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On the topic:
Medicare Preventive Services and Screenings

Linda D'Spain, CMPE, CMC, CMIS, CMOM, CMCO
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Medicare Preventive Services and Screenings

Presented by
Linda D'Spain
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Medicare Preventive Services

• Are your patients up to date on preventive care services?

• What is covered under preventive care?

Welcome To Medicare Visit

• G0402 – Initial preventive examination must be performed during the first 12 months of Medicare Part B enrollment

• One time service

• Diagnosis Code: Z00.00 or Z00.01

• This service must include:
  – Health Risk Assessment
  – Establish a list of current providers
  – Medical and family history
  – Depression Screening
  – Functional ability and level of safety

Welcome To Medicare Visit
CONTINUED

• Service must also include:
  – Assessment of height, weight, body mass index (or waist circumference), visual acuity, and blood pressure
  – Other routine measurements as deemed appropriate based on medical and family history
  – Detect any cognitive impairment the member may have based on concerns of family, friends and caretakers

Welcome To Medicare Visit
CONTINUED

– Counseling services
  ▪ Establish a written screening checklist for the next 5-10 years
  ▪ Furnish personalized health advice for fall prevention, nutrition, physical activity, tobacco use cessation, weight loss
  ▪ Future care including advance care planning at the discretion of the beneficiary
Initial Wellness and Subsequent Wellness Visit

- G0438 – Initial; one time service
- G0439 – Subsequent; annually thereafter
- Diagnosis code: Z00.00 or Z00.01
- Must include:
  - Update HRA
  - Update list of providers
  - Update beneficiary’s medical/family history
  - Assess weight and blood pressure
  - Detect cognitive assessments
  - Counsel for preventive services
  - Update list of risk factors
  - Health advice for falls, nutrition physical activity, tobacco and weight
  - Advance care planning at patient discretion

Common Questions

- Is the AWV the same as a yearly physical?
  No. *The AWV is not a routine physical checkup that some seniors may get periodically from their provider. Medicare does NOT cover routine physical examinations.*

- Are clinical labs part of the AWV?
  No. *The AWV does not include any laboratory tests. The physician may order lab for diagnostic reasons or findings.*
Advance Care Planning

• 99497  No required diagnosis
  Advance Care Planning including the explanation and discussion of advance directives such as standard forms (with completion of forms when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member or surrogate

• 99498
  Each additional 30 minutes

Alcohol Misuse Screening and Counseling

• G0442 – Annual alcohol misuse screening, 15 minutes – all beneficiaries are eligible with screening diagnosis

• G0443 – Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes

• Counseling is only for those beneficiaries who screen positive (service may be provided 4 times per year with positive diagnosis of alcohol misuse).
## Bone Mass Measurements

### CPT

<table>
<thead>
<tr>
<th>CPT</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>76977</td>
<td>Ultrasound bone density</td>
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<tr>
<td>77078</td>
<td>CT, bone mineral density study</td>
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<tr>
<td>77080</td>
<td>Dual-energy (DXA), bone density study axial study</td>
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<tr>
<td>77081</td>
<td>Dual-energy (DXA), bone density study, appendicular skeleton</td>
</tr>
<tr>
<td>77085</td>
<td>Dual-energy (DXA), bone density study, including vertebral fracture assessment</td>
</tr>
<tr>
<td>G0130</td>
<td>Single energy x-ray (SEXA), bone density study, appendicular skeleton</td>
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</tbody>
</table>

**CONTINUED**

- **ICD-10 Codes:**
  E21.0, E21.3, E23.0, E34.2, E89.40, E89.41, M80.08xA, M80.88xA, M84.58xA, M84.68xA, M85.9, M89.9, M94.9, N95.9, Q55.4, Q78.0, S34.3xxA, Z78.0, Z79.3, Z79.51, Z79.52, Z79.811, Z79.83, Z87.310

- **Check NCD 150.3 for additional coverage and more specific codes.**

- **Frequency:** Every 2 years (more often if medically necessary)
Cardiovascular Screening

- 80061 – Lipid panel
- Diagnosis – Z13.6
  - 82465 – Cholesterol serum
  - 83718 – Lipoprotein, direct measurement, HDL cholesterol
  - 84478 – Triglycerides
- Frequency – once every 5 years for beneficiaries without signs or symptoms of cardiovascular disease

Colorectal Cancer Screening

- CPT Codes  82270 – Blood occult
  - G0104 – Flexible sigmoidoscopy
  - G0105 – Colonoscopy for high risk patient
  - G0106 – Screening barium enema (flex sig)
  - G0120 – Screening barium enema (colon)
  - G0121 – Screening colonoscopy for patient not meeting high risk
  - G0328 – Colorectal cancer screening, fecal occult blood test, 1-3 simultaneous
- Diagnosis Codes: Z12.11 or Z12.12
Colorectal Cancer Screening

CONTINUED

• Frequency:
  – Screening colonoscopy for high risk – once every 2 years
  – Screening barium enema – once every year
  – Patients not meeting high risk:
    • Screening colonoscopy – once every 10 years
    • Screening barium enema – one every 48 months
    • FOBT – once every 12 months

Counseling For Tobacco Use

• CPT Codes:
  99406 – Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
  99407 – greater than 10 minutes

• Frequency: Two cessation attempts per year for an individual who uses tobacco
Counseling For Tobacco Use CONTINUED

• Covered diagnosis codes:

Depression Screening

• CPT Code G0444 – annual depression screening, 15 minutes
• This service is a component of the Welcome to Medicare service and therefore cannot be billed separately. However, it does not bundle with the Initial or Subsequent visits and may be billed separately.
• NOTE: If positive results are found, bill additional code of 96127 using behavioral assessment scoring. This may be billed up to 4 times per year.
Diabetes Screening

• CPT Codes:
  82947 – Glucose; quantitative, blood
  82950 – Glucose; post glucose dose
  82951 – Glucose; tolerance test GTT, 3 specimens (includes glucose)
• Diagnosis Code: Z13.1
• Frequency: One screening every 6 months with pre-diabetes or one screening every 12 months if never tested or normal result

Medicare Covered Immunizations

• Influenza – one per season
  CPT: Q2035, Q2036, Q2037, Q2038 (Administration G0008)
• Pneumonia – two per lifetime
  CPT: 90670 and 90732 (Administration G0009)
• Hepatitis B – pts at high risk for contracting Hepatitis B
  CPT: 90739, 90740, 90743, 90744, 90746, 90747 (Administration G0010)
• Diagnosis Code for immunization: Z23
Additional Screenings

• Hepatitis C
  – CPT Code: G0472
  – Screening: once in a lifetime for individuals born between 1945 and 1965
  – Diagnosis: Z11.59
  – Those at high risk for Hepatitis C:
    • Diagnoses: Z72.89 and F19.20

Additional Screenings CONTINUED

• HIV Screening
  – CPT Codes: 80081, G0432, G0433, G0435, G0475
  – Frequency: Annually except for pregnant women; increases to 3 times per pregnancy
  – Diagnosis codes: Z11.4
    • increased risk factors: Z11.4, Z72.51, Z72.52, Z72.53, or Z72.89
Additional Screenings CONTINUED

• Prostate Cancer Screening
  – CPT Codes: G0102 and G0103
  – Diagnosis Code: Z12.5
  – Frequency: annually

• Ultrasound, Abdominal Aorta
  – CPT Code: 76706
  – Diagnosis Code: certain risk factors for AAA
  – Frequency: once in a lifetime

Screening Mammography

• CPT Codes: 77063 and 77067
• Diagnosis Codes: Z12.31
• Coverage: all female beneficiaries 35 and older
• Frequency:
  – Age 35 through 39: one baseline
  – Age 40 and older: annually
Screening Pap Tests

- CPT Codes: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001
- Diagnosis Codes:
  - High Risk: Z72.51, Z72.52, Z72.53, Z77.29, Z77.9, Z91.89, Z92.89
  - Low Risk: Z01.411, Z01.419, Z12.4, Z12.72, Z12.79, and Z12.89

Frequency:
- Annually if at high risk for developing cervical or vaginal cancer or childbearing age with abnormal Pap test within past 3 years
- Every 2 years for women at normal risk
- CPT Q0091 for obtaining, preparing and conveyance of smear to lab
- CPT G0101 Cervical or vaginal cancer screening; pelvic and clinical breast examination
Tips, Tools, and Techniques

1. Use the Preventive Services Checklist
   https://www.medicare.gov/Pubs/pdf/11420-Preventive-Services-Card.pdf

2. Access information through your MACS, HETS, and IVR’s to see what services your beneficiary has already had.

3. Changes may occur quarterly so stay up to date through your Medicare contractor.

Questions?

• Thank you for your attendance!

• Get your questions answered: info@pmimd.com
Medicare covers a full range of preventive services to help keep you healthy and help find problems early, when treatment is most effective. Ask your doctor which of these services is right for you.

### Are You Up-To-Date on Your Preventive Services?

<table>
<thead>
<tr>
<th>Preventive service</th>
<th>Date</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>One time “Welcome to Medicare” Preventive Visit—within the first 12 months you have Medicare Part B (Medical Insurance)</td>
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<tr>
<td>Yearly “Wellness” Visit—get this visit 12 months after your “Welcome to Medicare” preventive visit or 12 months after your Part B effective date</td>
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<td>Abdominal Aortic Aneurysm Screening</td>
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<td>Alcohol Misuse Screening and Counseling</td>
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<td>Bone Mass Measurement (Bone Density Test)</td>
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<td>Cardiovascular Disease (Behavioral Therapy)</td>
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<tr>
<td>Cardiovascular Screenings (cholesterol, lipids, triglycerides)</td>
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<td>Colorectal Cancer Screenings</td>
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<td>Depression Screening</td>
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<td>Diabetes Screening</td>
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<td>Diabetes Self-management Training</td>
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<tr>
<td>Flu Shot</td>
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<td>Glaucoma Test</td>
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<td>Hepatitis B Shot</td>
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<td>Hepatitis B Virus (HBV) infection screening</td>
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<td>Hepatitis C Screening</td>
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<td>Lung Cancer Screening</td>
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<td>Mammogram (screening for breast cancer)</td>
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<tr>
<td>Medical Nutrition Therapy Services</td>
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<tr>
<td>Medicare Diabetes Prevention Program</td>
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<tr>
<td>Obesity Screening and Counseling</td>
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<tr>
<td>Pap Test and Pelvic Exam (includes a breast exam)</td>
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<td>Pneumococcal Shots</td>
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<td>Prostate Cancer Screening</td>
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<td>Sexually Transmitted Infection Screening and Counseling</td>
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<td>Smoking and Tobacco Use Cessation</td>
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Your “Guide to Medicare Preventive Services” has more information about these and other preventive services, including costs and conditions that may apply. Visit [Medicare.gov/publications](http://Medicare.gov/publications).

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