

New Medicare Preventive Services January 2012

Each of the preventive services in the following table will be covered without deductible or coinsurance costs to the patient. These services must be provided face-to-face to individual patients and most can only be provided by primary care physicians as defined in the Medicare National Covered Decisions. Non-physicians healthcare professionals such as physician assistants and nurse practitioners are included in these definitions. Most services are covered only in primary care setting and not in nursing facilities, emergency departments, or other facility settings. The Centers for Medicare and Medicaid Services (CMS) has not identified specific screening tools to be used in providing screening services but has left that choice to physician discretion. Where CMS has issued an article providing coverage specifications, a link to the MLN Matters article is included. Where no article has been provided, a link to the CMS National Coverage Decision is provided. Correct Coding Initiative edits will likely be published for these codes in April 2012 and may impact when these services are covered on the same date as other covered services.

The Five As construct, promoted by the U.S. Preventive Services Task Force (USPSTF), is required for some of the Medicare counseling and behavioral therapy benefits. If your staff are not familiar with the five A's, it may help to provide them with brief instructions on this technique and determine how you will document these components when required.

1. Assess: Ask about/assess behavioral health risk(s) and factors affecting choice of behavior change goals/methods.
2. Advise: Give clear, specific, and personalized behavior change advice, including information about personal health harms and benefits.
3. Agree: Collaboratively select appropriate treatment goals and methods based on the patient's interest in and willingness to change the behavior.
4. Assist: Using behavior change techniques (self-help and/or counseling), aid the patient in achieving agreed-upon goals by acquiring the skills, confidence, and social/environmental supports for behavior change, supplemented with adjunctive medical treatments when appropriate.
5. Arrange: Schedule follow-up contacts (in person or by telephone) to provide ongoing assistance/support and to adjust the treatment plan as needed, including referral to more intensive or specialized treatment.

More information on the five A's is available from the USPSTF:

<http://www.uspreventiveservicestaskforce.org/3rduspstf/behavior/behsum2.htm#FiveA> .

Benefit	RVU's	Code	Coverage information
Annual alcohol misuse screening, 15 minutes	0.51	G0442	<p>Allowed once per 12 month period.</p> <p>http://www.cms.gov/MLN MattersArticles/downloads/MM7633.pdf</p> <p>In the general adult population, alcohol consumption becomes risky or hazardous when consuming:</p> <ul style="list-style-type: none"> · Greater than 7 drinks per week or greater than 3 drinks per occasion for women and persons greater than 65 years old. · Greater than 14 drinks per week or greater than 4 drinks per occasion for men 65 years old and younger. <p>The alcohol screening/counseling services are payable with another encounter/visit on the same day. This does not apply for Initial Preventive Physical Examination (Welcome to Medicare physical). Contractors shall accept and pay for annual alcohol misuse screening G0442 and brief behavioral counseling for alcohol misuse G0443 claims on the same date of service. Note: This does not apply to RHCs and FQHCs.</p>

Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes (report only one unit per date of service)	0.74	G0443	<p>Allowed four times per 12 month period beginning with the date of screening reported with code G0442. One session is allowed per date of service.</p> <p>http://www.cms.gov/MLN MattersArticles/downloads/MM7633.pdf</p> <p>Medicare beneficiaries that may be identified as having a need for behavioral counseling sessions include:</p> <ul style="list-style-type: none"> · Those who misuse alcohol, but whose levels or patterns of alcohol consumption do not meet criteria for alcohol dependence and, · Are competent and alert at the time that counseling is provided; and, · When counseling is furnished by qualified primary care physicians or other primary care practitioners in a primary care setting and based on the 5A's approach adopted by the United States Preventive Services Task Force (USPSTF.) <p>The alcohol screening/counseling services are payable with another encounter/visit on the same day. This does not apply for Initial Preventive Physical Examination (Welcome to Medicare physical). Only covered when provided by primary care physicians and practitioners in the following places of service:</p> <ul style="list-style-type: none"> • 11-Physician's Office • 22-Outpatient Hospital • 49-Independent Clinic • 71-State or local public health clinic
Annual depression screening, 15 minutes	0.51	G0444	<p>Screening for depression is covered one time in a 12-month period. Eleven full months must elapse following the month in which the last annual depression screening took place.</p> <p>http://www.cms.gov/MLN MattersArticles/Downloads/MM7637.pdf</p> <ol style="list-style-type: none"> 1) Must include at a minimum level, staff-assisted depression care supports consisting of clinical staff (e.g., nurse, Physician Assistant) in the primary care office who can advise the physician of screening results and who can facilitate and coordinate referrals to mental health treatment. 2) Coverage is limited to screening services and does not include treatment options for depression or any diseases, complications, or chronic conditions resulting from depression, nor does it address therapeutic interventions such as pharmacotherapy, combination therapy (counseling and medications), or other interventions for depression. Self-help materials, telephone calls, and web-based counseling are not separately reimbursable by Medicare and are not part of this NCD. 3) Effective for claims with Dates of Service on and after April 2, 2012, contractors shall pay for annual depression screening claims, G0444, only when services are provided at the following Places of Service (POS): <ul style="list-style-type: none"> 11 - Office 22 - Outpatient hospital 49 - Independent clinic 50 – FQHCs 71 - State or local public health clinic 72 – RHCs

Semi -Annual High Intensity Behavioral Counseling (HIBC) to prevent sexually transmitted infections (STIs), 30 minutes	0.74	G0445	https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=250 Covers up to two individual 20 to 30 minute, face to face counseling sessions annually to prevent STIs for all sexually active adolescents and for adults at increased risk for STIs. 1) HIBC is defined as a program intended to promote sexual risk reduction or risk avoidance which includes each of these broad topics, allowing flexibility for appropriate patient-focused elements: <ul style="list-style-type: none"> •education, •skills training, •guidance on how to change sexual behavior. 2) The high/increased risk individual sexual behaviors, based on the USPSTF guidelines, include any of the following: <ul style="list-style-type: none"> •Multiple sex partners •Using barrier protection inconsistently •Having sex under the influence of alcohol or drugs •Having sex in exchange for money or drugs •Age (24 years of age or younger and sexually active for women for chlamydia and gonorrhea) •Having an STI within the past year •IV drug use (for hepatitis B only) •In addition for men – men having sex with men (MSM) and engaged in high risk sexual behavior, but no regard to age In addition to individual risk factors, in concurrence with the USPSTF recommendations, community social factors such as high prevalence of STIs in the community populations should be considered in determining high/increased risk for chlamydia, gonorrhea, syphilis and for recommending HIBC. The services must be provided in a primary care setting by a primary care physician or primary care practitioner.
Annual face-to-face intensive behavioral therapy to reduce cardiovascular disease risk individual, 15 minutes	0.74	G0446	http://www.cms.gov/MLN Matters Articles/Downloads/MM7636.pdf Notable from this guidance is that Medicare beneficiaries who are alert and oriented may receive one annual face-to-face visit for CVD risk reduction provided by a primary care physician or qualified non-physician practitioner (e.g., NP or PA). The CVD risk reduction visit must include three components: <ol style="list-style-type: none"> (1) Encouraging aspirin use for the primary prevention of CVD when the benefits outweigh the risks for men age 45-79 years and women 55-79 years; (2) Screening for high blood pressure in adults age 18 years and older; and, (3) Intensive behavioral counseling to promote a healthy diet for adults with hyperlipidemia, hypertension, advancing age, and other known risk factors for cardiovascular and diet-related chronic disease. The services must also be provided in a primary care setting defined as: <ul style="list-style-type: none"> 11- Physician's Office 22-Outpatient Hospital 49- Independent Clinic 72-Rural Health Clinic

Face-to-face behavioral counseling for Obesity, 15 minutes	0.74	G0447	http://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=253&ver=5&NcaName=Intensive+Behavioral+Therapy+for+Obesity&bc=ACAAAAAIAAA& Benefit includes: •One face-to-face visit every week for the first month; •One face-to-face visit every other week for months 2-6; •One face-to-face visit every month for months 7-12, if the beneficiary meets the 3kg weight loss requirement in the first 6 months of intensive therapy. Intensive behavioral therapy for obesity consists of the following: 1. Screening for obesity in adults using measurement of BMI calculated by dividing weight in kilograms by the square of height in meters (expressed in kg/m ²); 2. Dietary (nutritional) assessment; and 3. Intensive behavioral counseling and behavioral therapy using five A's approach to promote sustained weight loss through high intensity interventions on diet and exercise. The services must be provided in a primary care setting.
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More information on covered preventive services can be found in Chapter 18 of the Medicare Claims Processing Manual <http://www.cms.gov/manuals/downloads/clm104c18.pdf>.