



**EFFECTIVE DATE:** 01 | 01 | 2019  
**POLICY LAST UPDATED:** 05/21/2019

## OVERVIEW

Effective January 1, 2011 the Affordable Care Act, Medicare now covers many preventive services without cost share to patients, including the Annual Wellness Visit that was created under the Affordable Care Act. This policy provides an overview of the preventive services that are covered at no cost share to the member and the coding guidelines to ensure that the claim is processed at the correct member benefit.

## PRIOR AUTHORIZATION

None

## POLICY STATEMENT

### BlueChip for Medicare

Preventive services as defined in the coding section of this policy, are covered at no cost share for the member. There are some services noted on the preventive grid in which per CMS, copays, coinsurances and deductibles are applied. To ensure correct claims processing, claims must be filed according the guidelines in the coding section of this policy.

**NOTE: An Annual Well Visit (G0438 or G0429) and an Annual Preventive Exam (99385–99387 or 99395-99397) may be performed on the same date of service. The documentation in the members medical record must reflect that the requirements for use of both codes are met.**

### Cost sharing for institutional providers

Cost sharing for facility charges vary when preventive and non-preventive services are performed at the same time. Cost sharing will only be applied to the facility charges when the higher priced procedure is a non-preventive service. Cost sharing will not be applied to a facility fee when the higher priced procedure is considered a preventive service. For example, when a colonoscopy and endoscopy are performed at the same time there will be no cost sharing as the colonoscopy is a preventive service and is the higher priced procedure.

Routine screening colonoscopy is performed with moderate (conscious) sedation and only rarely is general anesthesia required. If general anesthesia is required, the colonoscopy is no longer considered routine and cost sharing applies to the anesthesia charges only.

## MEDICAL CRITERIA

Not applicable

## BACKGROUND

The Affordable Care Act waives the deductible and coinsurance/copayment for many of the preventive services because those services have a recommendation grade of A or B by the USPSTF. In other cases, the deductible and coinsurance are waived because the preventive services are clinical laboratory tests to which the deductible and coinsurance do not apply according to another section of the statute.

Several preventive services covered by Medicare do not have a USPSTF recommendation grade of A or B. These include digital rectal examinations provided as prostate screening tests; glaucoma screening; DSMT services; and barium enemas provided as colorectal cancer screening tests. In the case of a screening barium enema, the deductible is waived under another section of the statute. The deductible continues to apply to the other services and coinsurance/copayment also continues to apply to all of them.

Not all preventive services allowed in Medicare and recommended by the USPSTF have a Grade of A or B, and therefore, some of the preventive services do not meet the criteria in sections 1833(a)(1) and (b)(1) of the Act for the waiver of deductible meet the criteria in sections 1833(a)(1) and (b)(1) of the Act for the waiver of deductible and coinsurance. Please refer to the Quick Reference Guide for more details.

<https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html>

### **COVERAGE**

Benefits may vary between group/contract. Please refer to the Evidence of Coverage for applicable preventive health services coverage/benefits.

### **CODING**

The services noted below are covered with most having no cost share for the member. To ensure correct claims processing of these preventive services, claims must be filed as noted on the attached grid:

#### [2019 BlueCHiP for Medicare Preventive Codes](#)

Modifier PT- Colorectal cancer screening test; converted to diagnostic test or other procedure

### **RELATED POLICIES**

None

### **PUBLISHED**

Provider Update, July 2019

Provider Update, January 2019

Provider Update, February 2017

Provider Update, Dec 2015

Provider Update, Nov 2014

Provider Update, Jan 2014

Provider Update, April 2013

Provider Update, April 2012

### **REFERENCES:**

1. Center for Medicare and Medicaid Coverage <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MLNPrevArticles.pdf>
2. Center for Medicare and Medicaid Coverage <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=353&ncdver=1&NCAId=253&ver=6&NcaName=Intensive+Behavioral+Therapy+for+Obesity&bc=ACAAAAAIAAA&>
3. Center for Medicare and Medicaid Coverage <http://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/index.html>
4. Center for Medicare and Medicaid Coverage [http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network- Center for Medicare and Medicaid Coverage MLN/MLNProducts/downloads/mps\\_guide\\_web-061305.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-Center%20for%20Medicare%20and%20Medicaid%20Coverage%20MLN/MLNProducts/downloads/mps_guide_web-061305.pdf)
5. Center for Medicare and Medicaid Coverage <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/PreventiveServices.html>
6. Center for Medicare and Medicaid Coverage <http://www.medicare.gov/coverage/preventive-and-screening-services.html>
7. Center for Medicare and Medicaid Coverage <http://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/index.html>
8. Center for Medicare and Medicaid Coverage CMS Quick Reference Chart [http://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/Downloads/MPS\\_QuickReferenceChart\\_1.pdf](http://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/Downloads/MPS_QuickReferenceChart_1.pdf)

**CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS**

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

