Billing Medicare for Preventive Services

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Can I bill Medicare for Depression Screening?

What is the CPT® code for Medicare's Initial Preventive Physical Exam?

How many smoking cessation sessions will Medicare cover for my patient?

Do all males qualify for Prostate Cancer Screening?

Which counseling services can I provide via telehealth?

It is hard enough to keep up with the requirements for evaluation and management (E/M) services, so it is not a surprise that many practices perform additional services without billing them. Armed with knowledge, however, you can overcome the "how do I bill this?" problem, as well as remain compliant. Plus, accurate information leads to a boost in revenue, particularly if you're already performing the services – and just not billing for them.

This article highlights Medicare, which has specific CPT® codes and coverage requirements for preventive services. We could write a book on this topic, however, let's take the opportunity to answer the questions you've posed – and direct you to an exceptional resource to answer frequently asked questions:

Call I bill Medicare for Depression Screening?

Yes, once annually using G0444 (Annual depression screening, 15 minutes). There is no out-of-pocket cost to the patient. All Medicare patients are provided this coverage, although CMS notes: "Screening must be furnished in primary care settings with staff-assisted depression care supports in place to ensure accurate diagnosis, effective treatment, and follow-up."

What is the CPT code for Medicare's Initial Preventive Physical Exam?

Also known as the "Welcome to Medicare" Visit, the code is: G0402 (Initial preventive physical examination; face-to-face visit). The service is limited to new beneficiaries during their first 12 months of Medicare enrollment, with no out-of-pocket cost to the patient. Additional codes are available for an EKG, however, the copayment/coinsurance applies.

How many smoking cessation sessions will Medicare cover for my patient?

Two attempts are covered per year, with a maximum of four sessions per attempt. Therefore, eight sessions per year are covered, with no out-of-pocket cost to the patient. The codes are 99406 (intermediate, >3 minutes up to 10 minutes) and 99407 (intensive, >10 minutes). Note that specific ICD-10 codes are required for coverage.

Do all males qualify for Prostate Cancer Screening?

Medicare pays for male beneficiaries aged 50 and older, noting that coverage begins the day after the patient's birthday. There are two CPT codes – the digital rectal examination (DRE) should be coded as G0102, and the prostate specific antigen (PSA) test coded with G0103. The PSA is fully covered by Medicare, with no out-of-pocket cost to the patient, while the patient has financial responsibility (copayment, coinsurance and deductible) for the DRE. The benefit is provided once annually, and the only diagnosis code that is accepted is Z12.5 (Encounter for screening for malignant neoplasm of prostate).

Which counseling services can I provide via telehealth?

A multitude of services are now fully covered by Medicare when furnished via telehealth. They include alcohol misuse screening and coverage, annual wellness visit, counseling to prevent tobacco use, depression screening, medical nutrition therapy and more.

Bookmark this website, which provides comprehensive information about coverage for preventive services. There's even a handout that you can provide to patients to track their preventive services, the vast majority of which are provided at no out-of-pocket cost to the patient.

Best Practice:

Maintain a database of patients who are "due" for preventive services; pull from that list when you experience a last-minute cancellation, or have an open schedule for a new provider. Contact the patient to inform him/her that he/she has a Medicare benefit available at no cost, and you'd love to schedule him/her an appointment! Patients appreciate the fact that you advised them about complimentary benefits of their insurance. This "best practice" idea also represents an opportunity to provide great care to your patients – and you can boost your practice's bottom line by converting a "wasted" slot to a fully-reimbursed one!
