Payment Policy | Preventive Services for Medicare Advantage Plans

EFFECTIVE DATE: 01|01|2021
POLICY LAST UPDATED: 11|04|2020

OVERVIEW

Effective January 1, 2011 as part of the Affordable Care Act, Medicare now covers many preventive services without cost share to patients. This policy provides an overview of the preventive services that are covered at no cost share to the member and the coding guidelines for the provider to ensure that the claim is processed at the correct member benefit.

PRIOR AUTHORIZATION

None

POLICY STATEMENT

Medicare Advantage Plans

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: If Annual Wellness Visit (G0438 or G0439) and an Annual Physical Exam* (99385–99387 or 99395-99397) are performed on the same date of service by a Primary Care Provider (PCP), Physician Assistant (PA) or Nurse Practitioner (NP), the documentation in the members medical record must reflect that the requirements for use of both codes are met.
*The Annual Physical Exam is not considered a preventive service. Please refer to the members Evidence of Coverage (EOC) for applicable benefit for this service.

Depression Screening (G0444) will not be reimbursed when filed with the Annual Wellness Visit; initial visit (G0438). G0438 includes a depression screening by standardized instrument an assessment of functional ability and level of safety.

The Annual Wellness Visit, subsequent visit (G0439) however, does not include the requirements for the depression screen or the assessment of functional ability and level of safety. Therefore, G0444 will be reimbursed if performed and documented with G0439.

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.

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.

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 with any diagnosis noted on the grid in the primary position on the claim:

Medicare Advantage Plans Preventive Services

RELATED POLICIES

Medicare Diabetes Prevention Program

PUBLISHED

Provider Update, January 2020
Provider Update, February 2020
Provider Update, October 2019
Provider Update, July 2019
Provider Update, January 2019
Provider Update, February 2017

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=ACAAAAAAIAAA&
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
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