



2022 NGS Medicare Spring Virtual Conference

Medicare for You

Medicare Preventive Services in RHCs and FQHCs

5/12/2022

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Today's Presenters

- **Andrea Freibauer**
 - Provider Outreach & Education Consultant
- **Jhadi Grace**
 - Provider Outreach & Education Consultant
- **Kathy Windler**
 - Provider Outreach & Education Consultant

Agenda

- Preventive services overview
- FQHC and RHC rules
- Resources and references
- Questions and answers

Objectives

- Provide an overview of Medicare preventive services: colorectal 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

Medicare Preventive Services Overview

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...

- Beneficiary must be enrolled in Medicare Part B in order to be covered for any Medicare preventive services
- Each preventive service has certain criteria for coverage and billing guidelines
 - Age, gender, risk factors, frequency, coding
- Understand screening vs. diagnostic services
- MLN[®] Educational Tool: [Medicare Preventive Services](#)

Preventive Services and FQHC/RHC

- Not all Medicare preventive services can be performed in FQHC/RHC setting
 - [FQHC Preventive Services Chart](#)
 - [RHC Preventive Services Chart](#)
- Payment for most preventive services included with qualified visit as part of overall encounter
 - Some paid on claim, some paid via cost report
 - Only professional components of preventive services covered under RHC and FQHC benefits

Preventive Services and FQHC/RHC

- HCPCS coding required for
 - Approved preventive services recommended by USPSTF with grade of A or B to ensure deductible (RHC) and coinsurance (RHC/FQHC) applied correctly
 - Certain preventive services subject to frequency limits

Medicare Preventive Services

- Initial Preventive Physical Examination
- Annual Wellness Visit
- Alcohol Misuse Screening and Behavioral Counseling
- Diabetes Self- Management Training Services – FQHC ONLY
- Glaucoma Screening

Medicare Preventive Services

- Intensive Behavioral Therapy for Cardiovascular Disease
- IBT for Obesity
- Lung Cancer Screening with Low Dose Computed Tomography
- Medical Nutrition Therapy – FQHC ONLY
- Prostate Cancer Screening
- Screening for Depression

Medicare Preventive Services

- Screening for Sexually Transmitted Infections and HIBC
- Screening Pap Test
- Screening Pelvic Exam
- Smoking and Tobacco Cessation Counseling

FISS Preventive Services Screens

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Initial Preventive Physical Exam

- Coverage
 - All, only within first 12 months of first Medicare Part B coverage period
- Frequency
 - Once per lifetime
- Billing
 - HCPCS
 - G0402 IPPE, G0468 IPPE in FQHC
 - G0403, G0404, or G0405 ECG

IPPE

- FQHC
 - Report with IPPE payment code G0468
 - IPPE adjustment applies to PPS payment
 - Report any additional services as incident to IPPE
- RHC
 - If only IPPE provided, bill as stand-alone visit
 - If IPPE provided with another billable visit, bill two visits
 - Report modifier CG on additional E/M line
 - Claim generates additional AIR

Annual Wellness Visit

- Coverage
 - Not within 12 months after effective date of first Medicare Part B coverage period
 - Haven't had IPPE or AWW within past 12 months
- Frequency/Billing
 - Once per lifetime G0438 (first AWW)
 - Annually G0439 (subsequent AWW) or G0468 (FQHC)
 - Annually optional advance care planning 99497 or 99498

Annual Wellness Visit

- FQHC
 - G0468 used for visit that includes IPPE or AWWV and includes typical bundle of Medicare-covered services that would be furnished per diem to patient receiving IPPE/AWWV
- RHC
 - If only AWWV provided, bill as stand-alone visit
 - If AWWV provided on same DOS as another billable visit, do not bill AWWV

Alcohol Misuse Screening & Counseling

- Coverage - [NCD 210.8: Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse](#)
 - Screen positive (alcohol misuse but not dependence)
 - Competent and alert when counseling delivered
 - Primary care physician/practitioner counseling in primary care setting
- Frequency/Billing
 - Annually (G0442 screening)
 - If positive for misuse, four times per year (G0443 counseling)

Alcohol Misuse Screening

- Qualifies as stand-alone billable encounter
 - If only service performed on DOS
 - Report payment code with 052X revenue code
 - Report screening on qualifying HCPCS code line
 - Claim generates AIR/PPS payment
- Report screening as incident to when performed on same DOS as billable encounter
 - Does not generate additional payment
 - Reimbursement included in AIR/PPS payment

Diabetes Self-Management Training

- Coverage - [NCD 40.1: Diabetes Outpatient Self-Management Training](#)
 - Diagnosed with diabetes
 - Treating physician's or qualified practitioner's order
- Billing - G0108 (individual) or G0109 (group)
- Frequency
 - Initial year: Up to ten hours initial training within continuous 12-month period
 - Subsequent years: Up to two hours follow-up training each calendar year after completing initial ten hours

DSMT

- FQHC
 - Group services do not meet criteria for separate qualifying encounter
 - Can receive payment in addition to payment for another qualifying visit on same DOS
- RHC
 - Not allowed to bill separately for DSMT or MNT services

Glaucoma Screening

- Coverage – Meet at least one high-risk criteria
 - Individuals with diabetes mellitus
 - Individuals with glaucoma in family history
 - African-Americans aged 50 and older
 - Hispanic-Americans aged 65 and older
- Frequency/Billing – Annual
 - ICD-10 = Z13.5
 - HCPCS = G0117 or G0118 (direct supervision)

Glaucoma Screening

- Considered RHC/FQHC services when furnished within RHC/FQHC by physician or nonphysician practitioner
- Submit claim with revenue code 0520 or 0521
 - No additional revenue code or HCPCS coding required

Cardiovascular Disease Screening

- Coverage
 - Without apparent cardiovascular disease signs/symptoms
- Billing
 - ICD-10 = Z13.6
 - CPT = 80061 Lipid panel (includes 82465, 83718, 84478)
- Frequency
 - Once every five years

CVD Screening

- FQHC
 - Does not qualify as stand-alone billable encounter
 - Report screening as incident to billable encounter
 - If only service performed on DOS, do not submit claim
 - Reimbursement included in PPS payment
- RHC
 - Laboratory services not within scope of RHC benefit

Intensive Behavioral Therapy for CVD

- Coverage - [NCD 210.11: Intensive Behavioral Therapy for Cardiovascular Disease](#)
 - Competent and alert when counseling delivered
 - Qualified primary care physician/practitioner counseling in primary care setting
- Billing
 - HCPCS = G0446
- Frequency
 - Annually

IBT for CVD

- Does not qualify as stand-alone billable encounter
 - Report screening as incident to billable encounter
 - If only service performed on DOS, do not submit claim
- Reimbursement included in AIR/PPS payment

IBT for Obesity

- Coverage - [NCD 210.12: Intensive Behavioral Therapy for Obesity](#)
 - Obesity (BMI \geq 30 kilograms [kg] per meter squared)
 - Competent and alert when counseling delivered
 - Qualified primary care physician/practitioner counseling in primary care setting
- Billing
 - ICD-10 = Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45

IBT for Obesity

- Billing
 - HCPCS = G0447 (individual) or G0473 (group)
- Frequency
 - Up to 22 visits (individual or group combined), in 12-month period
 - First month: one face-to-face visit every week
 - Months two–six: one face-to-face visit every other week
 - Months seven–12: one face-to-face visit every month if patient meets certain requirements

IBT for Obesity

- Does not generate a stand-alone billable encounter
 - Payment included in all-inclusive encounter rate/PPS payment
 - Report HCPCS G0447 on additional line with nonbillable revenue code and associated charges
- RHCs and FQHCs do not qualify for group sessions
 - Do not report HCPCS G0473

Lung Cancer Screening with Low Dose Computed Tomography

- Coverage - [NCD 210.14: Lung Cancer Screening with Low Dose Computed Tomography \(LDCT\)](#)
 - Must meet all
 - Aged 50–77
 - Asymptomatic (no lung cancer signs or symptoms)
 - Tobacco smoking history of at least 20 pack-years (one pack-year = smoking one pack per day for one year; one pack = 20 cigarettes)
 - Current smoker or quit smoking within past 15 years
 - Written order documenting all coverage requirements met
 - 2/10/2022 – Changes due to new [National Coverage Analysis: Screening for Lung Cancer with Low Dose Computed Tomography \(LDCT\)](#)
 - Age reduced to 50 from 55 and history from 30 pack years to 20

Lung Cancer Screening with LDCT

- Billing

- ICD-10 = F17.210, F17.211, F17.213, F17.218, F17.219, Z87.891
- HPCPS = G0296 only

- Frequency

- Annually for covered patients
- First year: Before first lung cancer LDCT screening, must counsel patient at shared decision-making visit
- Subsequent years: Patient must get written order during any appropriate visit with physician or qualified practitioner

Lung Cancer Screening with LDCT

- Counseling to discuss need for screening qualifies as stand-alone billable encounter
- If provided on same DOS as other billable encounter, report as incident to

Medical Nutrition Therapy

- Coverage - [NCD 180.1: Medical Nutrition Therapy](#)
 - Treating physician referred patient
 - Diagnosed with diabetes or renal disease or had kidney transplant within last 36 months
 - Delivered by registered dietitian or nutrition professional
- Frequency
 - First year: three hours of one-on-one counseling
 - Subsequent years: two hours

MNT

- Billing
 - 97802 (initial assessment/intervention, individual)
 - 97803 (re-assessment/intervention, individual)
 - 97804 (group)
 - G0270 (re-assessment/intervention, second referral in same year, individual)
 - G0271 (re-assessment/intervention, second referral in same year, group)

MNT

- FQHC
 - Group services do not meet criteria for separate qualifying encounter
 - Can receive payment in addition to payment for another qualifying visit on same DOS
- RHC
 - Not allowed to bill separately for DSMT or MNT services

Prostate Cancer Screening

- Coverage - [NCD 210.1: Prostate Cancer Screening Tests](#)
 - All male patients aged 50 and older
- Billing
 - ICD-10 = Z12.5
 - HCPCS = G0102, G0103
- Frequency
 - Annually

Prostate Cancer Screening

- Screening generates billable encounter when only service provided on DOS
 - FQHC
 - Report payment code, revenue code 052X, payment code charges
 - Report G0102 as qualifying visit HCPCS code, revenue code 052X, actual charges
 - RHC
 - Report revenue code 052X, appropriate HCPCS codes, 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

Screening for Depression

- Coverage - [NCD 210.9: Screening for Depression in Adults](#)
 - All patients
- Billing
 - HCPCS = G0444
- Frequency
 - Annually

Screening for Depression

- Screening for depression does not qualify as stand-alone billable encounter
 - Report screening as incident to billable encounter
 - If only service performed on DOS, do not submit claim
- Reimbursement included in AIR/PPS payment

HIBC to Prevent Sexually Transmitted Infections

- Coverage - [NCD 210.10: Screening for Sexually Transmitted Infections \(STIs\) and High Intensity Behavioral Counseling \(HIBC\) to Prevent STIs](#)
 - Sexually active adolescents/adults at increased STI risk
 - Primary care provider refers to Medicare-eligible primary care provider in primary care setting
- Billing
 - ICD-10 = Z11.3, Z11.59, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z72.51, Z72.52, Z72.53, Z72.89, O09.90, O09.91, O09.92, O09.93

HIBC to Prevent STIs

- Billing
 - HPCS = G0445
- Frequency
 - Up to two 30-minute, annual face-to-face HIBC sessions

HIBC to Prevent STIs

- Qualifies as stand-alone billable encounter
 - Report as billable encounter using billable encounter revenue code 052X
 - FQHCs also report appropriate payment code line
 - Generates AIR/PPS payment
 - If performed on DOS as another billable encounter, report as incident to service

Screening Pap Test

- Coverage - [NCD 210.2: Screening Pap Smears and Pelvic Examinations for Early Detection of Cervical or Vaginal Cancer](#)
 - All female patients with Medicare Part B
- Billing
 - ICD-10
 - High risk: Z72.51, Z72.52, Z72.53, Z77.29, Z77.9, Z91.89, Z92.850, Z92.858, Z92.86, Z92.89
 - Low risk: Z01.411, Z01.419, Z12.4, Z12.72, Z12.79, Z12.89
 - HCPCS = G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091

Screening Pap Test

- Frequency
 - Annually for women at high risk for developing cervical or vaginal cancer or childbearing age with abnormal Pap test within past three years
 - Every two years (or 23 months past the month of last covered exam) for low-risk women

Screening Pap Test

- If only screening Pap provided, bill as stand-alone visit
 - Generates AIR/PPS payment
- If screening Pap provided with billable visit, bill as incident to encounter
 - Does not generate additional AIR/PPS payment

Screening Pelvic Exam

- Coverage - [NCD 210.2: Screening Pap Smears and Pelvic Examinations for Early Detection of Cervical or Vaginal Cancer](#)
 - All female patients with Medicare Part B
- Billing
 - ICD-10
 - High risk: Z72.51, Z72.52, Z72.53, Z77.29, Z77.9, Z91.89, Z92.850, Z92.858, Z92.86, Z92.89
 - Low risk: Z01.411, Z01.419, Z12.4, Z12.72, Z12.79, Z12.89
 - HCPCS = G0101

Screening Pelvic Exam

- Frequency
 - Annually for women at high risk for developing cervical or vaginal cancer or childbearing age with abnormal Pap test within past 36 months
 - Once every 24 months (or 23 months passed following month of last covered exam) for low-risk women

Screening Pelvic Exam

- Professional component furnished by physician or nonphysician considered RHC/FQHC service
 - Revenue code 052X
- Technical component outside scope of RHC/FQHC benefit

Tobacco-Use Cessation Counseling Services

- Coverage - [NCD 210.4.1: Counseling to Prevent Tobacco Use](#)
 - Outpatient and hospitalized patients
 - Use tobacco, regardless of whether exhibit signs or symptoms of tobacco-related disease
 - Competent and alert when counseling delivered
 - Counseling provided by qualified physician or other Medicare-recognized practitioner

Tobacco-Use Cessation Counseling Services

- Billing

- ICD-10 = F17.210, F17.211, F17.213, F17.218, F17.219, F17.220, F17.221, F17.223, F17.228, F17.229, F17.290, F17.291, F17.293, F17.298, F17.299, T65.211A, T65.212A, T65.213A, T65.214A, T65.221A, T65.222A, T65.223A, T65.224A, T65.291A, T65.292A, T65.293A, T65.294A, Z87.891
- CPT = 99406 (intermediate) or 99407 (intensive)

Tobacco-Use Cessation Counseling Services

- Frequency
 - Two cessation attempts per year
 - Each attempt may include maximum of four intermediate or intensive sessions, with patient getting up to eight sessions per year

Tobacco-Use Cessation Counseling Services

- FQHC
 - Qualifies as stand-alone billable encounter
 - Report payment code line
 - Billable encounter revenue code 052X; appropriate payment code; facility's payment code charges
 - Report qualifying visit HCPCS line
 - Billable encounter revenue code 052X; appropriate HCPCS/CPT code; actual charges
 - If provided on same DOS as other billable encounter, report as incident to

Tobacco-Use Cessation Counseling Services

- RHC
 - Qualifies as stand-alone billable encounter
 - Report claim line
 - Billable encounter revenue code 052X; appropriate HCPCS/CPT code; actual charges
 - If provided on same DOS as other billable encounter, report as incident to

Resources & References



CMS Website Resources

- Medicare section for Medicare-specific content
- Extensive database of FAQs on Medicare topics
- CMS publications such as
 - IOMs
 - Transmittals/CRs
 - MLN Matters articles
 - Quarterly Provider Updates
 - MLN Connects® Provider Bulletin

CMS Resources

- CMS [Preventive Services](#) web page
 - Provider Resources
 - References
 - Educational Tools
 - Booklets and Posters
 - MLN Matters® Articles and Fact Sheets
 - Other Government Websites
 - Announcements

CMS Internet-Only Manuals

- [CMS Manuals](#)
 - Regulations and Guidance > Manuals > [Internet-Only Manuals \(IOMs\)](#)
- [CMS IOM Publication 100-04, *Medicare Claims Processing Manual*, Chapter 18 - Preventive and Screening Services](#)
- [CMS IOM Publication 100-04, *Medicare Claims Processing Manual*, Chapter 9 - Rural Health Clinics/Federally Qualified Health Centers](#)
- [CMS IOM Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15 – Covered Medical and Other Health Services](#)

CMS Resources

- [Medicare Coverage Database](#)
 - Indexes > National Coverage Determinations (NCDs) > NCDs Listed Alphabetically
- MLN[®] Educational Tool: [Medicare Preventive Services](#)
 - Online quick-reference chart
- [Preventive Service Utilization Statistics](#)
- [Medicare.gov Preventive & Screening Services](#)
 - Information for patients

Thank You!

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

