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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)

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](https://www.cms.gov)

CMS.gov
Centers for Medicare & Medicaid Services

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Coronavirus Disease 2019

Find program guidance and information about our response to COVID-19.

Learn More

CMS Website

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[Medicare Coverage Determination Process](#)

[Medicare Dental Coverage](#)

[Medicare Coverage Related to Investigational Device Exemption \(IDE\) Studies](#)

Demonstration Projects

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E-Health

[E-Health General Information](#)

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[Electronic Health Records](#)

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Eligibility and Enrollment

Prevention

[Preventive Services](#)



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Preventive Services

- Find [coverage, coding, and billing information](#) for each service
- Get [flu shot payment rates](#) for the 2020-2021 season
- Visit the [Provider Resources](#) webpage
- Keep up to date with the latest [Announcements](#)

Medicare covers many preventive services at no cost to your patients. Encourage patients to take advantage of appropriate preventive services to prevent and find diseases early, when treatment works best.

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Visit the [Announcements](#) webpage for the latest updates.

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Announcements

Take advantage of the opportunities to talk with your patients about the Medicare-covered preventive services highlighted here.

Show entries:

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Filter On

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Date	Title	Topic
2021-06-17	Men's Health: Medicare Covers Preventive Services	Men's Health Month
2021-05-20	Mental Health: Medicare Covers Preventive Services	Mental Health Month
2021-05-13	Women's Health: Medicare Covers Preventive Services	National Women's Health Week and National Women's Check-up Day
2021-04-16	Sexual Health: Medicare Covers Preventive Services	Sexually Transmitted Infections Month
2021-04-08	Minority Health: Medicare Covers Preventive Services	National Minority Health Month
2021-04-01	Alcohol Misuse: Medicare Covers Screening & Counseling	Alcohol Awareness Month and National Alcohol Screening Day
2021-03-11	Colorectal Cancer: Medicare Covers Screening	National Colorectal Cancer Awareness Month

MLN Educational Tool – Preventive Services Chart (MLN006559)



mln
EDUCATIONAL TOOL
KNOWLEDGE • RESOURCES • TRAINING

[Print-Friendly Version](#)

Medicare Preventive Services

✕ Select a Service		FAQs			Resources	
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					

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MLN006559 May 2021



Telehealth
Eligible

Annual Wellness Visit (AWV)

Print
This Service

HCPCS & CPT Codes

- ③ G0438 — Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit
- ③ G0439 — Annual wellness visit; includes a personalized prevention plan of service (pps), subsequent visit

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)

What's Changed?

- No 2021 third quarter changes

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: [Medicare Preventive Services Quick Reference Chart ICN 006559](#)
- MLN® Booklet: [Evaluation and Management Services Guide ICN006764](#)

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Clinical Laboratory Fee Schedule

[Clinical Laboratory Fee Schedule Files](#)

[CLFS Regulations and Notices](#)

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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](https://www.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?

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