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, 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.

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**

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

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

Related Policies

None

**PUBLISHED**

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

**REFERENCES:**


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


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