

## 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 to 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 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 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.



Quick Reference  
Guide Preventive ser

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.

2015 Blue Chip for Medicare Preventive Services			
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 G0439	No specific diagnosis code	Once per lifetime Annually
Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)	G0389	No specific diagnosis code	Once per lifetime
Cardiovascular Screening Blood Tests	80061 82465 83718 84478	Report with one of the following codes: V81.0, V81.1, V81.2	Every 5 years Every 5 years for each test

Diabetes Screening Tests	82947	V77.1	One per year of any 1 code
	82950		
	82951		
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
Medical Nutrition Therapy (MNT)	97802	None	3 Hours total of any code combination per year 2 Hours per year for subsequent years
	97803		
	97804		
	G0270		
	G0271		
Screening Pap Smears	G0123	Low Risk any of the following: V72.31, V76.2, V76.47, V76.49 High Risk V15.89High Risk V15.89	Low risk diagnosis-every 24 months High risk diagnosis - Annual
	G0124		
	G0141		
	G0143		
	G0144		
	G0145		
	G0147		
	G0148		
	P3000		
	P3001		
	Q0091		

Screening Pelvic Exam *Note: G0101 is bundled in the payment for 99385-99397	99385	None	Annual
	99386		
	99387		
	99395		
	99396		
	99397		
	G0101*		
Screening Mammography	77052	V76.11 or V76.12	Annual
	77057		
	G0202		
Bone Mass Measurements	76977	None	Every 24 months or 2 years
	77078		
	77080		
	77081		
	G0130		
Colorectal Screening Note: Modifier PT-Colorectal cancer screening test; converted to diagnostic test or other procedure	G0104	None	Once every 4 years
	G0105	None	Every 24 months
	G0121	None	Every 10 years
	G0328	None	Every year
	82270		
	G0464		Every 3 years
	44388-PT	None	Every 5 years
	44389-PT		
	44392- PT		
	44393 -PT		
	44394 - PT		
	44401-PT		
	44402-PT		
	44403-PT		
	44404-PT		
	45378 -PT		
	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
Seasonal Influenza Virus Vaccine and Administration	90654		
	90655		
	90656		
	90657		
	90658		
	90660		
	90661		
	90662		
	90672		
	90673		
	90685		
	90686		
	90687		
	90688		
	G0008		
	Use applicable CPT codes instead of the codes below		
	Q2033		
	Q2034		
	Q2035		
	Q2036		
Q2037			
Q2038			
Q2039			
Pneumococcal Vaccine and administration	90669	V03.82 or V06.6	Once per lifetime
	90670		
	90732		
	G0009		

Hepatitis B (HBV) vaccine and administration	90739	V05.3	No limits
	90740		
	90743		
	90744		
	90746		
	90747		
	G0010		
Counseling to prevent Tobacco Use	G0436	305.1 or V15.82	Up to 8 sessions in a 12 month period
	G0437		
Human Immunodeficiency Virus (HIV) Screening	G0432	V73.89- Primary V22.0, V22.1, V69.8 or V23.9 as secondary	Claim needs to have one dx Annual for those at risk V73.89, V69.8  3 times per year if pregnancy for V22.0, V22.1 or V23.9
	G0433		
	G0435		
Intensive Behavioral Therapy for Cardiovascular Disease	G0446	None	Once per year
Screening and Behavioral Counseling interventions in Primary Care to reduce Alcohol Misuse	G0442	None	Once per year
	G0443		4 times per Year
Screening for Depression	G0444	None	Once per year
Sexually Transmitted Infections (STI's) screening and High Intensity Counseling (HIBC) to prevent STI's	86631	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  3 per year for V74.5 or V69.8 and one of the following V22.0, V22.1, V23.9
	88632		
	87110		
	87270		
	87320		
	87490		
	87491		
	87810		
87590	Any one of the following:	Once test per year	

	87591	V74.5, V69.8, V22.0, V22.1, V23.9,	for dx V74.5 and V69.8
	87850		3 per year for V22.0, V22.1, V23.9
	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, V22.1, V23.9,	3 per year for V22.0, V22.1, V23.9
	86780		
	87340	Any one of the following: V73.89 or V69.8 and V22.0, V22.1, V23.9,	3 per year
	87341		
	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
	G0473		
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/ncd-details.aspx?NCDId=353&ncdver=1&NCAId=253&ver=6&NcaName=Intensive+Behavioral+Therapy+for+Obesity&bc=ACAAAAAIAAAA&>

<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/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 .pdf.

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