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**

<table>
<thead>
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<th>Services affected</th>
<th>Additional information</th>
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| The Centers for Medicare and Medicaid Services (CMS) issued an NCD to update Colon Cancer Screening Tests. | 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:  

The patient is:

- 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), |
The Centers for Medicare and Medicaid Services (CMS) issued an NCD to update Colon Cancer Screening Tests. (continued)

- 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).

The blood-based biomarker screening test must have all of the following:

- 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.

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**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).