determination may affect your Medicare coverage

The Centers for Medicare & Medicaid Services (CMS) sometimes change the coverage rules that apply to an item or service under Medicare. When this happens, CMS issues a National Coverage Determination, or NCD.

NCDs tell us:

- What benefits and services are covered
- What benefits and services are changing
- What Medicare will pay for an item or service

CMS recently issued an update to the NCD that applies to the following service:

Colon Cancer Screening Test

Here is a description of the change to the NCD. This affects services given **on or after January 19, 2021**

Services affected	Additional information
<p>The Centers for Medicare and Medicaid Services (CMS) issued an NCD to update Colon Cancer Screening Tests.</p>	<p>CMS covers a blood-based biomarker test as part of a colorectal cancer screening test once every 3 years for when performed in a Clinical Laboratory Improvement Act (CLIA)-certified laboratory, and ordered by a treating physician and when all of the following requirements are met:</p> <p>The patient is:</p> <ul style="list-style-type: none"> • age 50-85 years, • 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),

Services affected	Additional information
<p>The Centers for Medicare and Medicaid Services (CMS) issued an NCD to update Colon Cancer Screening Tests. (continued)</p>	<ul style="list-style-type: none"> • 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). <p>The blood-based biomarker screening test must have all of the following:</p> <ul style="list-style-type: none"> • Food and Drug Administration (FDA) market authorization with an indication for colorectal cancer screening; • 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.

We’re here to help you

Mercy Care Advantage is an HMO SNP with a Medicare contract and a contract with the Arizona Medicaid Program. Enrollment in Mercy Care Advantage depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits and/or copayments/coinsurance may change on January 1 of each year. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. See Evidence of Coverage for a complete description of benefits, exclusions, limitations and conditions of coverage. If you have questions, Mercy Care Advantage Member Services representatives are available to help you 8:00 a.m. - 8:00 p.m., 7 days a week. Please call 602-586-1730 or 1-877-436-5288 (TTY 711).