

108TH CONGRESS
1ST SESSION

H. R. 1422

To amend title XVIII of the Social Security Act to improve patient access to, and utilization of, the colorectal cancer screening benefit under the Medicare Program.

IN THE HOUSE OF REPRESENTATIVES

MARCH 25, 2003

Mr. CARDIN (for himself, Mr. ENGLISH, Mr. RANGEL, Mr. PORTMAN, Mr. LEWIS of Georgia, Ms. DUNN, Mr. TOWNS, Mrs. JONES of Ohio, Mr. WILSON of South Carolina, Mr. GONZALEZ, Mr. STRICKLAND, and Ms. LORETTA SANCHEZ of California) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XVIII of the Social Security Act to improve patient access to, and utilization of, the colorectal cancer screening benefit under the Medicare Program.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Colon Cancer Screen
5 for Life Act of 2003”.

1 **SEC. 2. SENSE OF CONGRESS.**

2 It is the sense of Congress that—

3 (1) colorectal cancer screening tests (as defined
4 in section 1861(pp) of the Social Security Act (42
5 U.S.C. 1395x(pp)) covered under the medicare pro-
6 gram have been severely underutilized, with the
7 Comptroller General of the United States reporting
8 in 2000 that since coverage of such tests was imple-
9 mented, the percentage of beneficiaries under the
10 medicare program receiving either a screening or a
11 diagnostic colonoscopy has increased by only 1 per-
12 cent;

13 (2) the Centers for Medicare & Medicaid Serv-
14 ices should encourage health care providers to use
15 more effective screening and diagnostic health care
16 technologies in the area of colorectal cancer screen-
17 ing;

18 (3) in recent years, the Centers for Medicare &
19 Medicaid Services has subjected colorectal cancer
20 screening tests to some of the largest reimbursement
21 reductions under the medicare program;

22 (4) unlike other preventive screening tests cov-
23 ered under the medicare program, health care pro-
24 viders must consult with beneficiaries prior to fur-
25 nishing a screening colonoscopy in order to—

1 (A) ascertain the medical and family his-
2 tory of the beneficiary; and

3 (B) inform the beneficiary of preparatory
4 steps that must be taken prior to the procedure;
5 and

6 (5) reimbursement under the medicare program
7 is not currently available for the consultations de-
8 scribed in paragraph (4) despite the fact that reim-
9 bursement is provided under such program for simi-
10 lar consultations prior to a diagnostic colonoscopy.

11 **SEC. 3. INCREASE IN REIMBURSEMENT FOR COLORECTAL**
12 **CANCER SCREENING AND DIAGNOSTIC**
13 **TESTS.**

14 (a) IN GENERAL.—Section 1834(d) of the Social Se-
15 curity Act (42 U.S.C. 1395m(d)) is amended by adding
16 at the end the following new paragraph:

17 “(4) ENHANCED PAYMENT FOR COLORECTAL
18 CANCER SCREENING AND DIAGNOSTIC TESTS.—

19 “(A) NONFACILITY RATES.—Notwith-
20 standing paragraphs (2)(A) and (3)(A), the
21 Secretary shall establish national minimum pay-
22 ment amounts for CPT codes 45330, 45378,
23 45380, 45385 and HCPCS codes GO104,
24 GO105, GO106, GO107, GO120, and GO121
25 for items and services furnished during the last

1 6 months of 2003 and in subsequent years
2 which reflect a 10 percent increase above the
3 relative value units in effect as the nonfacility
4 rates for such codes on June 30, 2003, with
5 such revised payment level to apply to items
6 and services performed in a nonfacility setting,
7 provided, however, that such setting is con-
8 sistent with quality care, sound medical judg-
9 ment, and prevention of potential complications.

10 “(B) FACILITY RATES.—Notwithstanding
11 paragraphs (2)(A) and (3)(A), the Secretary
12 shall establish national minimum payment
13 amounts for CPT codes 45330, 45378, 45380,
14 45385 and HCPCS codes GO104, GO105,
15 GO106, GO107, GO120, and GO121 for items
16 and services furnished during the last 6 months
17 of 2003 and in subsequent years which reflect
18 a 30 percent increase above the relative value
19 units in effect as the facility rates for such
20 codes on June 30, 2003, with such revised pay-
21 ment level to apply to items and services per-
22 formed in a facility setting.

23 “(C) ANNUAL ADJUSTMENTS.—In the case
24 of items and services furnished on or after Jan-
25 uary 1, 2004, the payment rates described in

1 subparagraphs (A) and (B) shall, subject to the
2 minimum payment amounts established in such
3 subparagraphs, be adjusted annually as pro-
4 vided in section 1848.”.

5 (b) EFFECTIVE DATE.—The amendment made by
6 this section shall apply to items and services furnished on
7 or after July 1, 2003.

8 **SEC. 4. MEDICARE COVERAGE OF OFFICE VISIT OR CON-**
9 **SULTATION PRIOR TO A SCREENING**
10 **COLONOSCOPY OR IN CONJUNCTION WITH A**
11 **BENEFICIARY’S DECISION TO OBTAIN SUCH A**
12 **SCREENING.**

13 (a) COVERAGE.—Section 1861(s)(2) of the Social Se-
14 curity Act (42 U.S.C. 1395x(s)(2)) is amended—

15 (1) in subparagraph (U), by striking “and” at
16 the end;

17 (2) in subparagraph (V), by inserting “and” at
18 the end; and

19 (3) by adding at the end the following new sub-
20 paragraph:

21 “(W) an outpatient office visit or consultation
22 for the purpose of beneficiary education, assuring se-
23 lection of the proper screening test, and securing in-
24 formation relating to the procedure and sedation of
25 the beneficiary, prior to a colorectal cancer screening

1 test consisting of a screening colonoscopy or in con-
2 junction with the beneficiary's decision to obtain
3 such a screening, regardless of whether such screen-
4 ing is medically indicated with respect to the bene-
5 ficiary;”.

6 (b) PAYMENT.—

7 (1) IN GENERAL.—Section 1833(a)(1) of the
8 Social Security Act (42 U.S.C. 1395l(a)(1)) is
9 amended—

10 (A) by striking “and” before “(U)”; and

11 (B) by inserting before the semicolon at
12 the end the following: “, and (V) with respect
13 to an outpatient office visit or consultation
14 under section 1861(s)(2)(W), the amounts paid
15 shall be 80 percent of the lesser of the actual
16 charge or the amount established under section
17 1848, except that no payment shall be made for
18 such a visit or consultation if no payment would
19 be made for a colorectal cancer screening test
20 consisting of a screening colonoscopy for the in-
21 dividual furnished on the date of such visit or
22 consultation because of the frequency limits de-
23 scribed in section 1834(d)(3)(E)”.

24 (2) PAYMENT UNDER PHYSICIAN FEE SCHED-
25 ULE.—Section 1848(j)(3) of the Social Security Act

1 (42 U.S.C. 1395w-4(j)(3)) is amended by inserting
2 “(2)(W),” after “(2)(S),”.

3 (3) REQUIREMENT FOR ESTABLISHMENT OF
4 PAYMENT AMOUNT UNDER PHYSICIAN FEE SCHED-
5 ULE.—Section 1834(d) of the Social Security Act
6 (42 U.S.C. 1395m(d)), as amended by section 3, is
7 amended by adding at the end the following new
8 paragraph:

9 “(5) PAYMENT FOR OUTPATIENT OFFICE VISIT
10 OR CONSULTATION PRIOR TO SCREENING
11 COLONOSCOPY.—With respect to an outpatient office
12 visit or consultation under section 1861(s)(2)(W),
13 payment under section 1848 shall be consistent with
14 the payment amounts for CPT codes 99203 and
15 99243.”.

16 (4) FREQUENCY LIMITATION.—Section
17 1862(a)(1) of the Social Security Act (42 U.S.C.
18 1395y(a)(1)) is amended—

19 (A) in subparagraph (H), by striking
20 “and” at the end;

21 (B) in subparagraph (I), by striking the
22 semicolon at the end and inserting “, and”; and

23 (C) by inserting after subparagraph (I) the
24 following new subparagraph:

1 (c) EFFECTIVE DATE.—The amendment made by
2 this section shall apply to items and services furnished on
3 or after July 1, 2003.

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