Medical Coverage Policy | Preventive Services for BlueCHiP for Medicare 2015



EFFECTIVE DATE:01/01/2015 **POLICY LAST UPDATED:** 09/16/2014

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 service's as defined in the coding section of this policy, as covered at no cost share for the member. To ensure correct claims processing, claims must be filed according the the guidelines in the coding section.

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 nonpreventive 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 continue 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.



Guide Preventive serv

Note: CMS has not updated the above grid to reflect coverage for Screening for Hepatitis C (HCV) in Adults. This change was effective as of June 1, 2014.

COVERAGE

BlueCHiP for Medicare

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

.CODING

BlueCHiP for Medicare

The services noted below are covered with no cost share to the member. To ensure correct claims processing of these preventive services, claims must be filed as noted below.

Service	HCPCS/CPT code	ICD9 - CM code	Frequency	
Initial Preventive Physical Examination (IPPE) Also known as the "Welcome to Medicare Preventive Visit"	G0402	No specific diagnosis code	Once per lifetime	
Annual Wellness Visit (AWV)	G0438	No specific diagnosis	Once per lifetime	
	G0439	code	Annually	
Ultrasound Screening for Abdominal Aortic Aneurysm (AAA	G0389	No specific diagnosis code	Once per lifetime	
	80061		Every 5 years	
Cardiovascular Screening Blood Tests	82465	Report with one of the following codes: V81.0,	F	
	83718	V81.1, V81.2	Every 5 years for each test	
	84478		ior caeli test	

	82947		One nor year of
Diabetes Screening Tests	82950	V77.1	One per year of any 1 code
	82951		2

Diabetes Self Management Training (DSMT)	G0108 G0109	None	Initial year-Up to 10 hours per continuous 12 months Subsequent year- 2 hours of follow up training
	97802		 3 Hours total of any code combination per year 2 Hours per year for subsequent years
Medical Nutrition Therapy (MNT)	97803	None	
	97804		
	G0270		
	G0271		
	G0123		
	G0124		
	G0141		
	G0143		Low risk
	G0144	Low Risk any of the following: V72.31, V76.2,	diagnosis-every
Screening Pap Smears	G0145	V76.47, V76.49 High Risk	24 months High
	G0147	V15.89High Risk V15.89	risk diagnosis - Annual
	G0148 P3000		,
	P3001		
	Q0091		

	99385		
	99386		
Screening Pelvic Exam	99387		
	99395	None	Annual
*Note: G0101 is bundled in the payment for 99385-99397	99396	110110	
the payment for 99385-99397	99397		
	G0101*		

	77052		
Screening Mammography	77057	V76.11 or V76.12	Annual
	G0202	-	
	76977		
	77078		
Bone Mass Measurements	77080	None	Every 24 months or 2 years
	77081		01 2 years
	G0130		
	G0104	None	Once every 4 years
	G0105	None	Every 24 months
	G0121	None	Every 10 years
	G0328	None	Every year
	82270		
	44388-PT	None	
	44389-PT		
Colorectal Screening	44392- PT		
	44393 -PT		
	44394 - PT		
	45378 -PT		Every 5 years
	45380 -PT		
	45381 -PT		
	45383 -PT		
	45384 -PT		
	45385 -PT		

Prostate Cancer Screening	G0103	V76.44	Every year
Glaucoma Screening	G0117 G0118	V80.1	Every year
	90653	V04.81 or V06.6	
	90654		
	90655		
Seasonal Influenza Virus	90656		Turico por voor
Vaccine and administration	90657		Twice per year
	90660		
	90661		
	90662		

1		1
90672		
90673		
90685		
90686		
90687		
90688		
Q2033		
Q2034		
-		
~		
G0008		
00000		
90669		
		Once per lifetime
	V03.82 or V06.6	
00007		
90739		
	V05 2	NI- limite
	V05.3 No limit	INO limits
G0010		
00404		
	305.1 or V15.82	Up to 8 sessions in
G0437		a 12 month period
00/22		Claim 1
		Claim needs to have one dx
G0433		Annual for those
G0435	V73.89- Primary V22.0, V22.1, V69.8 or V23.9 as secondary	at risk V73.89, V69.8 3 times per year if pregnancy for V22.0, V22.1 or
	90673 90685 90687 90688 Q2033 Q2034 Q2035 Q2036 Q2037 Q2038 Q2039 G0008 90669 90669 90670 90732 G0009 90732 G0009 90740 90743 90744 90744 90746 90743 90744 90746 90747 G0010	90673 90685 90686 90687 90688 Q2033 Q2034 Q2035 Q2036 Q2037 Q2038 Q2039

Intensive Behavioral Therapy for Cardiovascular Disease	G0446	None	Once per year
	C0442		
Screening and Behavioral Counseling interventions in Primary Care to reduce Alcohol Misuse	G0442 G0443	None	Once per year 4 times per Year
Screening for Depression	G0444	None	Once per year
	86631 88632 87110		Once test per year for dx V74.5 and V69.8
	87270	Any one of the following:	2
	87320	 V74.5 V69.8, V22.0, V22.1, V23.9, Any one of the following: V74.5, V69.8, V22.0, V22.1, V23.9, 	3 per year for V74.5 or V69.8
	87490		and one of the following V22.0,
	87491		
	87810		V22.1, V23.9
	87590		Once test per year for dx V74.5 and
	87591		V69.8
Sexually Transmitted Infections (STI's)screening and High Intensity Counseling (HIBC) to	87850		3 per year for V22.0, V22.1, V23.9
prevent STT's	87800	Any one of the following: V74.5, V69.8, V22.0, V22.1, V23.9,	Once test per year for dx V74.5 and V69.8
	86592	Any one of the following: V74.5, V69.8, V22.0,	3 per year for V22.0, V22.1,
	86593	V22.1, V23.9,	V23.9
	87340	Any one of the following:	
	87341	V73.89 or V69.8 and V22.0, V22.1, V23.9,	3 per year
	G0445	Any one of the following: V74.5, V69.8, V22.0, V22.1, V23.9,	2 per year

Intensive Behavioral Therapy (IBT) for obesity	G0447	With any of the following: V85.30 - V85.9 or V85.41-V85.45	22 visits per year
Screening for Hepatitis C Virus (HCV) in adults	G0472	V69.8	once per year

RELATED POLICIES

Preventive Services for Commercial Members

PUBLISHED

Provider Update	Nov 2014
Provider Update	Jan 2014
Provider Update	April 2013
Provider Update	April 2012

REFERENCES

http://www.cms.gov/medicare-coverage-database/details/ncddetails.aspx?NCDId=353&ncdver=1&NCAId=253&ver=6&NcaName=Intensive+Behavioral+Therapy+fo r+Obesity&bc=ACAAAAAAAAAAAA

http://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/index.html

http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/mps_guide_web-061305.pdf

http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/PreventiveServices.html

http://www.medicare.gov/coverage/preventive-and-screening-services.html

http://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/index.html

CMS Quick Reference Chart

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.