





Preventive Services: Glaucoma Screening and Preventive Services Resources
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Today's Presenters

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Objectives

 Provide coverage criteria for the screening glaucoma benefit and promote awareness of the preventive benefits covered by Medicare





Agenda

- Screening for Glaucoma Coverage
- Preventive Services Resources
- Other Resources





Glaucoma Screening

- High-risk patients
 - Individuals with diabetes mellitus
 - Individuals with a family history of glaucoma
 - African- Americans age 50 and over
 - Hispanic- Americans age 65 and over





Glaucoma Screening Components

Includes

- Dilated eye examination with an intraocular pressure (IOP) measurement and
- Direct ophthalmoscopy examination or a slit-lamp bio microscopic examination





Billing: Procedure Code (HCPCS)

Code	Description
G0117	Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist
G0118	Glaucoma screening for high risk patients furnished under the direct supervision of an optometrist or ophthalmologist





Billing: Diagnosis Code (ICD-10-CM)

Code	Description
Z13.5	Encounter for screening for eye and ear disorders





Frequency

- Maximum of once every 12 months
 - 11 full months must have past





Cost-Sharing and Reimbursement

- Cost-sharing
 - Deductible applies
 - Coinsurance applies
- Reimbursement
 - Medicare Physician Fee Schedule
 - Our website > Fee Schedule Lookup
 - Nonparticipating provider reduction and limiting charge provisions apply





Common Remittance Denials

- Benefit maximum for this time period has been reached
- Services not covered unless patient is classified as at high risk





Documentation

- One of the high-risk groups
- Appropriate screening was performed
- Legible signature of person performing service with credentials





Preventive Services Resources





CMS Website

CMS.gov

Medicare

Medicaid/CHIP

Medicare-Medicaid Coordination Private Insurance Innovation Center Regulations & Guidance Research, Statistics, Data & Systems Outreach & Education

Strategic Plan

Advance Equity

Expand Access

Engage Partners

Drive Innovation

Protect Programs

Foster Excellence

Strategic Plan

CMS serves the public as a trusted partner and steward, dedicated to advancing health equity, expanding coverage, and improving health outcomes.

Learn more →







CMS Website - Prevention

Demonstration Projects

Medicare Demonstration Projects & Evaluation Reports

E-Health

E-Health General Information

E-Prescribing

Electronic Health Records

Personal Health Records

Eligibility and Enrollment

Low Income Subsidy for Medicare Prescription Drug
Coverage

Medicare Managed Care Eligibility and Enrollment

Medicare Prescription Drug Eligibility and Enrollment

Original Medicare (Part A and B) Eligibility and Enrollment

Medicare & the Marketplace



Preventive Services



Provider Enrollment & Certification

Annual Medicare Participation Announcement

Medicare Provider-Supplier Enrollment

Quality, Safety & Oversight Group - Emergency Preparedness

Quality, Safety & Oversight - General Information

Quality, Safety & Oversight - Certification & Compliance

Quality, Safety & Oversight - Enforcement

Quality, Safety & Oversight-Guidance to Laws & Regulations

Quality, Safety & Oversight - Promising Practices Project

Quality, Safety & Education Division (QSED)

Nursing Home Quality Assurance & Performance Improvement







Preventive Services

Medicare covers many preventive services to keep your patients healthy. Preventive services can help find health problems early, when treatment works best, and can help keep your patients from getting certain diseases. Talk to your patients about which preventive services are right for them and how often they need them.

If you're a person with Medicare, learn about all preventive services.

Learn more about billing for Medicare-covered preventive services:

- > Shots & vaccines
- > Wellness visits
- > Diabetes-related services
- > Tests & screenings
- > Counseling & therapies
- > Mental health services
- > Resources







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Learn more about billing for Medicare-covered preventive services:



- Annual wellness visits
- Initial preventive physical exam
- Medicare wellness visits educational tool
- > Diabetes-related services
- > Tests & screenings
- > Counseling & therapies
- > Mental health services
- > Resources





| Preventive Services
| Flu Shot Billing & Coverage
| COVID-19 Services Billing & Coverage
| Roster Billing

Flu Shot Billing & Coverage

- Effective September 20, 2021, Flu & Pneumococcal Vaccines: Expanded SNF Enforcement Discretion for Certain
 Pharmacy Billing
- Get payment allowances & effective dates for the 2021-2022 season

Frequency & Coverage

- The CDC recommends annual flu shots for everyone 6 months and older by the end of October or as soon as possible
 each flu season.
- Medicare Part B covers 1 flu shot per flu season.
- We cover additional flu shots if medically necessary. Patients can get flu shots twice in a calendar year during 2 different flu seasons, and we'll pay for both shots.
- Your patients pay nothing if you accept assignment. There's no copayment, coinsurance, or deductible.

Billing

- All providers who administer the flu shot must accept assignment.
- You may use roster billing or submit an individual claim. <u>Learn more about roster billing</u>, mass immunizers, and centralized billing.
- Entities, like local health facilities, must get a <u>national provider identifier (PDF)</u> if they've never submitted Medicare claims.



COVID-19

Enrollment for Administering COVID-19 Vaccine Shots

Coding for COVID-19 Vaccine Shots

Medicare COVID-19 Vaccine Shot Payment

Medicare Billing for COVID-19 Vaccine Shot Administration

SNF: Enforcement Discretion Relating to Certain Pharmacy Billing

Beneficiary Incentives for COVID-19 Vaccine Shots

CMS Quality Reporting for COVID-19 Vaccine Shots

COVID-19 Monoclonal Antibodies

New COVID-19 Treatments Add-On Payment (NCTAP)

COVID-19

This toolkit is for health care providers.

If you're a person with Medicare, learn more about your Medicare coverage for COVID-19 vaccines, and find a COVID-19 vaccine near you.

On July 13, 2022, the FDA authorized emergency use of the <u>Novavax COVID-19 vaccine</u>, <u>Adjuvanted</u> for the prevention of COVID-19 disease in patients 18 years and older.

On June 17, 2022, the FDA authorized emergency use of the Moderna and Pfizer-BioNTech vaccines for the prevention of COVID-19 to include use in children as young as 6 months:

- Moderna COVID-19 vaccine (PDF): The FDA amended the emergency use authorization (EUA) to authorize use for all patients 6 months – 17 years old. Get important vial and dosing information.
- Pfizer-BioNTech COVID-19 vaccine (PDF): The FDA amended the EUA to authorize use for all patients 6 months 4
 years old. Get important vial and dosing information.
- Timeline of Previous COVID-19 Vaccine EUAs

Note:

Visit Medicare COVID-19 Vaccine Shot Payment for a timeline of FDA approvals and EUA amendments for COVID-19 vaccines.





MLN® Educational Tool – Preventive Services Chart (MLN006559)



Telehealth Eligible Service •

Medicare Preventive Services

× Select a Service			FAQs		Resources				
					âlala				
Alcohol Misuse Screening & Counseling (T)	Annual Wellness Visit (T)	Bone Mass Measurements	Cardiovascular Disease Screening Tests	Cervical Cancer Screening	Colorectal Cancer Screening	Counseling to Prevent Tobaco			
Depression Screening (T)	Diabetes Screening	Diabetes Self-Management Training T	Flu Shot & Administration	Glaucoma Screening	Hepatitis B Screening	Hepatitis B Shot & Administration			
Hepatitis C Screening	HIV Screening	IBT for Cardiovascular Disease (T)	IBT for Obesity (T)	Initial Preventive Physical Exam	Lung Cancer Screening (T)	Mammography Screening			
Medical Nutrition Therapy (T)	Medicare Diabetes Prevention Program	Pap Tests Screening	Pneumococcal Shot & Administration	Prolonged Preventive Services (T)	Prostate Cancer Screening	STI Screening &			
Screening Pelvic Exams	Ultrasound AAA Screening								
 Quick Start 	Advance Health Equity	y				MLN006559 May 2022			





Glaucoma Screening

Glaucoma Screening

Print

HCPCS & CPT Codes

Select another service Icoma screening for high risk patients furnished by an optometrist or ophthalmologist

G0118 — Glaucoma screening for high risk patient furnished under the direct supervision of an optometrist or ophthalmologist

What's Changed?

· No changes from the last quarter

ICD-10 Codes

Z13.5

Note: Additional ICD-10 codes may apply. Find individual Change Requests (CRs) and specific ICD-10-CM service codes that we cover on the CMS ICD-10 webpage. Find your MAC's website for more information.

Medicare Covers

Patients with Medicare Part B who meet at least 1 high-risk criteria:

- · Individuals with diabetes mellitus
- · Individuals with glaucoma in family history
- · Black or African-Americans aged 50 and older
- · Hispanics or Latinos aged 65 and older

Frequency

Annually

Note: See FAQ on how to check eligibility.

Patient Pays

Copayment or coinsurance, and deductible apply

Quick Start

Advance Health Equity

MLN006559 May 2022





CMS Resources

- CMS Internet-Only Manuals (IOMs)
- CMS IOM Publication 100-04, Medicare Claims
 Processing Manual, Preventive and Screening
 Services, Chapter 18
- CMS IOM Publication 100-02, Medicare Benefit
 Policy Manual, Chapter 15
- CMS Preventive Services web page
- National Correct Coding Initiative





CMS Medicare Learning Network

- MLN Matters® <u>Articles</u>
- MLN Publications & Multimedia





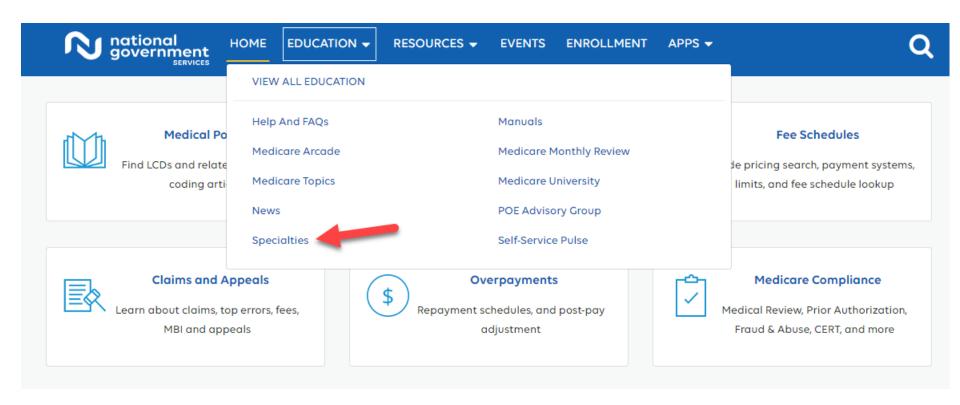
Resources

- MLN® Educational Tool: <u>Medicare Preventive</u> Services Quick Reference Chart ICN 006559
- MLN® Booklet: <u>Evaluation and Management</u>
 <u>Services Guide ICN006764</u>
- Preventive Services Guide NGSMedicare





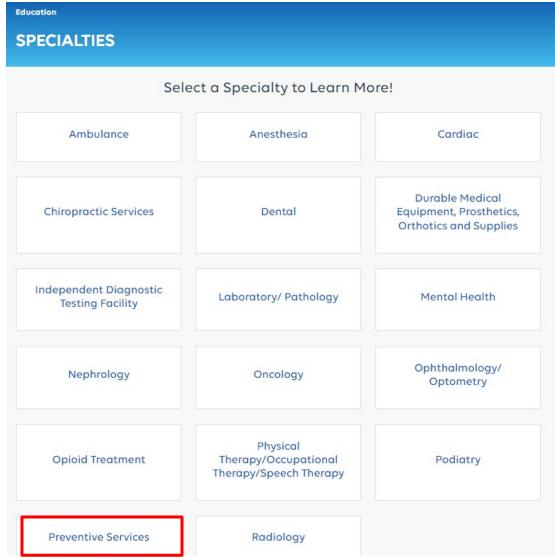
NGS Website - Education







NGS Website – Specialties







NGS Website – Preventive Services Manual

PREVENTIVE SERVICES

Preventive Services Guide

Alcohol Misuse and Counseling

Annual Wellness Visit Screening

Bone Mass Measurements

Cardiovascular Disease Screening Tests

Colorectal Cancer Screening

Counseling to Prevent Tobacco

Depression Screening

Diabetes Screening

Diabetes Self-Management Training

Glaucoma Screening

Hepatitis B Virus Screening

Hepatitis B Virus Vaccine and Administration

Hepatitis C Virus Screening

Preventive Services Guide

Alcohol Misuse and Counseling

The USPSTF recommended statement definitions:

- Risky, hazardous, or harmful drinking which places an individual at risk for future problems with alcohol consumption. Alcohol consumption becomes hazardous or risky when consuming:
 - greater than seven drinks per week, or greater than three drinks per occasion for women and persons 65 years and older, and
 - o greater than 14 drinks per week, or greater than four drinks per occasion for men.

Alcohol dependence is defined as having at least three of the following:

- Tolerance
- · Withdrawal symptoms
- Impaired control
- Preoccupations with acquisition and/or use
- · Persistent desire or unsuccessful efforts to quit
- · Sustained social, occupational or recreational disability
- Continuous use despite adverse consequences





NGSConnex





What Is NGSConnex?

NGSConnex

- Need Internet access and email address
- No cost
- Provides
 - Claim status
 - Beneficiary eligibility
 - Financial data
 - Provider demographics
 - Ability to order duplicate remittances
 - Initiate a redetermination/reopening request
 - Initiate ADR responses
 - My inquiries





Eligibility

- Preventive services
 - Verify when a beneficiary has last received a preventive service and find out when next eligible to receive





Thank You!

- Follow-up email
 - Attendees will be provided a Medicare University Course Code
- Questions?





