

112TH CONGRESS
2D SESSION

S. 2265

To amend title XVIII of the Social Security Act to cover screening computed tomography colonography as a colorectal cancer screening test under the Medicare program.

IN THE SENATE OF THE UNITED STATES

MARCH 29, 2012

Mr. INHOFE introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To amend title XVIII of the Social Security Act to cover screening computed tomography colonography as a colorectal cancer screening test 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 “CT Colonography
5 Screening for Colorectal Cancer Act of 2012”.

1 **SEC. 2. COVERAGE OF COMPUTED TOMOGRAPHY**
 2 **COLONOGRAPHY SCREENING AS A**
 3 **COLORECTAL CANCER SCREENING TEST**
 4 **UNDER MEDICARE.**

5 (a) IN GENERAL.—Section 1861(pp)(1) of the Social
 6 Security Act (42 U.S.C. 1395x(pp)(1)) is amended—

7 (1) by redesignating subparagraph (D) as sub-
 8 paragraph (E); and

9 (2) by inserting after subparagraph (C) the fol-
 10 lowing new subparagraph:

11 “(D) Screening computed tomography
 12 colonography.”.

13 (b) FREQUENCY LIMITS AND PAYMENT.—Section
 14 1834(d) of such Act (42 U.S.C. 1395m(d)) is amended
 15 by adding at the end the following new paragraph:

16 “(4) SCREENING COMPUTED TOMOGRAPHY
 17 COLONOGRAPHY.—

18 “(A) FEE SCHEDULE.—With respect to a
 19 colorectal cancer screening test consisting of
 20 screening computed tomography colonography,
 21 subject to subparagraph (B), payment under
 22 section 1848 shall be consistent with payment
 23 under such section for similar or related serv-
 24 ices.

25 “(B) PAYMENT LIMIT.—In the case of
 26 screening computed tomography colonography,

1 payment under this part shall not exceed such
 2 amount as the Secretary specifies, based upon
 3 rates recognized for diagnostic computed to-
 4 mography colonography.

5 “(C) FACILITY PAYMENT LIMIT.—Notwith-
 6 standing any other provision of this title, in the
 7 case of an individual who receives screening
 8 computed tomography colonography—

9 “(i) in computing the amount of any
 10 applicable coinsurance, the computation of
 11 such coinsurance shall be based upon the
 12 fee schedule under which payment is made
 13 for the services; and

14 “(ii) the amount of such coinsurance
 15 shall not exceed 25 percent of the payment
 16 amount under the fee schedule described in
 17 clause (i).

18 “(D) FREQUENCY LIMIT.—No payment
 19 may be made under this part for a colorectal
 20 cancer screening test consisting of screening
 21 computed tomography colonography—

22 “(i) if the individual is under 50 years
 23 of age; or

24 “(ii)(I) in the case of individuals at
 25 high risk for colorectal cancer, if the proce-

dure is performed within the 23 months after a previous screening computed tomography colonography or a previous screening colonoscopy; or

“(II) in the case of an individual who is not at high risk for colorectal cancer, if the procedure is performed within the 119 months after a previous screening colonoscopy or within the 59 months after a previous screening flexible sigmoidoscopy or a previous screening computed tomography colonography.”.

(c) CONFORMING FREQUENCY LIMITS FOR OTHER
 COLORECTAL CANCER SCREENING TESTS.—

(1) SCREENING FLEXIBLE SIGMOIDOSCOPY.—

Paragraph (2)(E)(ii) of section 1834(d) of the Social Security Act (42 U.S.C. 1395m(d)) is amended by inserting “or screening computed tomography colonography” after “previous screening flexible sigmoidoscopy”.

(2) SCREENING COLONOSCOPY.—Paragraph

(3)(E) of such section is amended—

(A) by inserting “or screening computed tomography colonography” after “23 months after a previous screening colonoscopy”; and

1 (B) by inserting “or screening computed
 2 tomography colonography” after “screening
 3 flexible sigmoidoscopy”.

4 (d) EFFECTIVE DATE.—The amendments made by
 5 this section shall apply to items and services furnished on
 6 or after January 1, 2013.

7 **SEC. 3. EXEMPTION OF SCREENING COMPUTED TOMOG-**
 8 **RAPHY COLONOGRAPHY FROM SPECIAL**
 9 **RULE ON PAYMENT FOR IMAGING SERVICES.**

10 (a) IN GENERAL.—Section 1848(b)(4)(B) of the So-
 11 cial Security Act (42 U.S.C. 1395w–4(b)(4)(B)) is amend-
 12 ed by inserting “and screening computed tomography
 13 colonography” after “diagnostic and screening mammog-
 14 raphy”.

15 (b) EFFECTIVE DATE.—The amendment made by
 16 subsection (a) shall apply to items and services furnished
 17 on or after January 1, 2013.

18 **SEC. 4. REPORTS ON THE STATUS OF COVERING COM-**
 19 **PUTED TOMOGRAPHY COLONOGRAPHY AS A**
 20 **COLORECTAL CANCER SCREENING TEST**
 21 **UNDER MEDICARE.**

22 (a) PRELIMINARY REPORT.—Not later than 90 days
 23 after the date of the enactment of this Act, the Secretary
 24 of Health and Human Services shall submit a preliminary
 25 report to Congress on the status of coverage of computed

1 tomography colonography as a colorectal cancer screening
2 test under the Medicare program under title XVIII of the
3 Social Security Act, including the extent to which such
4 coverage as required by the amendments made by sections
5 2 and 3 have been implemented.

6 (b) ANNUAL REPORT.—Not later than September 30
7 of each fiscal year during the 5-year period beginning with
8 fiscal year 2014, the Secretary shall submit to Congress,
9 a status report on the following:

10 (1) The impact of screening computed tomog-
11 raphy colonography on the change in colorectal can-
12 cer screening compliance of Medicare beneficiaries.

13 (2) The various utilization rates with respect to
14 Medicare beneficiaries for each available colorectal
15 cancer screening option before and after the avail-
16 ability of and coverage of screening computed to-
17 mography colonography under the Medicare program
18 pursuant to the enactment of this Act, including—

19 (A) by initial colorectal cancer screening
20 performed with respect to a Medicare bene-
21 ficiary per year, including the age of the bene-
22 ficiary when the initial screening was per-
23 formed; and

24 (B) by follow-up screening performed,
25 whereby the analysis demonstrates to what ex-

1 tent screening computed tomography
2 colonography was used as a substitute for a
3 previous screening procedure.

4 (3) Access to screening computed tomography
5 colonography by Medicare beneficiaries, especially in
6 rural areas or underserved populations, before and
7 after the date of implementation of coverage of such
8 screening benefit under the Medicare program pur-
9 suant to the enactment of this Act.

10 (4) Recommendations for such legislation and
11 administrative action as the Secretary determines
12 appropriate to implement this Act.

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