

Web-DENIS Message

1. Revised: New CMS preventive benefits

Category: Medicare Advantage

Title: Revised: New CMS preventive benefits

Start Date: January 17, 2012 End Date: January 31, 2012

The Centers for Medicare & Medicaid Services recently announced several preventive health screenings that are effective for coverage immediately with no member cost-sharing as part of Original Medicare. These preventive screenings are also available to Medicare Advantage members. These benefits are covered at 100 percent of the approved amount*. In addition, CMS has changed the annual wellness visit benefit.

The following preventive services must be provided by a primary care physician or qualified support staff per CMS, in a qualified primary care setting, and qualified MA members must be competent and alert at the time counseling is given.

These benefits include:

- Annual screening and behavioral counseling to reduce alcohol misuse (effective Oct. 14, 2011)
- Annual depression screening (effective Oct. 14, 2011)
- Behavioral therapy for cardiovascular disease (effective Nov. 8, 2011)
- Annual screening for sexually transmitted infections and behavioral counseling to prevent STIs (effective Nov. 18, 2011)

An updated and comprehensive list of Blues Medicare Advantage preventive service procedure codes with no member cost-sharing can be found at:

- *BCN Provider Publications and Resources* and can be accessed by clicking on *Health Reform*
- *BCBSM Provider Publications and Resources* and can be accessed by clicking on *Newsletters and Resources* and then, under *Health Reform*, clicking on *Information*

Blue Cross Blue Shield of Michigan Medicare Plus Blue PPOSM and Blue Care Network's BCN Advantage HMO-POSSM will honor any retroactive claims for these preventive services to the respective CMS effective date.

CMS has shared information with Medicare Advantage plans regarding intensive behavioral therapy for obesity. At the time of this publication, we are awaiting final instructions on coverage, coding and claims processing. When we receive the official CMS transmittal, we will share additional information about this benefit via web-DENIS and other communications published by the Blues.

Also, as part of the Affordable Care Act, health risk assessments are now required as part of an annual wellness visit. The annual wellness visit also includes personalized prevention plan services.

Medicare Plus Blue patients who have completed a health risk assessment form are encouraged to bring a copy to their annual wellness visit. A form is available through Medicare Plus Blue member secured services. BCN Advantage members are mailed a form at enrollment and annually. Until CMS issues a model health risk assessment form, providers are also welcome to use their own health risk assessment forms. The Blues encourage providers to have an open dialogue with their patients about health behaviors and risk factors as discussed in the health risk assessment forms.

More information about these preventive benefits and health risk assessments will be available in the February edition of *The Record* and the March-April issue of *BCN Provider News*.

**These benefits may have cost sharing for individual Medicare Plus Blue PPOSM members if they choose to go out-of-network.*