Payment Policy | 2019 Preventive Services for BlueCHiP for Medicare

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=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

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