



Medicare Preventive Services

Glaucoma Screening and Preventive Services Resources

9/16/2021





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





Screening for Glaucoma





Eligible Providers

Furnished by or under direct supervision of an optometrist or ophthalmologist





Risk Factors

- Age
- Race
- Family history
- Medical history





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)

| Description |
|---|
| 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





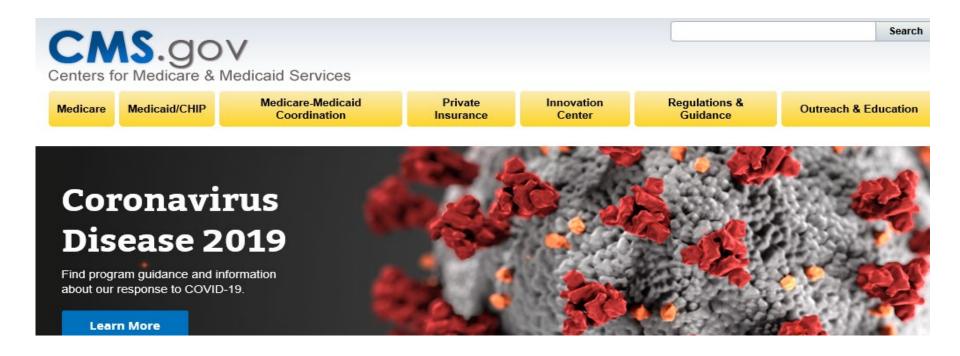
Preventive Services Resources





CMS Website

CMS.gov







CMS Website

Medicare Clinical Trial Policies

Medicare Coverage Determination Process

Medica Dental Coverage

Medicare Coverage Related to Investigational Device Exemption (IDE) Studies

Demonstration Projects

Medicare Demonstration Projects & Evaluation Reports

E-Health

E-Health General Information

E-Prescribing

Electronic Health Records

Personal Health Records

Eligibility and Enrollment



Preventive Services



Provider Enrollment & Certification

Medicare Provider-Supplier Enrollment

<u>Quality, Safety & Oversight Group - Emergency</u> <u>Preparedness</u>

Quality, Safety & Oversight - General Information

Quality, Safety & Oversight - Certification & Compliance

Quality, Safety & Oversight - Enforcement

Quality, Safety & Oversight- Guidance to Laws & Regulations

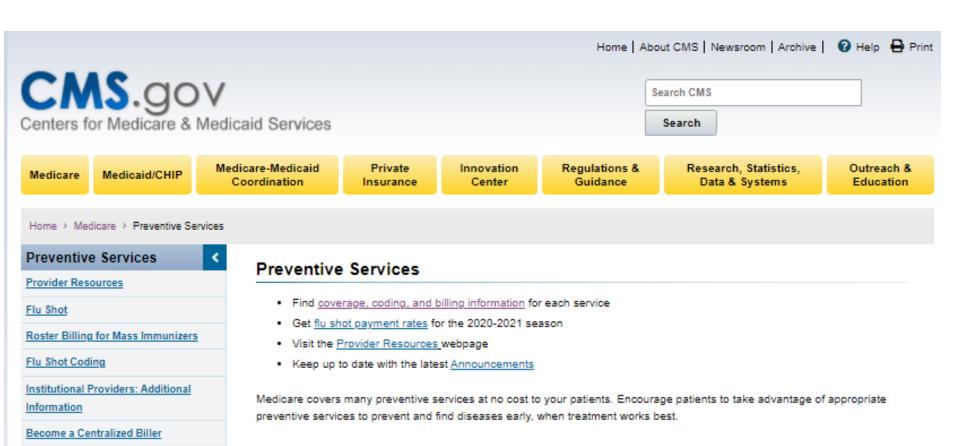
Quality, Safety & Oversight - Promising Practices Project

Quality, Safety & Education Division (QSED)

Nursing Home Quality Assurance & Performance Improvement







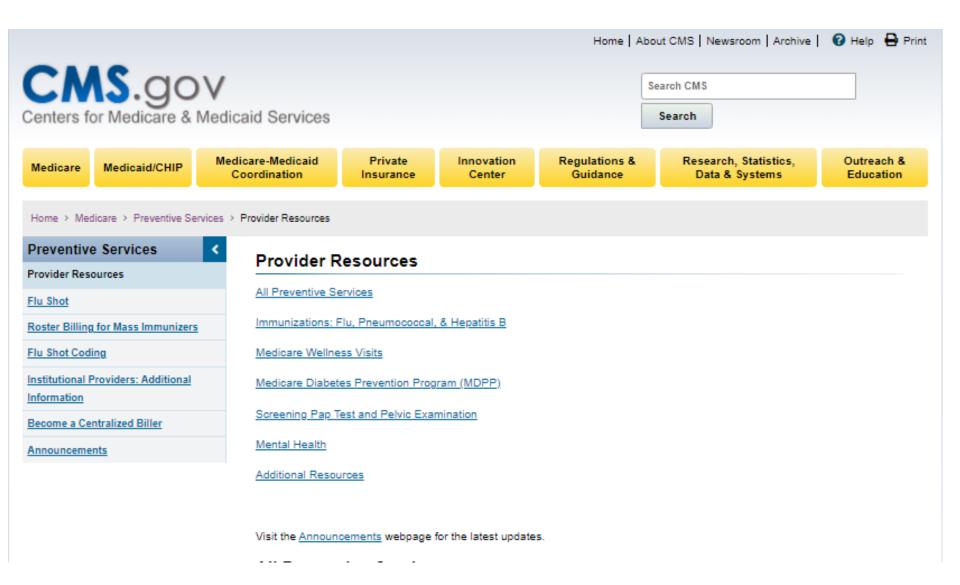
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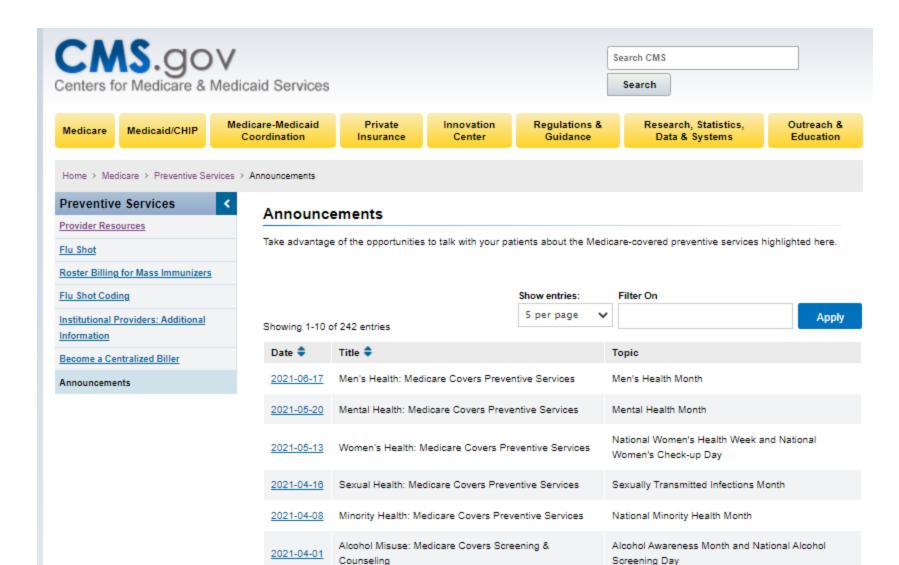
Announcements











2021-03-11 Colorectal Cancer: Medicare Covers Screening





National Colorectal Cancer Awareness Month

MLN Educational Tool – Preventive Services Chart (MLN006559)



Medicare Preventive Services

| imes Select a Service | | | FAQs | | Resources | | | | |
|---------------------------------------|---|--|---|-------------------------------------|-----------------------------|--|--|--|--|
| | | | | | iâma | | | | |
| Alcohol Misuse Screening & Counseling | Annual Wellness Visit 🚇 | Bone Mass Measurements | Cardiovascular Disease Screening Tests | Cervical Cancer Screening | Colorectal Cancer Screening | Counseling to Prevent Tobacco Use 😨 | | | |
| Depression Screening 💀 | Diabetes Screening | Diabetes Self-Management Training 🙍 | Flu Shot & Administration | Glaucoma Screening | Hepatitis B Screening | Hepatitis B Shot & Administration | | | |
| Hepatitis C Screening | HIV Screening | IBT for Cardiovascular Disease 🙎 | IBT for Obesity 💀 | Initial Preventive Physical Exam | Lung Cancer Screening | Mammography Screening | | | |
| Medical Nutrition Therapy 🏽 | Medicare Diabetes Prevention Program | Pap Tests Screening | Pneumococcal Shot & Administration | Prolonged Preventive Services 🔯 | Prostate Cancer Screening | STI Screening & HIBC to Prevent STIs 🗟 | | | |
| Screening Pelvic Exams | Ultrasound AAA Screening | | | | | | | | |
| ▲ Quick Start | Eliminate Health Dis | sparities | | | | MLN006559 May 2021 | | | |







Annual Wellness Visit (AWV)

Print This Service

HCPCS & CPT Codes

- O G0438 Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit
- O G0439 Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit

What's Changed?

- No 2021 third quarter changes
- G0468 Federally qualified health center (fqhc) visit, ippe or awv; a fqhc visit that includes an initial preventive physical examination (ippe) or annual wellness visit (awv) and includes a typical bundle of medicare-covered services that would be furnished per diem to a patient receiving an ippe or awv
- 99497 Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate
- 99498 Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)

ICD-10 Codes

NOTE: Additional ICD-10 codes may apply. Find the CMS ICD-10 webpage for individual Change Requests (CRs) and the specific ICD-10-CM service codes Medicare covers. For more information, find your MAC website.

Medicare Covers

All patients who:

- . Aren't within 12 months after effective date of their first Medicare Part B coverage period
- Haven't had Initial Preventive Physical Exam (IPPE) or AWV within past 12 months





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® Articles
- 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>





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Home > Medicare > Clinical Laboratory Fee Schedule Clinical Laboratory Fee Schedule

Clinical Laboratory Fee Schedule

Clinical Laboratory Fee Schedule Files

CLFS Regulations and Notices

CMS Clinical Laboratory Fee Schedule (CLFS) Annual Public Meeting

Code of Federal Regulation Citations

Gapfill Pricing Inquiries

Transmittals

Advisory Panel on Clinical Diagnostic Laboratory Tests

PAMA Regulations

CMS Sponsored Events

Clinical Laboratory Fee Schedule

Effective January 1, 2018, CLFS rates will be based on weighted median private payor rates as required by the Protecting Access to Medicare Act (PAMA) of 2014. For more details, visit PAMA Regulations. CMS held calls on the final rule and data reporting. For links to the slide presentations, audio recordings, and written transcripts, see CMS Sponsored Events.

Fee Schedule Through December 31, 2017

Outpatient clinical laboratory services are paid based on a fee schedule in accordance with Section 1833(h) of the Social Security Act. Payment is the lesser of the amount billed, the local fee for a geographic area, or a national limit. In accordance with the statute, the national limits are set at a percent of the median of all local fee schedule amounts for each laboratory test code. Each year, fees are updated for inflation based on the percentage change in the Consumer Price Index. However, legislation by Congress can modify the update to the fees. Co-payments and deductibles do not apply to services paid under the Medicare clinical laboratory fee schedule.

Each year, new laboratory test codes are added to the clinical laboratory fee schedule and corresponding fees are developed in response to a public comment process. Also, for a cervical or vaginal smear test (pap smear), the fee cannot be less than a national minimum payment amount, initially established at \$14.60 and updated each year for inflation.





NGSConnex





What Is NGSConnex?

- NGSConnex.com
 - 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?





