



Wellness Wednesday: Hepatitis C Virus Screening

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CCMS CENTERS FOR MEDICARE & MEDICAID SERVICES

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Today's Presenter



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 - Provider Outreach and Education Consultant





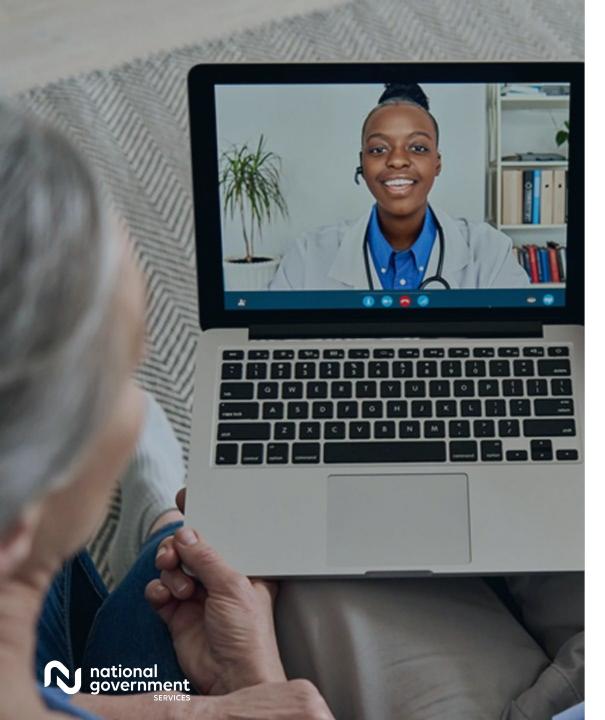


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Objective

- 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







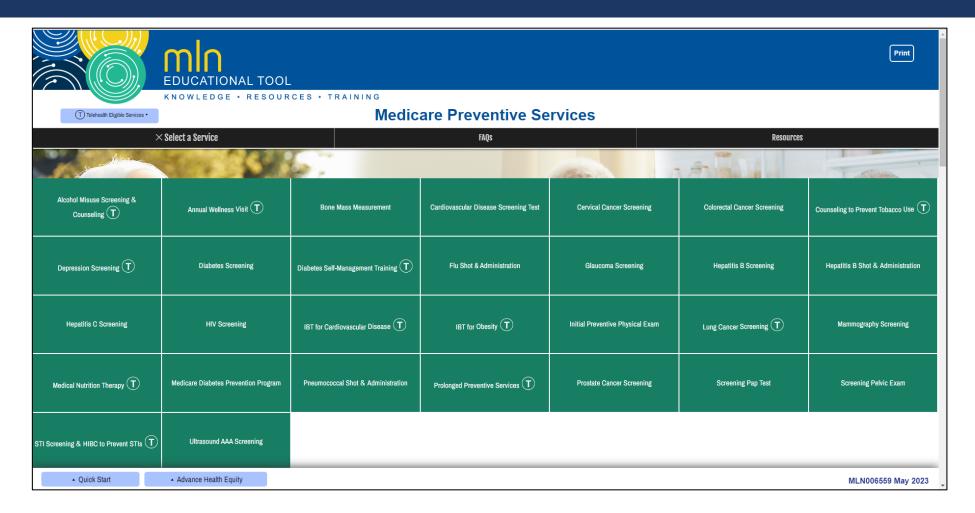
Preventive Services Overview

- 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





Medicare Preventive Services







Deductible and Coinsurance Waived for Certain Preventive Services

- For DOS on or after 1/1/2011
 - Medicare deductible and coinsurance waived for preventive services included in this presentation
 - <u>CR 7012</u>, "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 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





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
 - \checkmark 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





CWF Preventive Services Page

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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

ТОВ	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





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"





CMS References

 <u>CR9200 "Screening for Hepatitis C Virus (HCV) in Adults - Implementation</u> of Additional Common Working File (CWF) and Shared System <u>Maintainer (SSMs) Edits"</u>





CMS References

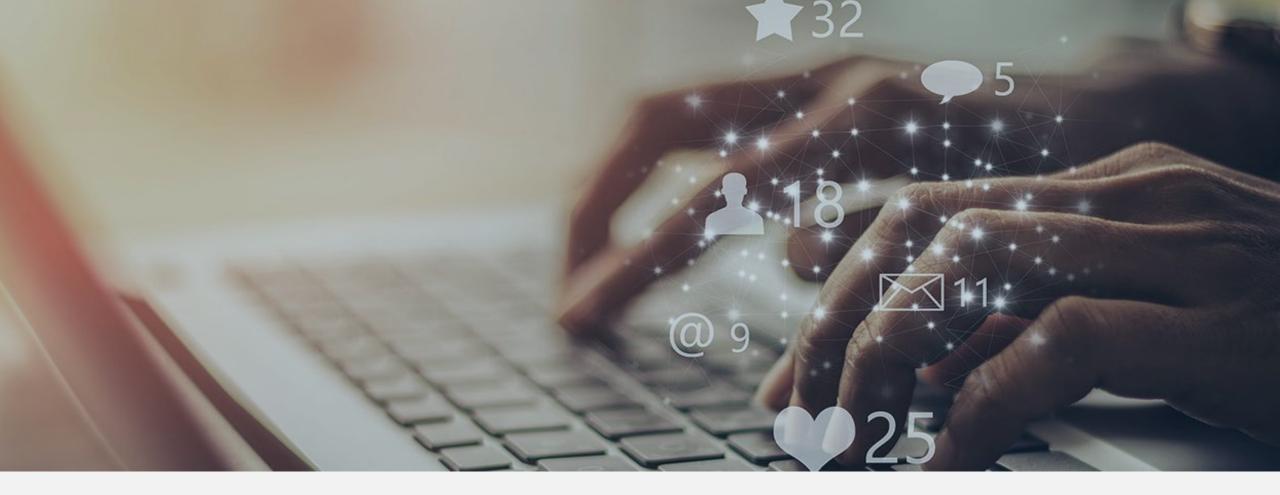
<u>CR9360 "Reporting of Type of Bill (TOB) 014x for Billing Screening of Hepatitis C Virus (HCV) in Adults</u>"





Questions?

Thank you! A follow-up email will be sent to attendees with the Medicare University Course Code.







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