Don’t Forget the Annual Screens for All Medicare Patients

You can generate over $50 per Medicare patient per year for asymptomatic screens.

Every Medicare patient is eligible for the following screens annually:
G0442 — Annual Alcohol Screen — $17 avg. (use any nationally recognized screen)
G0444 — Annual Depression Screen — $17 avg. (use any nationally recognized screen)
G0328QW — Annual Colorectal FOBT Screen — $22 avg. (use CLIA waived test kit at $3 to $6)
If the patient is identified as at risk for alcohol use, they can also be provided with the following:
G0443 — (4) Alcohol Counseling Sessions over 12 months — $25 avg — first of the four provided the same day as the initial G0442 screen.
Alcohol and depression have been identified by the U.S. Preventive Services Task Force as Grade B risk conditions and therefore should be tested annually to help prevent serious health conditions for patients. Early detection of these conditions has been proven to significantly reduce the cost of treatment and the burden on Medicare. The good news is that these screens can be provided and combined during any encounter or with an annual wellness visit or a physical exam (PE). In fact, the patient does not have to have a wellness visit or even a PE to be provided with these screens. Implementation ideas include posting the alcohol and depression screens on your patient portal or website to fill in before their visit.
Or, you can review the patient appointments each day and have the staff hand out the screens to every Medicare patient when they check in. Then have the staff score them and the provider go over them in the exam room with the encounter.
The Fecal Occult Blood Test (FOBT) kits are quick and easy fecal tests that display results immediately.
Your local lab supplier carries them or you can get a great deal by ordering 50 kits for $149.99 online.
Think how many Medicare patients you see each year and multiply that number by $50. Colorectal cancer is the third most common type of cancer and the second leading cause of cancer death in the United States. Current levels of screening in this country lag behind those of other effective cancer screening tests; it has been estimated that attainment of goals for population colorectal cancer screening could save 18,800 lives per year. According to the National Health Interview Society, “although colonoscopy is the 'gold standard,' FOBT is the only colorectal screening test that has been associated with decreased colon cancer mortality in a randomized clinical trial.” Read the CMS bulletins listed for the codes above to confirm the screening conditions. Additionally, consider these well woman benefits provide on codes:
G0101 — Screening pelvic/breast exam (annually for those at risk or 24 months for all others) — $42 avg.
Q0091 — Screening Pap Smear (annually for those at risk or 24 months for all others) — $50 avg.

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