

**Centers for Medicare & Medicaid Services
Medicare Preventive Services National Provider Call:
Five New Medicare Preventive Services
Moderator: Leah Nguyen
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Podcast 4 of 5: Screening for Sexually Transmitted Infections and High-Intensity Behavioral Counseling to Prevent STIs

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Presentation 4

Amanda Barnes: Welcome to the fourth of five podcasts from the New Medicare Preventive Services National Provider Call, brought to you by the Medicare Learning Network — your source for official CMS information for Medicare Fee-For-Service providers. This educational call was hosted by the CMS Provider Communications Group within the Center for Medicare on Wednesday, August 15, 2012.

In this fourth podcast, Dierdre O'Connor from the Center for Clinical Standards & Quality, Kathy Bryant from the Hospital and Ambulatory Policy Group, and Wil Gehne from the Provider Billing Group discuss Screening for Sexually Transmitted Infections and High-Intensity Behavioral Counseling to Prevent STIs.

Leah: I will now turn the call over to Deirdre O'Connor for our presentation on screening for sexually transmitted infections and high-intensity behavioral counseling to prevent STIs.

Deirdre O'Connor: Hi. On slide 56, there is the description of the service. So, effective for dates of service on or after November 8, 2011, CMS will cover screening

for sexually transmitted infections – specifically chlamydia, gonorrhea, syphilis, and hepatitis B – with the appropriate Food and Drug Administration–approved/cleared laboratory tests when ordered by the primary care provider.

The tests must be used consistent with FDA-approved labeling and in compliance with the Clinical Laboratory Improvement Act regulations and performed by an eligible Medicare provider for these services.

Who is covered and frequency?

Screening for chlamydia and gonorrhea:

- Pregnant women who are 24 years old or younger when the diagnosis of pregnancy is known, and then repeat screening during the third trimester if high-risk sexual behavior has occurred since the initial screening test,
- Pregnant women who are at increased risk for STIs when the diagnosis of pregnancy is known, and then repeat screening during the third trimester if high-risk sexual behavior has occurred since the initial screening test, and
- Women at increased risk for STIs, annually.

For syphilis:

- Pregnant women when the diagnosis of pregnancy is known, and then repeat screening during the third trimester and at delivery if high-risk sexual behavior has occurred since the previous screening tests,
- Also, men and women at increased risk for STIs annually.

For hepatitis B:

- Pregnant women at the first prenatal visit when the diagnosis of pregnancy is known, and then re-screening at the time of delivery for those with new or continuing risk factors.

The coverage policy for the high intensity behavioral counseling is effective for dates of service on or after November 8, 2011. CMS will cover individual, 20- to 30-minute, face-to-face counseling sessions for Medicare beneficiaries for high-intensity behavioral counseling to prevent

STIs, if referred for this service by a primary care provider and provided by a Medicare-eligible primary care provider in a primary care setting.

Slide 61, Description of Primary Care Practitioner. Primary care practitioner is described as a physician with a specialty designation of general practitioner, family practice practitioner, general internist, or obstetrician or gynecologist; physician assistant, nurse practitioner, or clinical nurse specialist.

A setting where there is a primary care setting is described as provision of integrated, accessible healthcare services by clinicians who are accountable for addressing a large majority of personal health care needs, development of sustained partnership with patients, and practicing in context of family and community.

Slide 63 is – high-intensity behavioral counseling is defined as a program intended to promote sexual risk reduction or risk avoidance, which includes each of these broad topics, allowing flexibility for appropriate patient-focused elements: education, skills training, and guidance on how to change sexual behavior. The medical record should be a reflection of the service provided, and I would refer you to the MLN Matters article on National Coverage Determination on slide 80 for a complete description of who is considered at high or increased risk.

CMS will cover up to two individual, 20- to 30-minute, face-to-face counseling sessions annually for all sexually active adolescents and for adults at increased risk for STIs.

And now, I'll hand it over to Kathy.

Kathy Bryant:

Thank you.

For the high-intensity behavioral counseling to prevent sexually transmitted infections, you use code G0445, and that code includes education, skills training, and guidance on how to change sexual behavior. The national payment rates for each of those services: for a physician in a nonfacility setting, \$25.19; for a physician in a facility setting, \$23.15; and

the OPP hospital outpatient rate is \$35.69. There is no beneficiary co-insurance or deductible for these services.

Now, I'll turn it over to Wil. Oh wait, I'm sorry. I won't turn it over to Wil. I also wanted to mention that for the screening, the clinical lab tests are also covered for chlamydia, gonorrhea, syphilis, and hepatitis B. Those are paid under the clinical lab fee schedule, and on slide 66 we've provided you with the link to get that exact information, depending upon the (inaudible) you would be using.

And now, I'll turn it over to Wil.

Wil Gehne:

Thanks, Kathy.

Starting at slide 67, regarding coding professional claims, you'd use the G0445 code that Kathy mentioned, and for this service we have an additional requirement, that the reporting HCPCS code needs to be supported by a specific ICD-9 diagnosis code, and that is code V69.8.

At the bottom of slide 67, you see the now-familiar list of provider specialty types that are required, and again on slide 60 – I'm sorry, on 67 you see that, and again on 68, you see the list of place of service codes that are accepted.

Slide 69 indicates that, once again, we're editing to ensure that those specialty types and places of service are reported accurately on the claim, and the remittance advice coding is consistent with what we've talked about before.

Regarding coding institutional claims, on slide 70, the same HCPCS code is used, and the same ICD-9 code requirement for V69.8 applies. The familiar list of types of bill is in effect here as well, and on slide 71, you see that the remittance advice coding for any denials for other types of bill uses reason code 170 and remark code N428.

Once again, on slide 72, the payment varies by facility type, and the special instructions for RHCs and FQHCs apply.

For editing of all claims, we ensure that the G0445 is billed with the diagnosis code V69.8, and denials for the absence of that diagnosis code will be reported with reason code 50. They're not – these are noncovered services because this is not deemed a medical necessity by the payer, and remark code N386, indicating that this physician was based on a national coverage determination.

We'll also be editing to ensure that G0445 is billed no more two sessions benefit maximum codes that we've seen earlier in the presentation. And once again, facilities are – professional services and facility fees can be billed separately when applying those frequency limitations.

For this service, as Kathy mentioned, we have coding for laboratory billing as well, and I don't want to read the long list of HCPCS codes that are shown on slide 75, but note that there are nine different codes for chlamydia testing, four for gonorrhea, three for syphilis, two for hepatitis B, and those HCPCS code can be supported by ICD-9 codes V74.5, V73.89, V69.8, V22.0, V22.1, or V23.9.

A list of valid ordering provider specialties for those lab codes is similar to the list of – identical to the list of provider specialties that we've seen on several of the other services and shown on slide 76.

Medicare systems edits to the laboratory billing will be ensuring that the STIs are billed with the appropriate ICD-9 diagnosis code that I just mentioned, and denials for the lack of these diagnostic codes would use reason code 50 and remark code N386.

On slide 78, we'll be ensuring that the ordering physician specialty is appropriate for screenings for STIs, and those denials would be indicated on remittance advice with reason code 184, "the prescribing or ordering provider is not eligible to prescribe or order the service billed."

On slide 79 notes that we'll also be editing to ensure that those screenings for STIs do not exceed coverage frequency limitations as they had noted with coverage frequency differs based on the test performed, patient gender, high-risk diagnosis, and pregnancy status, and the benefit

maximum remittance advice coding that we've seen on earlier slides applies to these services as well.

Leah?

Leah Nguyen: Thank you, Wil. And again, there's a list of resources for screening for sexually transmitted infections and high-intensity behavioral counseling to prevent STIs on slide 80.

Amanda Barnes: Thank you for listening to this Medicare Preventive Services educational podcast. The information in this podcast was correct as of the date it was recorded. This podcast is not a legal document. Official Medicare program legal guidance is contained in the relevant statutes, regulations, and rulings.

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