

Colorectal Cancer Screening

Promoting Good Health Through Disease Prevention and Detection

7/10/2025

Closed Captioning: *Auto-generated closed captioning is enabled in this course and is at best 70-90% accurate. Words prone to error include specialized terminology, proper names and acronyms.*



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Objective

Provide an overview of Medicare-covered preventive service; colorectal cancer screening

Encourage providers to promote and educate beneficiaries in life-saving preventive services and screenings

Assist providers in billing so that claim denials can be avoided

Today's Presenters

- Provider Outreach and Education Consultants
 - Jeanine Gombos, LPN
 - Andrea Freibauer





Agenda

[Preventive Services Overview](#)

[Colorectal Cancer Screening Coverage](#)

[Colorectal Cancer Screening Billing & Coding](#)

[Resources & References](#)

[Questions](#)

Preventive Services Overview

Preventive Services Overview

- CMS recognizes the importance of disease prevention, early detection and lifestyle modifications that support the health of Medicare beneficiaries
- Medicare pays for over 30 preventive benefits, including
 - Shots and vaccines
 - Wellness visits
 - Diabetes-related services
 - Tests and screenings
 - Mental health services
 - *This is not an all-inclusive list*

Did You Know

- A beneficiary must be enrolled in Medicare Part B to be covered for any Medicare preventive services



Medicare Preventive Services: Quick Reference Chart

- MLN® Educational Tool: [MLN006559 – Medicare Preventive Services](#)



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 EDUCATIONAL TOOL
 KNOWLEDGE • RESOURCES • TRAINING

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[Overview ▾](#)
[Telehealth Eligible Services ▾](#)

Medicare Preventive Services

× Select a Service		FAQs		Resources		
Alcohol Misuse Screening & Counseling ^T	Annual Wellness Visit ^T	Bone Mass Measurement	Cardiovascular Disease Screening Test	Cervical Cancer Screening	Colorectal Cancer Screening	Counseling to Prevent Tobacco Use ^T
COVID-19 Vaccine & Administration	Depression Screening ^T	Diabetes Screening	Diabetes Self-Management Training ^T	Flu Shot & Administration	Glaucoma Screening	Hepatitis B Screening
Hepatitis B Shot & Administration	Hepatitis C Screening	HIV PrEP ^T	HIV Screening	IBT for Cardiovascular Disease ^T	IBT for Obesity ^T	Initial Preventive Physical Exam
Lung Cancer Screening ^T	Mammography Screening	Medical Nutrition Therapy ^T	Medicare Diabetes Prevention Program	Pneumococcal Shot & Administration	Prolonged Preventive Services ^T	Prostate Cancer Screening
Screening Pap Test	Screening Pelvic Exam	STI Screening & HIV to Prevent STIs ^T	Ultrasound AAA Screening			

[▴ Advance Health Equity](#)

MLN006559 December 2024

How Can Medicare Beneficiaries Keep Track of Their Preventive Services?

- [Are You Up-To-Date on Your Medicare Preventive Services](#) checklist

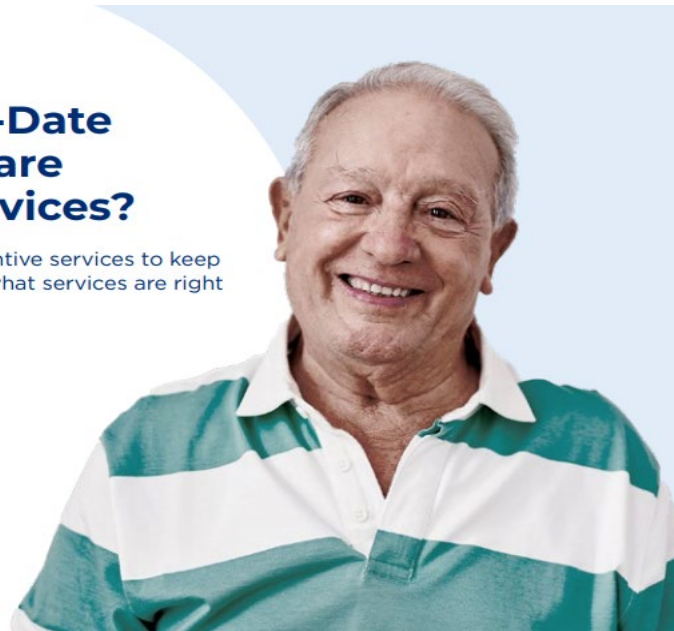
Are You Up-To-Date on Your Medicare Preventive Services?

Medicare pays for many preventive services to keep you healthy. Ask your doctor what services are right for you.

[Medicare.gov](https://www.Medicare.gov)



Medicare



- ☐ One time "Welcome to Medicare" preventive visit—get this visit within the first 12 months you have Medicare Part B (Medical Insurance)
- ☐ Yearly "Wellness" visit—get this visit 12 months after your "Welcome to Medicare" preventive visit or 12 months after your Part B coverage starts
- ☐ Abdominal aortic aneurysm screenings
- ☐ Alcohol misuse screenings & counseling
- ☐ Bone mass measurements
- ☐ Cardiovascular behavioral therapy
- ☐ Cardiovascular disease screenings (cholesterol, lipids, triglycerides)
- ☐ Cervical & vaginal cancer screenings
- ☐ Colorectal cancer screenings
- ☐ Counseling to prevent tobacco use & tobacco-caused disease
- ☐ COVID-19 vaccines
- ☐ Depression screenings
- ☐ Diabetes screenings
- ☐ Diabetes self-management training
- ☐ Flu shots
- ☐ Glaucoma screenings
- ☐ Hepatitis B shots
- ☐ Hepatitis B Virus (HBV) infection screenings
- ☐ Hepatitis C screenings
- ☐ HIV (Human Immunodeficiency Virus) screenings
- ☐ Lung cancer screenings
- ☐ Mammograms (Breast cancer screenings)
- ☐ Medical nutrition therapy services
- ☐ Medicare Diabetes Prevention Program
- ☐ Obesity behavioral therapy
- ☐ Pneumococcal shots
- ☐ Prostate cancer screenings
- ☐ Sexually transmitted infection screenings & counseling

For more details about Medicare's coverage of preventive services, including your costs in Original Medicare, visit [Medicare.gov/publications](https://www.Medicare.gov/publications) to view or print the booklet "Your Guide to Medicare Preventive Services."

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Deductible & Coinsurance for Preventive Services

- Medicare deductible and coinsurance waived for many preventive services

[CR 7012](#), “Waiver of Coinsurance and Deductible for Preventive Services, Section 4104 of Patient Protection and Affordable Health Care Act, Removal of Barriers to Preventive Services in Medicare”



Colorectal Cancer Screening Coverage

Overview

- Colorectal cancer patients can rarely display any symptoms
 - Cancer can progress unnoticed and untreated
 - Most commonly found in individuals aged 50 or older
- Colorectal screenings are performed to diagnose or determine beneficiary's risk for developing colon cancer
 - May consist of several different screening tests/procedures to identify polyps or colorectal cancer

Covered Colorectal Cancer Screening Tests

- Covered colorectal screening tests/procedures
 - Fecal occult blood test (FOBT)
 - Cologuard™ multi-target stool DNA (sDNA) test
 - Blood-based biomarker test
 - Flexible sigmoidoscopy
 - Colonoscopy
 - CT colonography

Updates to Colorectal Cancer Screening Coverage

- Coverage removed for barium enema as method of screening
 - Service rarely used in Medicare and no longer recommended as evidence-based screening method
- Coverage expanded to include CT colonography

As of 1/1/2025

Implementation 10/6/2025

MLN Matters® [MM14031: Updates to Colorectal Cancer Screening & Hepatitis B Vaccine Policies](#)

Multi-target sDNA and Blood-Based Biomarker Tests

- Patients with Medicare Part B who meet these criteria:
 - Aged 45–85 years
 - Asymptomatic
 - No signs or symptoms of colorectal disease including but not limited to lower gastrointestinal pain, blood in stool, positive guaiac FOBT or fecal immunochemical test (iFOBT)
 - At average colorectal cancer risk

Screening Colonoscopy, FOBT, Flexible Sigmoidoscopy and CT Colonography

- Patients with Part B who meet at least 1 of these criteria:
 - Aged 45 and older at normal colorectal cancer risk
 - No minimum age requirement for screening colonoscopies
 - At [high colorectal cancer risk](#)

High-Risk Factors

- Close relative (sibling, parent, or child)
 - Colorectal cancer
 - Adenomatous polyp
- Family history
 - Familial adenomatous polyps
 - Hereditary non-polyposis colorectal cancer
- Personal history
 - Adenomatous polyps
 - Colorectal cancer
 - Inflammatory bowel disease

[42 CFR Section 410.37 Colorectal cancer screening tests: Conditions for and limitations on coverage](#)

What Does “Average Risk” Mean?

- No personal history of
 - Adenomatous polyps
 - Colorectal cancer
 - Inflammatory bowel disease
 - Including Crohn’s Disease and ulcerative colitis
- No family history of
 - Colorectal cancers
 - Adenomatous polyps
 - Adenomatous polyposis or hereditary nonpolyposis colorectal cancer

Follow-Up Screening Tests

- If patient has non-invasive screening test (FOBT or MT-sDNA test) and gets positive result, follow-up colonoscopy covered as screening test
 - Identify colorectal cancer screening by adding KX modifier to screening colonoscopy
 - If lesion/growth detected which results in biopsy/removal, bill appropriate diagnostic procedure classified as “colonoscopy with biopsy or removal”, not HCPCS G0105

Frequency: Patients Not Meeting High-Risk Criteria

Service	Timeframe
MT-sDNA and blood-based biomarker tests	Once every three years
Screening FOBT	Once every 12 months
Screening flexible sigmoidoscopy	<ul style="list-style-type: none">• Once every 48 months• If patient not high-risk and had screening colonoscopy within past 10 years, screening flexible sigmoidoscopy can be covered only after at least 119 months following month patient had screening colonoscopy
Screening colonoscopy	Once every 120 months (ten years) or 48 months after last sigmoidoscopy
CT colonography	<ul style="list-style-type: none">• After at least 59 months since last screening CT colonography• After at least 47 months since last screening flexible sigmoidoscopy or screening colonoscopy

Frequency: High-Risk Patients

Service	Timeframe
Screening FOBT	Once every 12 months
Screening flexible sigmoidoscopy	Once every 48 months
Screening colonoscopy	<ul style="list-style-type: none">• Once every 24 months• If patient had screening flexible sigmoidoscopy then can only be covered after at least 47 months have passed
CT colonography	After at least 23 months since month patient had their last screening CT colonography or screening colonoscopy

Examples: Frequency of Colorectal Cancer Screening

- Screening flexible sigmoidoscopy in March 2024 for beneficiary not at high-risk
 - Next eligible to receive covered colorectal cancer screening in March 2028 (after 47 full months passed)
- Screening colonoscopy in June 2024 for beneficiary not at high-risk
 - Next eligible to receive covered colorectal cancer screening in June 2034 (after 119 full months passed)
- Screening FOBT in July 2024 for beneficiary at high-risk
 - Next eligible to receive screening FOBT July 2025 (after 11 full months have passed)

Colorectal Cancer Screening Billing & Coding

TOB & Facility Type

TOB	Facility Type
12X	Hospital inpatient under Part B
13X	Hospital outpatient
14X	Hospital non-patient lab specimen
22X	SNF inpatient Part B
23X	SNF outpatient
77X	FQHC
83X	ASC
85X	CAH

Diagnosis Coding

- Find current list of ICD-10 codes in [210.3 Colorectal Cancer Screening coding file](#)



Revenue Codes

Screening Test	Revenue Code
FOBT	030X
Cologuard™	030X
Flexible Sigmoidoscopy, Colonoscopy, CT Colonography	036X, 049X, 0519, 075X, or 076X
Blood-Based Biomarker	030X

HCPCS/CPT Coding₁

HCPCS/CPT Codes	Description
00812	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy
74263	CT colonography, screening, including image postprocessing
81528	Colorectal screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool
82270	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening
0464U	Colorectal) screening, quantitative real-time target and signal amplification, methylated DNA markers, including LASS4, LRRC4 and PPP2R5C, a reference marker ZDHHC1, and a protein marker (fecal hemoglobin), utilizing stool

HCPCS/CPT Coding ₂

HCPCS/CPT Codes		Description
0537U		Oncology (colorectal cancer), analysis of cell-free DNA for epigenomic patterns, next-generation sequencing, >2500 differentially methylated regions (DMRs), plasma
G0104		Colorectal cancer screening; flexible sigmoidoscopy
G0105		Colorectal cancer screening; colonoscopy on individual at high risk
G0121		Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk
G0327		Colorectal cancer screening; blood-based biomarker
G0328		Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous

Colonoscopy & Anesthesia

- Report CPT code 00812 for anesthesia service in conjunction with screening colonoscopy
 - Coinsurance and deductible waived
- When screening service becomes diagnostic, report anesthesia services with CPT code 00811
 - Append modifier PT to waive deductible

Moderate Sedation Services

- Allowed when furnished in conjunction with screening colonoscopy
 - HCPCS code G0500 (moderate sedation services)
 - CPT code 99153 (each additional 15 minutes of intra-service time)
 - Modifier 33 required
 - Coinsurance and deductible waived
 - Modifier PT only required when screening becomes diagnostic colonoscopy
 - Only deductible waived

Incomplete Procedures

- Medicare will pay for interrupted colonoscopy as long as coverage criteria met
 - CWF will not apply frequency standards
 - Append modifier 73 or 74
- Method II CAH
 - Append modifier 53 to professional service
 - Revenue code 096X, 097X, or 098X
 - Append modifier 73 or 74 to technical/facility component
 - Revenue code 075X or other appropriate revenue code

Screening Tests That Become Diagnostic

- Colonoscopy, flexible sigmoidoscopy, or CT colonography
 - Surgical procedures CPT code range 10000 – 69999 furnished on same date/encounter
 - Append modifier PT to surgical procedure
 - Do not report screening test HCPCS code
- Part B deductible waived



Why Your Claim Did Not Pay...

- Beneficiary does not meet age requirement
- Beneficiary does not meet criteria for high-risk designation
- Beneficiary exceeded frequency parameters

NGSConnex Preventive Services Lookup

Beneficiary Eligibility

Part B Deductibles

Medicare Advantage

Medicare Secondary Payer

Crossover

Qualified Medicare Beneficiary

Home Health Plan

Hospice Notice Of Elections

Hospice Benefit Periods

Inpatient/SNF Spell History

End Stage Renal Disease

Preventive Services

Audiology Screening

Hepatitis Screening

COVID-19 Vaccine

Flu Vaccine

Pneumococcal Vaccine

Preventive Services

Search

Reset Search

Procedure	Modifier	Next Eligibility Dt	Deductible Applies	Co-Insurance Applies
77067 - SCREENING MAMMOGRAPHY			No	No
83036 - HEMOGLOBIN; GLYCOSYLAT			No	No
92550 - TYMPANOMETRY AND REFLE			No	No
92552 - PURE TONE AUDIOMETRY (No	No
92553 - PURE TONE AUDIOMETRY (No	No
92555 - SPEECH AUDIOMETRY THRE			No	No
92556 - SPEECH AUDIOMETRY THRE			No	No
92557 - COMPREHENSIVE AUDIOMET			No	No
92562 - LOUDNESS BALANCE TEST,			No	No
92563 - TONE DECAY TEST			No	No

1 to 10 of 81 items

<

1

2

3

4

...

9

>

FISS DDE Beneficiary Eligibility Lookup

- From Inquiries Submenu (01) choose Beneficiary/CWF (10)

MAP1702	NATIONAL GOVERNMENT SERVICES, #13001 UAT		ACMFA561 08/08/23
MXG9282	INQUIRY MENU		A20233CP 14:25:57
BENEFICIARY/CWF	10	ZIP CODE FILE	19
DRG (PRICER/GROUPER)	11	OSC REPOSITORY INQUIRY	1A
CLAIM SUMMARY	12	CLAIM COUNT SUMMARY	56
REVENUE CODES	13	HOME HEALTH PYMT TOTALS	67
HCPC CODES	14	ANSI REASON CODES	68
DX/PROC CODES ICD-9	15	CHECK HISTORY	FI
ADJUSTMENT REASON CODES	16	DX/PROC CODES ICD-10	1B
REASON CODES	17	CMHC PAYMENT TOTALS	1C
INVOICE NO/DCN TRANS	88	PROV PRACTICE ADDR QUER	1D
		NEW HCPC SCREEN	1E
		ODD DEMO 99	1F
ENTER MENU SELECTION:			
PLEASE ENTER DATA - OR PRESS PF3 TO EXIT			

FISS DDE Beneficiary Eligibility Lookup

- From initial Eligibility Detail Inquiry screen
 - Enter MBI and hit enter
 - Press PF8 to scroll through various screens until reach Preventive Services screens
 - MAP175J and MAP175M



Eligibility Detail Inquiry Screen

```
MAP1751      NATIONAL GOVERNMENT SERVICES #06101 UAT      ACMFA621 02/27/25
PXK1325      SC      ELIGIBILITY DETAIL INQUIRY      A20252BB 06:34:27

MID          CURR XREF HIC          PREV XREF HIC
TRANSFER HIC          C-IND          LTR DAYS
LN          FN          MI          SEX
DOB          ELIG FROM          ELIG THRU
ADDRESS: 1          2
          3          4
          5          6
          ZIP:

          CURRENT ENTITLEMENT
PART A EFF DT          TERM DT          PART B EFF DT          TERM DT

          BENEFIT PERIOD DATA
CURRENT          LST BILL DT          HSP FULL DAYS          HSP PART DAYS
FRST BILL DT          SNF PART DAYS          INP DED REMAIN          BLD DED PNTS
SNF FULL DAYS

          PSYCHIATRIC
PSY DAYS REMAIN          PRE PHY DAYS USED          PSY DIS DT          INTRM DT IND

PLEASE ENTER DATA - MID, LN, FN, SEX, DOB AND ELIG FROM/THRU.
PRESS PF3-EXIT PF8-NEXT PAGE
```


FISS DDE Beneficiary Eligibility Lookup

- All eligibility fields will report
 - Next eligible date when applicable
 - Start date of benefit if service not utilized by beneficiary to date
- If eligibility date not available, will show three or four position alpha code to indicate reason why
 - PTB – Beneficiary not entitled to Part B
 - RCVD – Beneficiary already received service
 - DOD – Beneficiary not eligible due to DOD
 - GDR – Beneficiary not eligible due to gender
 - AGE – Beneficiary not eligible due to age
 - SRV – Beneficiary not eligible for the service
 - VAC – Beneficiary already vaccinated
 - 0000 – Service not applicable

FISS DDE Preventive Services Screen MAP175J

```
MAP175J          NATIONAL GOVERNMENT SERVICES #06101 UAT      ACMFA621 02/27/25
PKK1325          SC                                ACCEPTED      A20252BB 06:47:01
MID              NM              IT              DB              SX
PRVN SERVC TECH D PROF D ; PRVN SERVC TECH D PROF D ; PRVN SERVC TECH D PROF D
CARD/80061 080109 080109 ; DIAB/82951 080109 080109 ; AAA / 070107 070107
CARD/82465 080109 080109 ; PCBE/G0101 080109 080109 ; PTWR/G9143 080309 080309
CARD/83718 080109 080109 ; DIAB/83036 010124 010124 ; IPPE/G0402 080109 080109
CARD/84478 080109 080109 ; PROS/G0102 080109 080109 ; IPPE/G0403 080109 080109
COLO/G0104 080109 080109 ; PROS/G0103 080109 080109 ; IPPE/G0404 080109 080109
COLO/G0105 080109 080109 ; PAPT/Q0091 080109 080109 ; IPPE/G0405 080109 080109
COLO/G0106 080109 080109 ; GLAU/ 080109 080109 ; PULM/G0424 0072 0072
COLO/G0120 080109 080109 ; MAMM/ 080109 080109 ; CR / 0000 0000
COLO/G0121 080109 080109 ; PAPT/ 080109 080109 ; ICR / 0000 0000
FOBT/G0107 TERM TERM ; HIBC/G0445 110811 110811 ; AWV /G0438 0000 010111
FOBT/G0328 080109 080109 ; HBV/ 092816 092816 ; AWV /G0439 0000 010111
FOBT/82270 080109 080109 ; SETS/93668 0072 ; BEHV/G0447 112911 112911
IPPE/G0344 SRV SRV ; CCBG/G0327 080124 ; APRP/G0465
IPPE/G0366 SRV SRV ; AUDG/ 070123 070123
IPPE/G0367 SRV 0000 ; HIVP/ 093024 093024
IPPE/G0368 0000 SRV ; HIVS/ 093024 093024
DIAB/82947 080109 080109 ; HPBV/ 093024 093024
DIAB/82950 080109 080109
PROCESS COMPLETED --- PLEASE CONTINUE
PRESS PF3-EXIT PF6-SCROLL FWD PF7-PREV PAGE PF8-NEXT PAGE
```

FISS DDE Preventive Services Screen

MAP175M

MAP175M				NATIONAL GOVERNMENT SERVICES #06101 UAT				ACMFA621 02/27/25	
PXK1325 SC				ACCEPTED				A20252BB 06:48:35	
MID		NM		IT		DB		SX	
PRVN	SERV	TECH	D	PRVN	SERV	TECH	D	PRVN	SERV
TELH/99231	010111	010111		BONE/77085	080109	080109			
TELH/99232	010111	010111		COCS/	100914				
TELH/99233	010111	010111		LDCT/G0297	AGE	AGE			
TELH/99307	010111	010111		HPVS/G0476	AGE				
TELH/99308	010111	010111		HIVS/	041315	SRV			
TELH/99309	010111	010111		BONE/0508T	080109	080109			
TELH/99310	010111	010111		BONE/0554T					
BEHV/G0442		101411		BONE/0555T					
BEHV/G0443		SVC		BONE/0556T					
BEHV/G0444	101411	101411		BONE/0557T					
BEHV/G0446	110811	110811		BONE/0558T					
BONE/77078	080109	080109		ABPM/93784	070219	070219			
BONE/77080	080109	080109		ACUP/	012120	012120			
BONE/77081	080109	080109		LDCT/71271	AGE	AGE			
BONE/76977	080109	080109							
BONE/G0130	080109	080109							
BEHV/G0473	010115	010115							
HCAS/G0472	060214	060214							
PROCESS COMPLETED --- PLEASE CONTINUE									
PRESS PF3-EXIT PF5-SCROLL BKWD PF7-PREV PAGE PF8-NEXT PAGE									

What You Should Do Now...

- Share this presentation with internal staff
- Talk to your patients about the importance of taking advantage of Medicare preventive services
- Update internal policies/procedures to include verifying patient's age and eligibility to receive preventive services to avoid claim errors

Resources & References

CMS Resources

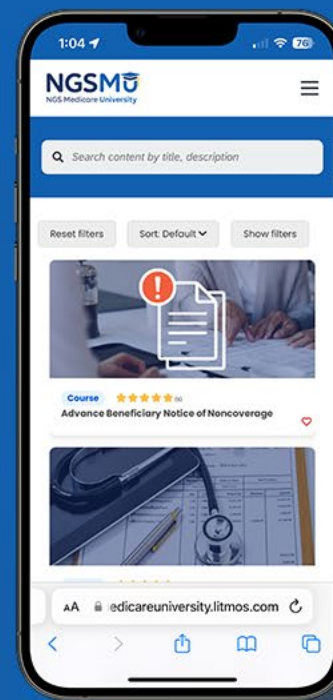
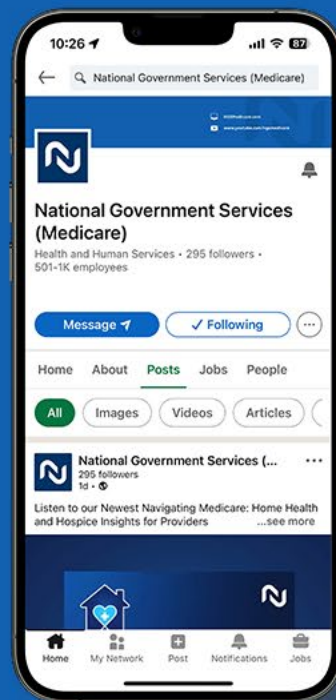
- CMS IOM Publications
 - 100-02, *Medicare Benefit Policy Manual*, Chapter 15, [Section 280.2 – Colorectal Cancer Screening](#)
 - 100-03, *Medicare National Coverage Determinations (NCD) Manual*, Chapter 1
 - [Part 3, Section 190.34 - Fecal Occult Blood Test](#)
 - [Part 4, Section 210.3 - Colorectal Cancer Screening Tests](#)
 - 100-04, *Medicare Claims Processing Manual*, Chapter 18, [Section 60 - Colorectal Cancer Screening](#)
- MLN Matters® [MM14031: Updates to Colorectal Cancer Screening & Hepatitis B Vaccine Policies](#)
- MLN® Educational Tool: [MLN006559 – Medicare Preventive Services](#)

CMS Change Requests

- [CMS website](#) > Medicare > Regulations & Guidance > Transmittals
 - CR 2996: [Coverage of FOBT for Colorectal Cancer Screening](#)
 - CR 5127: [Non-application of Deductible for Colorectal Cancer Screening Tests](#)
 - CR 6145: [Screening DNA Stool Test for Colorectal Cancer](#)
 - CR 9115: [National Coverage Determination \(NCD\) for Screening for Colorectal Cancer Using Cologuard™ - A Multitarget Stool DNA Test](#)
 - CR 10075: [Payment for Moderate Sedation Services Furnished with Colorectal Cancer Screening Tests](#)
 - CR 14031: [Updates for the MPFS Rule 2025: \(1\) Updates to Colorectal Cancer Screening and Hepatitis B Vaccine Policies](#)

Additional Resources

- [NGS Preventive Services Resource Guide](#)
- [42 CFR Section 410.37 Colorectal cancer screening tests: Conditions for and limitations on coverage](#)
- [MLN® Products](#)
 - Preventive Services Educational Products
 - MLN® Products Catalog
 - Web-based training
- CMS [Preventive Services](#) website



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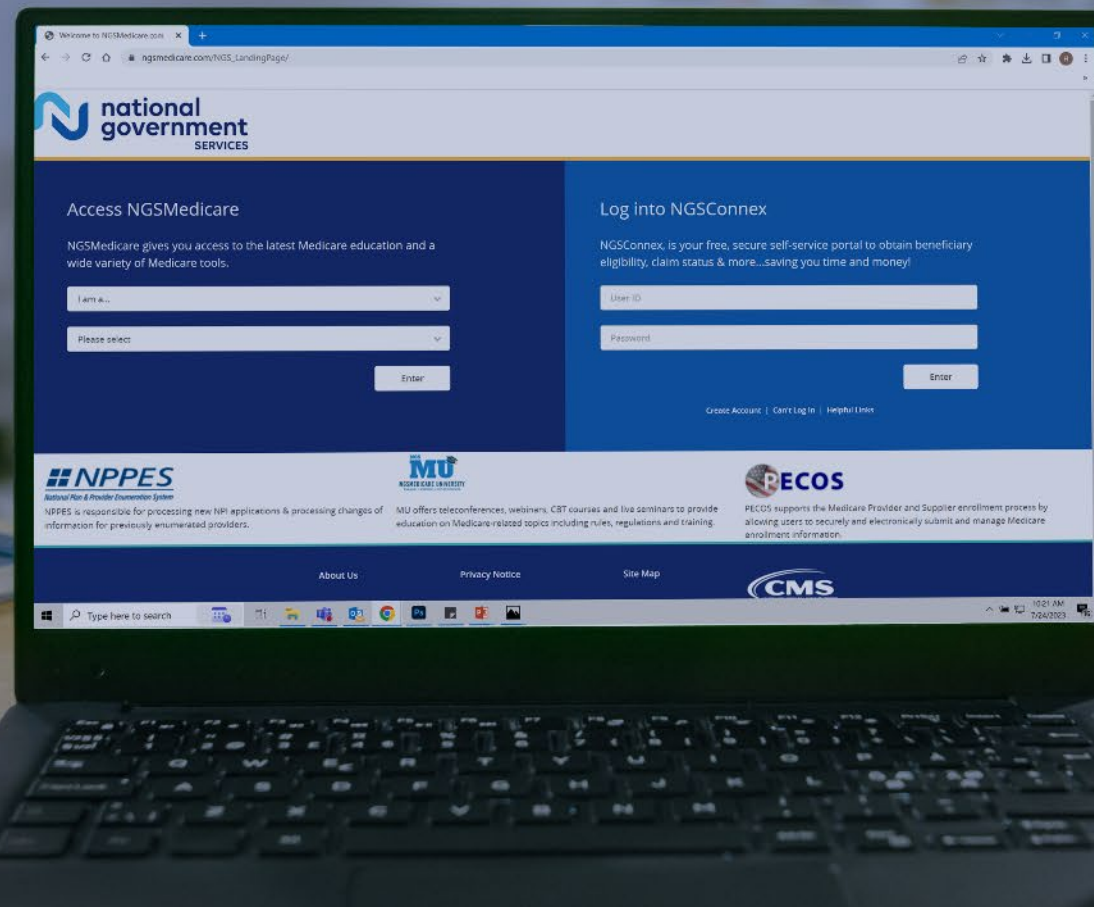


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Questions?

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