

Wellness Wednesday: Hepatitis C Virus Screening

2020



Today's Presenters

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Objectives

- Provide an overview of Medicare preventive services: screening for hepatitis C virus (HCV)
- Encourage providers to promote and educate beneficiaries in life-saving preventive services and screenings
- Assist providers in billing so that claim denials can be avoided

Agenda

- Overview of Medicare's Preventive Services Program
- HCV Screening
- Wrap Up
 - Resources and References
 - Questions

Preventive Services Overview

- CMS recognizes the importance of disease prevention, early detection and lifestyle modifications that support the health of Medicare beneficiaries
- Medicare pays for many preventive benefits, including educating Medicare beneficiaries about potentially life-saving services and screenings

Preventive Services Chart



mln
 EDUCATIONAL TOOL
 KNOWLEDGE • RESOURCES • TRAINING

PRINT SERVICES

MEDICARE PREVENTIVE SERVICES

× SELECT A SERVICE

FREQUENTLY ASKED QUESTIONS

RESOURCES

Alcohol Misuse Screening & Counseling 	Annual Wellness Visit 	Bone Mass Measurements	Cardiovascular Disease Screening Tests	Colorectal Cancer Screening	Counseling to Prevent Tobacco Use 	Depression Screening 
Diabetes Screening	Diabetes Self-Management Training 	Glaucoma Screening	Hepatitis B Virus Screening	Hepatitis B Virus Vaccine & Administration	Hepatitis C Virus Screening	HIV Screening
IBT for Cardiovascular Disease 	IBT for Obesity 	Influenza Virus Vaccine & Administration	Initial Preventive Physical Examination	Lung Cancer Screening 	Medical Nutrition Therapy 	Medicare Diabetes Prevention Program
Pneumococcal Vaccine & Administration	Prolonged Preventive Services 	Prostate Cancer Screening	Screening for Cervical Cancer	Screening for STIs & HIBC to Prevent STIs 	Screening Mammography	Screening Pap Tests
Screening Pelvic Examinations	Ultrasound Screening for AAA					

→ QUICK START

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Deductible and Coinsurance Waived for Certain Preventive Services

- For DOS on/after 1/1/2011
 - Medicare deductible and coinsurance waived for preventive services included in this presentation
 - [CR 7012, “Waiver of Coinsurance and Deductible for Preventive Services, Section 4104 of Patient Protection and Affordable Health Care Act, Removal of Barriers to Preventive Services in Medicare”](#)

Did You Know

- A beneficiary must be enrolled in Medicare Part B in order to be covered for any Medicare preventive services

Centers for Disease Control and Prevention

- One of major operating components of DHHS
- Nation's premier health promotion, prevention and preparedness agency
 - Supports state, local, federal health departments
 - Implements measures to decrease leading causes of death
 - Reforms health policies

Polling Question #1

- What is your role in the Medicare Program for your facility?
 - Biller
 - Clinician
 - Intake/admissions
 - Compliance
 - Administrator

Polling Question #2

- How many years of Medicare experience do you have?
 - I am new to Medicare
 - 1–5 years
 - 6–10 years
 - Over 10 years

Hepatitis C Virus Screening

What Is Hepatitis C Virus?

- Infection that attacks liver
 - Major cause of chronic liver disease
 - Can cause cirrhosis of the liver, chronic hepatitis
 - Can lead to liver cancer or liver failure
- Transmitted primarily by
 - Exposure to contaminated blood/blood products

Medicare Coverage of HCV Screening

- CR 8871 (Revised)/CR 9200
 - Effective for DOS on/after 6/2/2014
- FDA-approved lab tests
 - Review [FDA In Vitro Diagnostics database](#) for specific information on approved/cleared tests
- Point-of-care tests
 - Performed at/near site of care (outpatient clinic/physician's office)

Who is Covered?

- Adults at high risk for HCV infection
 - Regardless of age
 - High risk factors:
 - Current or past history of injection drug use
 - History of receiving blood transfusion prior to 1992
- Adults not at high risk who were born between 1945–1965

Frequency of HCV Screening

- Medicare provides coverage of a one-time screening for all eligible beneficiaries
 - Whether based on high risk or DOB
- Medicare provides coverage of an annual repeat screening
 - For high risk beneficiaries who have had continued illicit drug use since prior negative screening

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Coverage Details

- Screening must be ordered/performed by primary care physician in primary care setting
- Patient record must clearly support classification of beneficiary as eligible candidate for HCV
 - Age (DOB)
 - Risk factor(s)

Applicable TOBs

TOB	Description
13X	Hospital outpatient
14X	Nonpatient laboratory specimen
85X	CAH (Method I only)

Billing Requirements

- Report appropriate ICD-10 diagnosis code
 - For initial screening of beneficiaries at high-risk report Z72.89 (other problems related to lifestyle)
 - Subsequent annual screening, also report F19.20 (other psychoactive substance abuse, uncomplicated)
- Line item billing for HCV screening
 - Any appropriate revenue code for TOB
 - HCPCS code G0472
 - One (1) unit

Payment

Facility Type	Method of Payment
Hospital	MPFS
Nonpatient Laboratory Specimen	CLFS
CAH (Method I)	101% reasonable cost for TC

Beneficiary Cost-Sharing

- Based on ACA Section 4104
 - Deductible waived
 - Coinsurance/copayment waived

Polling Question #3

- Mr. E's DOB is 5/15/1950. There is no past/current drug use or history of blood transfusion. Medicare will cover HCV screening.
 - True
 - False

Polling Question #4

- Mr. E will be eligible to receive annual screenings as long as 11 full months have passed. (He has not started using drugs).
 - True
 - False

Polling Question #5

- Ms. T is determined high risk at initial screening. How should claim be billed?
 - HCPCS code G0472, any applicable diagnosis code
 - HCPCS code G0472, ICD-10 diagnosis code Z72.89
 - HCPCS code G0472, ICD-10 diagnosis code F19.20
 - HCPCS code G0472, ICD-10 diagnosis codes Z72.89 and F19.20

Polling Question #6

- If Ms. T is determined eligible for additional screening, how would claim be billed?
 - HCPCS code G0472, any applicable diagnosis code
 - HCPCS code G0472, ICD-10 diagnosis code Z72.89
 - HCPCS code G0472, ICD-10 diagnosis code F19.20
 - HCPCS code G0472, ICD-10 diagnosis codes Z72.89 and F19.20

Resources, References, Wrap Up

What You Should Do Now

- Share this presentation with other internal staff members
- Talk to your patients about the importance of taking advantage of Medicare preventive services
- Update system with correct coding information
- Update any internal procedure to include verifying the patient's age and eligibility to receive preventive services to avoid costly, time-consuming claim errors

CMS Resources

- [IOMs](#)
 - Regulations and Guidance > Manuals > Internet-Only Manuals (IOMs)
- [National coverage determinations](#)
- [Preventive Services web pages](#)
 - Medicare > Prevention

CMS Resources

- [Change Requests](#)
- [MLN[®] Matters Articles](#)
- [MLN[®] Products](#)
 - Preventive Services Educational Products web page
 - MLN Products Catalog
 - Web-based training

CMS References

- CMS IOM Publications
 - 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 4, “Coverage Determinations”
 - Section 210.13 “Screening for Hepatitis C Virus (HCV) in Adults”
- [CR8871 \(revised\) “Screening for Hepatitis C Virus \(HCV\) in Adults”](#)
 - [MLN® Matters MM8871](#)

CMS References

- [CR9200 “Screening for Hepatitis C Virus \(HCV\) in Adults - Implementation of Additional Common Working File \(CWF\) and Shared System Maintainer \(SSMs\) Edits”](#)
 - [MLN® Matters MM9200](#)

CMS References

- [CR9360 “Reporting of Type of Bill \(TOB\) 014x for Billing Screening of Hepatitis C Virus \(HCV\) in Adults”](#)
 - [MLN® Matters MM9360](#)

What Should I Do Now?

- Share the presentation
- Update coding system, billing process, documentation policy
- Sign up for Email Updates

Thank You!

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

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