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122711 NEWS BLAST

Medicare Now Covers **New Preventive Screenings**

The Social Security Act (Section 1861(d)) permits the Centers for Medicare & Medicaid Services (CMS) to add coverage of "additional preventive services" through the National Coverage Determination (NCD) process if all of the following criteria are met:

- Reasonable and necessary for the prevention or early detection of illness or disability;
- Recommended with a grade of A or B by the United States Preventive Services Task Force (USPSTF);
- Appropriate for individuals entitled to benefits under Part A or enrolled under Part B.

CMS reviewed the USPSTF recommendations and supporting evidence for the below screenings (for adults) and determined that the criteria listed above was met, enabling CMS to cover these preventive services.

DEPRESSION SCREENING:

Among persons older than 65 years, one in six suffers from depression with older adults having the highest risk of suicide of all age groups.

Effective with dates of service on and after October 14, 2011 Medicare will cover annual depression screenings.

This screening is available to Medicare beneficiaries in the primary care settings equipped with staff-assisted depression care supports in place to assure accurate diagnosis, effective treatment, and follow-up. Depression screenings should be reported using HCPCS code G0444 – Annual depression screening; 15 minutes. Deductibles and coinsurance do not apply to this service.

This code will appear on the January 2012 Medicare Physicians Fee Schedule with a ≈ \$11.40 - \$12.30 allowed amount. The Type of Service (TOS) for HCPCS code G0444 is 1.

Per MLN Number MM7637:

“For the purposes of this service, a primary care setting is defined as place of service:

<i>11 – Office</i>	<i>22 - Outpatient hospital</i>	<i>49 - Independent clinic</i>
<i>50 – FQHCs</i>	<i>71 - State or local public health clinic</i>	<i>72 – RHCs</i>

*Emergency departments, inpatient hospital settings, ambulatory surgical centers, independent diagnostic testing facilities, skilled nursing facilities, inpatient rehabilitation facilities, and hospice are **not** considered primary care settings under this definition.*

At a minimum level, staff-assisted depression care supports consist of clinical staff (e.g., nurse, Physician Assistant) who can advise the physician of screening results and who can facilitate and coordinate referrals to mental health treatment.

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.

Screening for depression is non-covered when performed more than one time in a 12-month period, i.e., Eleven full months must elapse following the month in which the last annual depression screening took place.”

For more information, refer to the Part B Insider, Volume 12, Number 41 and/or Medlearn Matters Number MM7637.



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SCREENING AND BEHAVIORAL COUNSELING INTERVENTIONS TO REDUCE ALCOHOL MISUSE:

Alcohol misuse includes risky/hazardous and harmful drinking which place individuals at risk for future problems; and in the general adult population, risky or hazardous drinking is defined as >7 drinks per week or >3 drinks per occasion for women, and >14 drinks per week or >4 drinks per occasion for men. Harmful drinking describes those persons currently experiencing physical, social or psychological harm from alcohol use, but who do not meet criteria for dependence.

Effective with dates of service on and after October 14, 2011 Medicare will cover annual alcohol screening and for those that screen positive, up to four brief, face-to-face, behavioral counseling interventions per year.

This screening is available to Medicare beneficiaries:

- Who misuse alcohol, but whose levels or patterns of alcohol consumption do not meet criteria for alcohol dependence (defined as at least three of the following: tolerance; withdrawal symptoms; impaired control; preoccupation with acquisition and/or use; persistent desire or unsuccessful efforts to quit; sustains social, occupational, or recreational disability; use continues despite adverse consequences); and
- Who are competent and alert at the time that counseling is provided; and
- Whose counseling is furnished by qualified primary care physicians or other primary care practitioners in a primary care setting.

Alcohol screenings should be reported using HCPCS code

G0442 – Annual Alcohol Misuse screening; 15 minutes

G0443 – Brief Face-to-Face Behavioral Counseling for Alcohol Misuse; 15 minutes.

Deductibles and coinsurance do not apply to this service.

These codes will appear on the January 2012 Medicare Physicians Fee Schedule with a ≈ \$11.40 - \$12.30 allowed amount for G0442 and a ≈ \$16.91 - \$17.86 allowed amount for G0443.

The Type of Service (TOS) for HCPCS code G0442 and G0443 is 1.

For more information, refer to Medlearn Matters Number MM7633.

INTENSIVE BEHAVIORAL THERAPY (IBT) FOR CARDIOVASCULAR DISEASE (CVD):

Intensive behavioral therapy for cardiovascular disease (referred to below as a CVD risk reduction visit) consists of the following three components:

- encouraging aspirin use for the primary prevention of cardiovascular disease when the benefits outweigh the risks for men age 45-79 years and women 55-79 years;
- screening for high blood pressure in adults age 18 years and older; and
- 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.

Effective with dates of service on and after November 8, 2011 Medicare will cover one face-to-face CVD risk reduction visit each year. This screening is available to Medicare beneficiaries who are competent and alert at the time that counseling is provided; and whose counseling is furnished by a qualified primary care physician or other primary care practitioner and in a primary care setting.

IBT for CVD screenings should be reported using HCPCS code G0446 – Annual, face-to-face IBT for CVD, individual; 15 minutes. Deductibles and coinsurance do not apply to this service.

This code will appear on the January 2012 Medicare Physicians Fee Schedule with a ≈ \$16.91 - \$17.86 allowed amount. The Type of Service (TOS) for HCPCS code G0446 is 1.

For more information, refer to Medlearn Matters Number MM7636.

