



Wellness Wednesday: Prostate Cancer Screening

July 2021



2029_7/13/2021 Part A



Today's Presenters

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Objectives

- Provide an overview of Medicare preventive services: prostate cancer screening
- 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
- Prostate cancer screening
- Resources and references
- Questions and answers





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





Polling Question #3

- How experienced are you with performing, documenting, and/or billing Medicare preventive services?
 - This is all new to me!
 - I am semi-comfortable but ready to learn more
 - I am pretty comfortable but will benefit from this as a refresher course





Preventive Services Overview

- Medicare pays for many preventive benefits,
- Preventive services support the health of Medicare beneficiaries by:
 - Educating about potentially life-saving services and screenings
 - Early detection and/or prevention of diseases
 - Assisting with/suggesting lifestyle modifications





Did You Know

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





Prostate Cancer Screening





Medicare Coverage of Prostate Cancer Screening

- Early detection of prostate cancer
- Reduction of illness and death associated with prostate cancer
- BBA section 4103 provides coverage of prostate cancer screening tests
 - Effective for DOS on or after 1/1/2000



Prostate Cancer Screening Tests

- FDA approved use of PSA blood test along with DRE to help detect prostate cancer
 - PSA blood test
 - Measures level of PSA in individual's blood
 - Monitors patients with history of prostate cancer
 - DRE
 - Checks health of individual's prostate gland





High-Risk Factors

- High-risk factors for prostate cancer include:
 - Family history of prostate cancer
 - Men age 50 or older
 - Diet of red meat and high-fat dairy
 - Smoking
 - African-American





PSA Blood Test – Coverage and Frequency Guidelines

- All male beneficiaries age 50 or older covered
 - Regardless of risk category
- Covered annually
 - 11 full months have passed since last covered screening
- PSA Blood Test must be ordered by physician or qualified NPP
 - PA, NP, CNS
- DRE must be performed by physician or qualified NPP
 - PA, NP, CNS





Documentation and Billing Requirements

- Documentation must show screening ordered for early detection of prostate cancer
- Screening only covered on appropriate TOB
- Report appropriate ICD-10 diagnosis code Z12.5
- Line item reporting
 - Appropriate revenue code
 - Corresponding HCPCS code





TOBs & Revenue Codes

Description	ТОВ	Revenue Code
Hospital inpatient Part B including CAHs	12X	_
Hospital outpatient	13X	
SNF inpatient Part B	22X	DRE: 0770
SNF outpatient	23X	PSA: 030X
CORF	75X	
CAH outpatient	85X	





TOBs & Revenue Codes

Description	ТОВ	Revenue Code
Hospital non-patient laboratory specimens including CAHs	14X	PSA: 030X
RHC	71X	DRE only: 052X
FQHC	77X	052X



HCPCS Coding

HCPCS Code	Description
G0102	Prostate cancer screening: DRE
G0103	Prostate cancer screening: PSA





Additional Billing Instructions for RHC/FQHC

- Screening generates billable encounter when it is the only service provided on DOS
 - AIR providers
 - Report revenue code 052X, appropriate HCPCS codes, charges
 - PPS providers
 - Report payment code, revenue code 052X, payment code charges
 - Report G0102 as qualifying visit HCPCS code, revenue code 052X, actual charges
- If performed on same DOS as billable encounter, report as incident to service
 - Report appropriate HCPCS/CPT code, nonbillable encounter revenue code and associated charges



Payment – PSA Blood Tests

- Medicare reimbursement for screening PSA blood tests is made under CLFS for all TOBs
 - Exception some CAH services and FQHC services





Payment - DRE

Facility Type	Payment
Hospital inpatient Part B including CAHs, hospital outpatient, hospital non-patient laboratory specimens including CAHs	OPPS
SNF inpatient Part B, SNF outpatient, CORF	MPFS
CAH outpatient	Cost
RHC	AIR
FQHC	PPS





Beneficiary Cost-Sharing

PSA

- Deductible waived
- Coinsurance/copayment waived
- Affordable Care Act Section 4104

DRE

- Deductible and coinsurance/copayment apply
 - Deductible does not apply to FQHC services





Why Prostate Cancer Screening Claims Are Denied

- Beneficiary is not age 50 or older
- Beneficiary is not male (gender)
- Provider billing for PSA and beneficiary has received covered PSA test during past year
- Provider billing for DRE and beneficiary has received covered DRE test during past year





Avoiding Prostate Cancer Screening Denials

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PF7=PREV

PF8=NEXT

PF3/CLEAR=END

PF1=INQ SCREEN

Resources and References





CMS Resources

- CMS IOMs
 - http://www.cms.gov/Manuals/IOM/list.asp
 - Regulations and Guidance > Manuals > Internet-Only Manuals > 100-04, Medicare Claims Processing Manual, Chapter 18
 - Section 50 Prostate Cancer Screening Tests and Procedures
 - Medicare Coverage Database
 - NCD 210.1 Prostate Cancer Screening Tests





CMS Resources

- CMS Preventive Services Web Pages http://www.cms.gov/home/medicare.asp
 - Medicare > Prevention
 - Individual links for each preventive service located under Prevention tab





CMS Medicare Learning Network

- MLN Matters Articles
 - SE0709: <u>Reminder Medicare Provides Coverage of</u>
 <u>Prostate Cancer Screening for Eligible Medicare</u>

 <u>Beneficiaries</u>
- MLN Products
 - Educational products web page and catalog
 - Web-based training courses
 - Medicare Preventive Services



Additional References

- American Cancer Society
- National Cancer Institute





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

Part A





Thank You!

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



