

# Medicare 2011: What's Covered and How Physician Practices Can Deal With the Changes

More information on Medicare wellness visits in 2011 can be found [here](#).

Information on the 2011 Medicare Part A and Part B deductibles and premiums can be found [here](#).

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The extensive changes coming for Medicare Part B coverage in 2011 should have primary care practices and some specialty practices thinking about their current processes. If you meet with your team now to educate them about the Medicare changes and explore process tweaking, you'll be ready when January 1 rolls around.



Image via Wikipedia

## Here are a few areas to think about:

1. Advance Beneficiary Notices (ABNs) – Many practices struggle with the who and when of ABNs and the new coverage might not make it easier. There are lots of services now covered with **new frequency limitations**, so practices must be on their toes to recognize when a service is covered and when it isn't. Sure, you can ignore ABNs and wait for Medicare to tell you a service is not covered, but then it's too late to collect from

the patient – not only too late, but also illegal to collect.

2. The annual wellness visit is going to be a special challenge because the timing is precise. Medicare patients will hear “annual visit”, but won’t realize it will not be paid for if performed within 12 months of a previous wellness visit (Welcome to Medicare exam or annual visit). I’ve not seen any practice management software that handles this really well, but maybe it’s out there. I’d love to see Medicare patients scheduling their **annual visits during their birthday month** so staff would have a fighting chance of identifying the last annual visit and getting the date right. Of course, using your electronic recall will work too if you **schedule the next year’s visit when the patient is checking out**. (Do you proactively contact your Medicare patients to invite them to come in for their Welcome to Medicare exam?) Also encourage patients to keep up with the preventive services they are eligible to receive by **registering with the My Medicare website** (<https://mymedicare.gov/>). This is their personal Medicare website for tracking their Medicare services. It will send them e-mail reminders when they are eligible for Medicare coverage of preventive services. Great idea!
3. **Who will be doing the counseling** about the “preventive services covered by Medicare” during the annual exam? Let’s hope Medicare puts out a really great handout!
4. Most EMRs will let you load requirements for services based on diagnosis – for example, diabetes. Make sure you are taking advantage of the EMR’s ability to **set up protocols for age, diagnosis and risk factors**. If you are not on EMR yet, use your **appointment schedule or recall system to set reminder appointments** to contact patients for their services.
5. **Don’t forget your patients on Medicare who are not yet age 65**. Run a report to find these patients and flag

them to acknowledge that their Medicare services are at different times.

6. **Collections at time of service will change** too, of course, as most services listed below will not be applied to the deductible. Exceptions are glaucoma screening, diabetes monitoring and education, medical nutritional, and smoking cessation. Patients understandably will be confused, so make sure your check-out staff are crystal clear.

## **Medicare Benefits Beginning January 1, 2011**

- **Medicare covers a one-time preventive physical exam within the first twelve months of having Part B.** The exam will include a thorough review of health, education and counseling about the preventive services covered by Medicare and referrals for other care if needed. No Part B deductible and effective January 1, 2011 you pay nothing if the doctor accepts assignment.
- **Abdominal Aortic Aneurysm Screening** – People at risk for abdominal aortic aneurysms may get a referral for a one-time screening ultrasound at their “Welcome to Medicare” physical exam. Effective January 1, 2011 no deductible and no copayment.
- **New Annual Wellness Visit** – Effective January 1, 2011 Medicare will cover an Annual Wellness Visit that includes a thorough review of health, education and counseling about the preventive services covered by Medicare and referrals for other care if you need it. It is available every 12 months (after first 12 months of Part B coverage) but not within 12 months of receiving either a “Welcome to Medicare” physical exam or another Annual Wellness Visit. No Part B deductible  
”” Medicare pays 100% of the approved amount.

- **Cardiovascular Screening Blood Tests** – Medicare covers cardiovascular screening tests that check cholesterol and other blood fat (lipid) levels every 5 years. Includes:
  - Total Cholesterol Test
  - Cholesterol Test for High Density Lipoproteins; and
  - Triglycerides Test
  - No Part B deductible "" Medicare pays 100% of approved amount.
  
- **Diabetes Screening Tests** – Anyone enrolled in Medicare identified as "high risk" for diabetes will be able to receive screening tests to detect diabetes early. Covers up to two screenings each year. Includes:
  - Fasting plasma glucose test
  - Post-glucose challenge test
  - No Part B deductible "" Medicare pays 100% of approved amount
  
- **Glaucoma Screening** – Must be done or supervised by an eye doctor (optometrist or ophthalmologist). Covered annually for:
  - Those with diabetes
  - Those with a family history of glaucoma
  - African-Americans age 50 and older
  - Hispanic-Americans age 65 and older
  - Other high risk individuals
  - Medicare pays 80% of the approved amount after you meet the yearly Part B deductible.
  
- **Bone Mass Measurement** – For those enrolled in Medicare at high risk for losing bone mass. Effective January 1, 2011 no Part B deductible "" Medicare pays 100% of approved amount.
  
- **Screening Mammography** (including new digital technologies) – For women age 40 and older enrolled in Medicare:

- Covered annually
- No Part B deductible "" Medicare pays 100% of approved amount beginning January 1, 2011.
- **Screening Pap Test & Pelvic Examination** (Includes clinical breast examination) – For all women enrolled in Medicare:
  - Covered once every two years for most
  - Covered annually for women at high risk
  - No Part B deductible "" Medicare pays 100% of approved amount for Pap test and effective January 1, 2011 pays 100% of approved amount for pelvic and breast exam.
- **Colorectal Cancer Screening** – For all those enrolled in Medicare age 50 and older:
  - Fecal-Occult blood test covered annually "" No Part B deductible & Medicare pays 100% of approved amount.
  - Flexible sigmoidoscopy once every four years or 10 years after a previous screening colonoscopy"" No Part B deductible or copayment starting January 1, 2011.
  - Barium enema can be substituted for sigmoidoscopy or colonoscopy "" No Part B deductible – Medicare pays 80% of the approved amount. You will pay a higher coinsurance if the test is done in a hospital outpatient department.
  - Colonoscopy for any age enrolled in Medicare
  - Average risk – Once every ten years, but not within four years after a screening flexible sigmoidoscopy
  - High-risk – Once every two years
  - No Part B deductible and effective January 1, 2011 Medicare pays 100%.
- **Prostate Cancer Screening Tests** -For all men enrolled in Medicare age 50 and older:
  - Covered annually
  - Digital rectal exam "" Medicare pays 80% of the

approved amount after the deductible

- Prostate Specific Antigen (PSA) test
- No Part B deductible – Medicare pays 100% of approved amount.

▪ **Diabetes Monitoring and Education** – Covers Type I and Type II diabetics enrolled in Medicare who must monitor blood sugar (Not paid for those in a nursing home)  
Covered services:

- Glucose-monitoring devices, lancets & strips
- Education & training to help control diabetes
- Foot care once every 6 months for those with peripheral neuropathy
- Medicare pays 80% of the approved amount after you meet the yearly Part B deductible.

▪ **Medical Nutritional Therapy** – Covered for those with diabetes or kidney disease. Includes diagnosis of special nutrition needs, therapy and counseling services to help you manage your disease. Medicare pays 80% of the approved amount after you meet the yearly Part B deductible.



▪ **Smoking Cessation Services** – Medicare will cover up to 8 counseling sessions per year for individuals who have an illness caused or complicated by tobacco use or you take medication affected by tobacco use. Medicare pays 80% of the approved amount after you meet the yearly Part B deductible.

▪ **Flu Vaccination Annually** (Medicare pays once per season. You do not have to wait 365 days since your last one.)  
No Part B deductible "" you pay nothing if your doctor accepts assignment. My post on billing for the flu shot is [here](#).

▪ **H1N1 Flu Vaccine** Medicare covers the administration of the H1N1 flu shot. You cannot be charged for the

vaccine. No Part B deductible or co-insurance.

- **Pneumococcal Pneumonia Vaccination**– Once per lifetime for all enrolled in Medicare. (A doctor may order additional ones for those with certain health problems.) No Part B deductible "" Medicare pays 100% of approved amount.
- **Hepatitis B Shots** – Covered for those who are at medium or high risk. Effective January 1, 2011, there will be no Part B deductible and Medicare pays 100%.