

North Dakota Colorectal Cancer Screening Initiative Health Care Provider Handbook



North Dakota Colorectal Cancer Screening Initiative Division of Cancer Prevention and Control

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This handbook is for providers of the North Dakota Colorectal Cancer Screening Initiative (NDCRCSI). All health care facilities/providers must enter into a Provider Cooperative Agreement with the North Dakota Health and Human Services (ND HHS) NDCRCSI prior to providing or submitting claims for services.

The purpose of the handbook is to provide information on the following:

- A. Your responsibilities as an NDCRCSI provider
- B. Who is eligible for NDCRCSI services
- C. Services that will be reimbursed by the NDCRCSI

Why is a signed Provider Cooperative Agreement needed?

- A. The Agreement indicates your acceptance of the Current Procedural Terminology (CPT) codes and reimbursement as full payment at North Dakota Medicare Part B rates for billable NDCRCSI colorectal cancer (CRC) screening and/or diagnostic services. Billable procedures, associated CPT codes and reimbursement rates are listed in the “What’s Covered” document.
- B. It indicates your agreement to offer CRC screening and/or diagnostic services, per “What’s Covered” to all enrolled women and men according to guidelines described in this handbook. Services provided prior to the effective date of the Provider Cooperative Agreement are not reimbursable by the NDCRCSI.
- C. The health care facility/provider must be accredited with Blue Cross Blue Shield of North Dakota (BCBSND).

Who is eligible for the NDCRCSI?

- A. General requirement for NDCRCSI enrollees:
 - 1. Men and women ages 45-64 (primary age group for NDCRCSI)
 - 2. A resident of North Dakota
 - 3. Uninsured (have no other source of health care reimbursement)
 - 4. Underinsured (health insurance does not cover screening services or cannot afford to pay for a deductible or copay)
 - 5. Low-income (139 percent to 200 percent of federal poverty guideline); see current income guidelines.
 - 6. Is average or at increased risk for CRC
 - 7. Is due or past due for CRC screening
- B. Other age groups may enroll in the NDCRCSI screening component under special circumstances with the approval of the Initiative Director. They must meet all other eligibility requirements and have no other source of medical coverage for CRC screening.
 - 1. Individuals who are 40-44 years of age who are at increased CRC risk.
 - 2. Individuals who are 65-75 years of age who are of average or increased CRC risk and meet all other priority population eligibility criteria.
 - 3. Individuals under the age of 40 who are at high risk for CRC.

- C. Former NDCRCSI enrollees who are due for a follow-up colonoscopy and meet all eligibility criteria are eligible for a colonoscopy every 10 years (per current USPSTF recommendations).
1. Enrollment staff will re-enroll eligible individuals and refer them to a health care provider where the facility has a Provider Cooperative Agreement in place for NDCRCSI services.
 2. NDCRCSI will cover *surveillance* colonoscopies once polyps have been removed, such as at a 3- or 5-year interval.

Where and how do people enroll in NDCRCSI?

Individuals who meet eligibility criteria must enroll in the NDCRCSI prior to receiving covered services.

Health care professionals or providers who want to learn more about the NDCRCSI or receive contact information for NDCRCSI grantee health care facility enrollment sites should call 833-220-2981 or email ndcrc@qualityhealthnd.org.

Individuals inquiring about NDCRCSI eligibility may contact any of the following according to their location:

Quality Health Associates of ND Enrollment Center: Statewide enrollment
Ph: (833) 220-2981 | Email: ndcrc@qualityhealthnd.org

Family HealthCare*

*Must be a patient of Family HealthCare to enroll in this program.

Dawn McCollum | Ph: (701) 551-7532 | Email: dmccollum@famhealthcare.org

Erin Powers | Ph: (701) 551-2459 | Email: epowers@famhealthcare.org

All individuals who are enrolled with the NDCRCSI are issued an Initiative ID number which is a unique 12-digit number issued by BCBSND, third party administrator for NDCRCSI. This number must be entered on any billing claims and forms that are associated with or used for billing purposes of CRC screening procedures that are listed in the “What’s Covered” document.

What services are reimbursed by the NDCRCSI?

- A. The NDCRCSI’s primary purpose is to support the increase of CRC screening rates in North Dakota. Thus, the focus of this Initiative regarding reimbursement of services is on screening procedures.
- B. The NDCRCSI will reimburse for CRC screening and diagnostic services listed in the “What’s Covered” document. The covered CPT codes and North Dakota Medicare Part B reimbursement rates are reviewed and updated annually. An updated version of “What’s Covered” is provided annually to participating providers of the NDCRCSI.

- C. To inquire about covered CPT code procedures, call 833-220-2981 or email ndcrc@qualityhealthnd.org.
- D. Some of the CPT codes listed in the “What’s Covered” document may apply to other services besides CRC screening. Office visits will be reimbursed by the NDCRCSI only if the visit includes CRC screenings such as ordering a Fecal Immunoassay Test (FIT) and providing education for specimen collection with the exam or if the office visit, lab and /or EKG are required prior to a colonoscopy procedure.

What colorectal cancer screening and diagnostic services are available for NDCRCSI enrollees ages 45 through 64?

CRC screening reimbursement include NDCRCSI approved stool tests and colonoscopy for screening, diagnostic and follow-up. See document titled “What’s Covered” for the listing of approved CPT codes which will be paid with Initiative funds.

- A. NDCRCSI approved stool tests are the primary screening test that will be paid with Initiative funds for enrollees of average risk for CRC. CRC average risk is generally defined as:
 - 1. No personal or family history of CRC or adenomas
 - 2. No personal history of inflammatory bowel disease (ulcerative colitis or Crohn’s disease)
 - 3. No personal history of genetic syndromes such as familial adenomatous polyposis (FAP) or hereditary non-polyposis colorectal cancer (HNPCC)
- B. Enrollees at increased risk for CRC due to personal or family history may be screened with an NDCRCSI approved stool test or screening colonoscopy. The test selected is determined by the individual’s health care provider (HCP), which includes assessment of the individual’s family history. Consultation with the Medical Advisory Board is available and/or may be required in certain circumstances.
 - 1. Enrollees at increased risk for CRC, due to family history, would include those with:
 - a. A family history of first-degree relatives with CRC or adenomatous polyps prior to 60 years of age or two or more first degree relatives (parents, siblings or children) at any age with CRC or adenomatous polyps.
 - b. Family history of genetic FAP or HNPCC but no personal diagnosis.
 - 2. Enrollees at increased risk for CRC due to personal history would include:
 - a. Significant gastrointestinal symptoms such as persistent rectal bleeding or bloody diarrhea within the past six months
 - b. Prolonged change in bowel habits (diarrhea or constipation for more than two weeks that has not been clinically evaluated)
 - c. Abdominal pain or symptoms of a bowel obstruction
 - d. Significant unintentional weight loss of 10 percent or more of their body weight
 - 3. Enrollees are also considered at increased risk for colorectal cancer when they have had a prior colonoscopy with a diagnosis of colorectal polyps requiring

- follow up and follow up is not complete. These individuals must receive a colonoscopy when they are due for follow up. They are not eligible for stool tests when follow up is not complete and routine screening can be resumed.
- C. Any positive stool test result requires follow up with a diagnostic colonoscopy.
 - 1. A diagnostic colonoscopy is a covered procedure.
 - D. Special Considerations
 - 1. The following situations do not exempt eligible individuals from receiving screening with the NDCRCSI but must be assessed for level of risk for CRC:
 - a. Intermittent rectal bleeding
 - b. Irritable bowel syndrome
 - i. If there is a question regarding level of risk, consultation with the enrollment staff is advised.
 - 2. Enrollment Staff will consult with the Initiative Director, as needed, regarding CRC screening/diagnostic and follow-up questions.
 - E. People at high risk for CRC are eligible for a screening or follow-up colonoscopy through the NDCRCSI. People at high risk for CRC include, but are not limited to, the following:
 - 1. Prior diagnosis of CRC
 - 2. A genetic diagnosis of FAP or HNPCC
 - 3. A clinical diagnosis or suspicion of FAP or HNPCC
 - 4. A history of inflammatory bowel disease (ulcerative colitis or Crohn's disease)

What colorectal cancer screening services are available for enrollees under age 44, or ages 65-75, who are at increased or high risk for colorectal cancer?

- A. Individuals under the age of 44 or between the ages of 64-75 may be considered for enrollment under special circumstances related to CRC risk, and who have no other source of health care coverage for the procedure. The individual must have approval from Initiative Director to enroll.
- B. Individuals who are under the age of 45 years of age or over the age of 64, and of *average risk*, are not considered for screening with the NDCRCSI.
- C. The tests selected for approved enrollees of increased risk are determined by the individual's HCP, which includes assessment of the individual's family history. Enrollees at increased risk for CRC due to personal or immediate family history may be screened with an NDCRCSI approved stool test or screening colonoscopy, but colonoscopy is strongly encouraged.
- D. Enrollees at high risk for CRC are eligible for screening or follow-up colonoscopy and surveillance colonoscopy through the NDCRCSI.
- E. Increased and high CRC risk factors of enrollees, who are 40 through 44 years of age, or age 65-75 are the same as noted above for enrollees who are 45 through 64 years of age.
- F. Individuals who are 76 years of age and older are not eligible for this initiative due to limited CRC screening funds.

What are the health care provider responsibilities for NDCRCSI clients?

- A. Completing and Returning Forms
 - 1. Includes completion and return of the NDCRCSI Screening and Follow-up form provided by an NDCRCSI Grantee. Forms need to be completed and returned to the NDCRCSI Grantee within 30 days of screening and/or diagnostic services.
 - 2. To view a copy of the NDCRCSI screening and follow-up form used for reporting of procedural results, see Appendix A.
- B. Notifying Patients
 - 1. Notify each patient screened through the NDCRCSI of their test results by providing written test results, negative or positive, in lay terms.
 - 2. Advise the patient prior to providing any non-covered services.

What billing information related to colonoscopy procedures should providers know?

- A. Provider fee for multiple endoscopy codes per procedure.
 - 1. The Initiative will follow CMS rules for provider fee billing of multiple endoscopy codes per procedure.
 - 2. Only codes and reimbursement rates listed in “What’s Covered” will be considered for reimbursement.
 - 3. Guidelines for billing of codes not within the same classification include the following:
 - a. When the same physician performs more than one surgical service at the same session, the allowed amount is 100 percent of the surgical code in this document with the highest reimbursement rate. The allowed amount for the subsequent surgical codes is based on 50 percent of the allowed amount as listed in this document.
 - 4. Guidelines for billing when the codes are within the same classification include the following:
 - a. Identify if the billing codes are the same Endoscopic Base Code (using the Physician Fee Schedule Payment Policy Indicator File).
 - b. Pay the full value of the highest value endoscopy, if the same bases are shared, plus the difference between the next highest and the based endoscopy.
- B. Billing for **HOPPS** codes for hospital-based outpatient facilities (Ambulatory Payment Classification codes-APC) and **Ambulatory Surgery Center (ASC)** codes:
 - 1. The Initiative will follow CMS guidelines for billing of APC or ASC codes when multiple codes per procedure occur. The CPT code with the highest reimbursement rate will be billed at 100 percent of the listed reimbursement rate in “What’s Covered” and 50 percent of the reimbursement rate thereafter for any additional codes.
- C. Monitored anesthesia will be reimbursed by the Initiative only under specific circumstances noted as follows:

1. Use of monitored anesthesia care is considered not medically necessary for colonoscopy procedures in patients of average risk related to use of anesthesia and sedation and will not be reimbursed by the Initiative under these circumstances.
 2. The Initiative will follow CMS guidelines for monitored anesthesia. However, because of the limited scope of the Initiative, not all CMS listed reasons for monitored anesthesia will be covered by this program. Use of monitored anesthesia care may be considered medically necessary for colonoscopy procedures when there is documentation by the Proceduralist and Anesthesiologist that one or more of the following specific risk factors or significant medical conditions are present:
 - a. Prolonged or therapeutic endoscopy procedure requiring deep sedation
 - b. Increased risk for complications due to severe comorbidity (ASA class III* or greater)
 - c. Morbid obesity (BMI>40)
 - d. Documented sleep apnea
 - e. Inability to follow simple commands (cognitive dysfunction, intoxication, or psychological impairment)
 - f. Spasticity or movement disorder complicating procedure
 - g. History or anticipated intolerance to standard sedatives, such as:
 - i. Chronic opioid use
 - ii. Chronic benzodiazepine use
 - h. History of or anticipated intolerance to standard sedatives
 - i. Patients with active medical problems related to drug or alcohol abuse
 - j. Acutely agitated uncooperative patients
 - k. Patients with increased risk for airway obstruction due to anatomic variation, such as:
 - i. History of stridor
 - ii. Dysmorphic facial features
 - iii. Oral abnormalities (e.g., macroglossia)
 - iv. Neck abnormalities (e.g., neck mass)
 - v. Jaw abnormalities (e.g., micrognathia)
- D. Billing of Anesthesia Services
1. The Initiative will follow CMS guidelines for reimbursement of anesthesia services by provider type (Anesthesiologists and CRNAs), associated with colonoscopy procedures.
 2. See the “What’s Covered” document for the Initiative reimbursable anesthesia CPT codes and modifiers.

Does the NDCRC SI pay for treatment for enrollees diagnosed with colorectal cancer?

- A. No, if an enrollee of the NDCRC SI requires cancer treatment, the NDCRC SI is not funded to pay for any treatment services.
- B. If an enrollee is uninsured, they should be informed about alternative resources to assist with coverage of treatment costs and referred to apply for Medicaid. Once

application is submitted for review, it will be determined if they are eligible for Medicaid Expansion managed through Blue Cross Blue Shield of ND.

1. For questions regarding Medicaid Expansion, call Medicaid Provider Relations at (701) 328-4030 or (800) 755-2604, press 2.

What is the funding source for the NDCRCSI?

The majority of funds for the NDCRCSI are made available through appropriations by the North Dakota Legislative Assembly. A small amount of funds, to support efforts to increase cancer screenings through systems change, is leveraged from partners. Funds for CRC screening and diagnostic services, as stipulated in the “What’s Covered” document, are monitored on a monthly basis. Grantees of the NDCRCSI are notified in advance when funds are close to being depleted for the biennial period.

Who to call for questions regarding the NDCRCSI?

For questions regarding the NDCRCSI services call (833) 220-2981 or email ndcrc@qualityhealthnd.org.

ATTACHMENT A



NORTH DAKOTA CANCER SCREENING INITIATIVE
 SCREENING AND FOLLOW-UP
 NORTH DAKOTA DEPARTMENT OF HEALTH
 DIVISION OF COMMUNITY AND HEALTH SYSTEMS
 SFN 58726 (8-2021) (edited 4/22 QHA)

Part I – NDCRC SI Required Information		
Name		Date of Birth
NDCRC SI ID Number		
Procedure	Procedure Date	Procedure(s) Paid with Initiative Funds
<input type="checkbox"/> Stool test (Complete Parts II and IV) <input type="checkbox"/> Colonoscopy (Complete Parts III and IV)		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II – Stool Test Results		
Office Visit	Procedure	Results
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FIT <input type="checkbox"/> iFOBT <input type="checkbox"/> mt-sDNA (Cologuard)	<input type="checkbox"/> Positive <input type="checkbox"/> Negative

Part III – Colonoscopy Results			
Colonoscopy Procedure		Was cecum reached during colonoscopy?	
<input type="checkbox"/> Screening <input type="checkbox"/> Follow-up <input type="checkbox"/> Diagnostic <input type="checkbox"/> Surveillance		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pre-op Visit Completed	Reason(s) for not completing colonoscopy		If colonoscopy is incomplete or was not performed, what are the plans for repeat?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Transportation <input type="checkbox"/> Lost to Follow-up <input type="checkbox"/> Inadequate Prep <input type="checkbox"/> Declined after Pre-op <input type="checkbox"/> No Longer Eligible <input type="checkbox"/> Other (specify)		
Colonoscopy Completed	Endoscopy Results		Where were complications from the colonoscopy?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Normal / Negative <input type="checkbox"/> Polyps <input type="checkbox"/> Suspicious for Cancer <input type="checkbox"/> No findings / Inconclusive <input type="checkbox"/> Colitis <input type="checkbox"/> Diverticulosis <input type="checkbox"/> Hemorrhoids		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was a biopsy performed?	Was a polypectomy performed?	Were all polyp(s) removed?	Number of polyp(s) removed:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or More
Record the highest degree of abnormality from the pathology report:			
<input type="checkbox"/> Cancer In-Situ <input type="checkbox"/> Adenoma-Tubular with High Grade Dysplasia <input type="checkbox"/> Other/ Unknown <input type="checkbox"/> Adenoma-Tubular without High Grade Dysplasia <input type="checkbox"/> No Diagnostic Abnormality <input type="checkbox"/> Adenoma-Tubular/Vilious with High Grade Dysplasia <input type="checkbox"/> Hyperplastic <input type="checkbox"/> Adenoma-Tubular/Vilious without High Grade Dysplasia			

Part IV – Next Steps	
Was client notified of results?	Next Procedure
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was provider notified of results?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Routine Screening Stool Test <input type="checkbox"/> Routine Screening Colonoscopy <input type="checkbox"/> Follow-up Colonoscopy <input type="checkbox"/> Surveillance Colonoscopy <input type="checkbox"/> Cancer Treatment
Next Procedure Date	