Centers for Medicare & Medicaid Services
Preventive Services: The Initial Preventive Physical Exam and
The Annual Wellness Visit
National Provider Call
Moderator: Leah Nguyen
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Podcast 3 of 3: Question and Answer Session

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Leah Nguyen: Welcome to the third of three podcasts from the Medicare Preventive Services National Provider Call on the Initial Preventive Physical Exam and the Annual Wellness Visit. This educational call was hosted by the CMS Provider Communications Group within the Center for Medicare on Wednesday, March 28, 2012.

In this third podcast, CMS subject matter experts respond to questions about the Initial Preventive Physical Exam and the Annual Wellness Visit

We have now completed the presentation portion of this call, and we will move on to the question and answer session. Before we begin, I would like to remind everyone that this call is being recorded and transcribed.

Before asking your question, please state your name and the name of your organization. In an effort to get to as many of your questions as possible, we ask that you limit your questions to just one.

All right, Holley, you may open the lines for questions.

Question and Answer Session

Operator: All right, to ask a question, press star followed by the number one on your touchtone phone. To remove yourself from the queue, please press the pound key. Please state your name and organization prior to asking a question and pick up your handset before asking your question to assure clarity.

Please note your line will remain open during the time you are asking your question so anything you say or any background noise will be heard in the conference.

Please hold while we compile the Q&A roster.

And your first question comes from the line of Stacey Josephson.

Stacey Josephson: My question is regarding well-women visits; that was not a topic that was covered today. Where can I find more information?

Jamie Hermansen: Can you hold on for just a moment?

Medicare does cover pap test and pelvic exams with clinical breast exam. Additional information regarding those Medicare preventive benefits can be found in the Your Guide to Medicare Preventive Benefits. Unfortunately, I do not have the link with me, but if you would like to e-mail that question, we can make sure you got the link to that.

Stacey Josephson: OK. Thank you.

Leah Nguyen: And the e-mail address, if you like to send that in, is on slide 53.

Stacey Josephson: Thank you.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Todd Solomon.

Todd Solomon: Yes, hello. I'm wondering about billing for separate E and M code during a wellness exam for treating a chronic condition such as, maybe uncontrolled diabetes or hypertension, where they may require a change in medication, if that could be billed as a separate service?

Stephanie Frilling: Yes, they can. We do believe that it would be convenient and appropriate to address chronic conditions during the AWV so if it is medically necessary, you would bill the additional E and M service and append modifier 25 to that claim line for payment.

Todd Solomon: Thank you.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Betsy Miller.

Betsy Miller: Hi, I work in an OB GYN office also and I pretty much have the question of, I mean, can you at least say if anything has changed for the well woman care in the GYN setting? Is it still every other year unless you're high risk? Or, because that was the main reason I was listening in today.

Leah Nguyen: Can you hold on for one moment?

Betsy Miller: Sure.

Jamie Hermansen: This is Jamie Hermansen again and my suggestion, again, if you are looking for specifics regarding Medicare coverage of those types of preventive services regarding, you know, pap tests, and pelvic exams, and/or mammography, and related to that is to go to that publication, The Guide to Medicare's Preventive Services which is available on our Web site.

Betsy Miller: Thank you.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Lynn Evans.

Lynn Evans: Hi, I have a question regarding the codes and the billing. If the IPPE is to be billed, the G0402 codes, I'm wondering, and it's not a head-to-toe physical exam, I'm wondering how the V70.9 code is appropriate?

Kathleen Kersell: This is Kathy Kersell, the examples in the slides of V70.0, V70.3, and V70.9, they are basically just examples of, you know, diagnosis codes that could be used on the claims when billing for the IPPE, and they basically represent, just like, general or nondescript exams. Any appropriate diagnosis code would be acceptable on the claim and they were just basically given as examples. You do not have to use any of those diagnosis codes when you bill for an IPPE but they were basically just examples. We have been asked questions in the past, like, "is it OK if I use that diagnosis code?" So that is why we include it as an example.

Lynn Evans: But, isn't that incorrect billing if you bill for having done a general physical exam but you didn't actually do one?

Kathleen Kersell: Well, like I said, these were just examples because any appropriate diagnosis is acceptable, and it was my understanding that – like V70.9, I don't have the exact description in front of me at this moment…

Lynn Evans: It's general physical exams.

Kathleen Kersell: General, and V70.0 also falls under that type of…

Lynn Evans: Right V70.3 is other medical exams for admin purposes. I just – I'm just not – I guess it's just not clear to me because they are completely different things. If the IPPE is not – essentially not hands on, it's not a head-to-toe physical and you bill for one, I think that is where the confusion is for providers.

Kathleen Kersell: Well, as I said before, you do not have to use those diagnosis codes but we have had providers just ask if they could bill those in the past and basically since there is no diagnosis requirement other than you have to have a valid diagnosis code on the claim, we have said if the claim comes in with that diagnosis code for that IPPE service, you will not have a denied claim. It will pay.

But again, that is you know, any appropriate valid diagnosis code is acceptable. If you are not comfortable with using any of those diagnosis codes in the examples, then you don't have to use them but you do have to have a valid diagnosis code on the claim.

Lynn Evans: OK, thank you.

Kathleen Kersell: You're welcome.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Andrea Sailas.

Andrea Sailas: Hi, I just needed a more of a clarification. I just wanted to make sure that the G0102 you stated was payable with the Annual Wellness Visit and the IPPE. Is that correct?

Stephanie Frilling: I'm sorry, I didn't catch the codes that you said. Was it G0102?

Andrea Sailas: Yes, just prostate exam, is that payable with both of those screening codes?

Stephanie Frilling: It is. It is.

Andrea Sailas: OK great. Thank you very much.

Female: Sure.

Operator: Your next question comes from the line of Sheila Hale.

And that question has been withdrawn. Your next question comes from the line of Teri Pokorny.

Teri Pokorny: Yes, I just have a question on the subsequent visits. Now they have their annual wellness, and you use a G0438. Now, the next year, do you use this or is this for a subsequent visit to go over everything?

Thomas Dorsey: This is Tom Dorsey, as a – you only can use the G0438 one time, so the next year, you would have to use a G0439.

Teri Pokorny: OK. Thank you.

Leah Nguyen: Thank you.

Operator: And your next question comes from the line of Suzanne Hopman.

Suzanne Hopman: Hi, I'm sorry, I just wanted to take myself off of mute. My question is in regard to the items that are required for the Annual Wellness Visit, if a physician or, you know, the practice in general, the provider, doesn't do one of the components, let us just say home safety – is this a billable service or should we be looking at using an ABN if not all elements are there? Or do you have a guideline as to how many elements must be there versus not be there, et cetera, et cetera?

Female: Regarding the elements included in the Annual Wellness Visit, I would refer you back to the slides that list the – the list of – that list those specifications and if you look at I believe it's slide 31 and slide 32 of our presentation. The other thing I know that we have put out several publications and quick reference sheet that provide additional information about that. So those may be helpful as well.

And we can provide – if you would like to e-mail your question in, we can provide you links to those documents.

And then as well as the – I can also provide you, if you would like to go ahead and send in that question, I think we can provide you additional feedback regarding that question.

And more information can be found on slide 48, the links to the publications that were referenced. Thank you.

Suzanne Hopman: OK, thank you.

Operator: Your next question comes from the line of Jessica Hemmesch.

Jessica Hemmesch: Hello, I have a kind of a similar question having to do with the IPPE, though. If the patient is being seen for eye care by another provider and they may have just had their vision screened recently, then they present for the IPPE. Is the lack of a vision screen during that IPPE a problem or could they just say, "sees their eye doctor regularly?" Would that suffice and be OK and not screen the vision at that visit?

Leah Nguyen: Could you hold on for just a moment?

I'm sorry, if you can go ahead and send that to the e-mail address listed on slide 53 and you can put it to Jamie Hermansen's attention that would be great. We will get back to you on that.

Jessica Hemmesch: OK.

Leah Nguyen: Great, thank you.

Operator: Your next question comes from the line of Tori Swanson.

And that question has been withdrawn. Your next question comes from the line of Trisha Proctor.

Trisha Proctor: We are an FQ facility and we are wondering: is an IPPE and an AWV mandatory? Because our physicians and our patients also expect the usual comprehensive preventive visit.

And not all providers are doing the IPPE or an Annual Wellness Visit because we don't really have all those checklists in place so we are concerned that are we missing something that we are mandated to do in lieu of the preventive service? Or is it OK if the provider doesn't do an IPPE or an Annual Wellness Visit at the patient request?

Leah Nguyen: Could you hold on for just a moment?

Hi, actually, we need to do a little more research on that if you could e-mail your question to the address listed on slide 53 to Jamie Hermansen's attention and we will get back to you on that.

Thank you.

Operator: And your next question comes from the line of Arline Kirkus.

Arline Kirkus: Hey, I had a question about AAAs. If a patient has risk factors and is not eligible for an IPPE, they have already past that 12 months, can they be referred for an AAA during their annual well?

Kathleen Kersell: Hi this is Kathy Kersell, and the screening AAA is only payable if done as a referral from an IPPE for those beneficiaries that have specific risk factors. You know, being that the – I'm referring to the screening code, the G – I don't have that code in front of me – G0389, that code can only be billed as a referral from an IPPE, and so…

Arline Kirkus: And so if they never had an IPPE, because now they're 75 or, you know, 68 or something, we can't now refer them for that because they have missed that opportunity?

Kathleen Kersell: Not for that code, that is correct.

Arline Kirkus: OK, very good. Thank you.

Operator: Your next question comes from the line of Tina Pravarish.

Tina Pravarish: Yes, I was just wondering for the IPPE and AWV, is it any physician specialty can perform this, like a neurologist, gynecologist, podiatrist…?

Jamie Hermansen: This is Jamie. We designate in the regulations that a physician… actually can you give us just a second please?

Tina Pravarish: Sure.

Leah Nguyen: Hello, we are still looking into the answer, just one moment.

Tina Pravarish: Thank you.

Jamie Hermansen: Hi, this is Jamie Hermansen and we – in the regulations for health professionals, we define a physician as, "a physician who is a doctor of medicine or osteopathy as defined in section 1861 R1 of the Act."

It could be an M.D. or D.O.

Tina Pravarish: So as long as it's an M.D. or D.O. they are fine, it doesn't matter what specialty.

Jamie Hermansen: We don't – the regulation is silent on that.

Tina Pravarish: OK, thank you.

Jamie Hermansen: Thank you.

Operator: And your next question comes from the line of Ramona McCubbins.

Ramona McCubbins: Hi yes, we are a rural health clinic, and I would like to know, when doing the IPPE, I know it covers the screening EKG and also an AAA ultrasound. Can those two screenings be done on the same day as the IPPE or does it have to be on a separate day?

Kathleen Kersell: Hi, this is Kathy Kersell. They can all be done on the same day but keep in mind that the AAA screening does have specific coverage that has to be met.

Ramona McCubbins: OK. And you also said that a screening PSA can be done during that physical – that IPPE?

Kathleen Kersell: Yes.

Ramona McCubbins: Ok. All right, and one more question, as a rural health clinic, I know that they all roll up into a one line thing, they're not separate.

They do not normally recognize modifiers, would I still need to use the modifier on an E and M service along with the IPPE?

Bill Ruiz: Hi, this is Bill Ruiz. Yes you have to use the 52 series modifier.

Ramona McCubbins: OK.

Bill Ruiz: And the HCPCS code.

Ramona McCubbins: OK. Yes I do know that code is separate from my E and M code, they're the only two that do not roll up together so that it is recognized that an IPPE was done on that day. But I just did not know whether I should go ahead and put the 25 modifier on the office visit or not.

Bill Ruiz: I believe you have to put, yes.

Ramona McCubbins: OK, all right. Thank you.

Bill Ruiz: You're welcome.

Operator: And your next question comes from the line of Sherry Lonewolf.

Sherry Lonewolf: Hi, this is Sherry Lonewolf and I'm calling from Cheraw Family Medicine, I'm confusing myself, if I got a new Medicare patient that is coming in and he is getting a head-to-toe physical, do I use the G0402 or am I supposed to use the G0402 plus the G0438?

Stephanie Frilling: Hi, this is Stephanie Frilling. No, Sherry, neither the G4 or the IPPE or the AWV are a head-to-toe physical. So this would be – you're discussing three specific services: non-covered routine head-to-toe physical examination, and then the IPPE, and then the AWV. And for the preventive physicals, it would depend – the eligibility will depend on if the beneficiary had been enrolled in Medicare longer than twelve months or less than twelve months.

Sherry Lonewolf: OK, OK, thank you.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Teri Coy.

Teri Coy: Yes, I have a question regarding the Annual Wellness Visit and the subsequent. In the slide page 28, it talks about the annual wellness is 12 months following the IPPE but the subsequent annual is 11 months following the initial annual so I want to clarify if those are both correct so that the other one, it doesn't actually have to be 365 days in between?

Jamie Hermansen: Hi, this is Jamie Hermansen. We would – in defining that 12-month period, we have instructed our Medicare contractors that it's basically you are counting 11 full months.

Teri Coy: OK.

Jamie Hermansen: From either one of those dates.

Teri Coy: From both of them. OK. So the 11 full months applies so they would have – let's say the 15th of the month and they come in a year later but have it at the tenth, those three days shy is not going to make a difference?

Thomas Dorsey: No, it shouldn't make a difference.

Teri Coy: OK, that is what I want to make sure because we have been trying to do that at this point. OK.

All right. Thank you.

Teri Coy: Thank you.

Leah Nguyen: You're welcome.

Operator: And your next question comes from the line of Lori Jepson.

Lori Jepson: Hi, this is Lori Jepson from North Dakota. My question has to do with the coder that asked on the head-to-toe physical, the V70.0, which requires a physical exam. Wouldn't it be better to code either education or medical information under a V65.49, or a treatment plan, V65.49?

Kathleen Kersell: Hi, this is Kathy Kersell. Yes, you can use those diagnosis codes if that is what you prefer. The reason we use the ones we did in the examples, we have received questions on those diagnosis codes in the past, and, again, any valid appropriate diagnosis code is what you should put on the claim. You should not have any problems with the diagnosis codes you mentioned.

Lori Jepson: OK, thank you.

Kathleen Kersell: You're welcome.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Anne Herrick.

Anne Herrick: Thank you. I was wondering if there was a true 12-month separation that would need to occur between the initial IPPE and the first annual AWV visit?

Jamie Hermansen: Thanks, that is a great question…within our claims processing instructions to the Medicare contractors in defining that 12-month period, we said that the contractor needs to count 11 full months from that date.

Anne Herrick: OK. Thank you.

Jamie Hermansen: You're welcome.

Operator: Your next question comes from the line of Patina Johnson.

Patina Johnson: Hi, I'm kind of confused on the EKG part. I know that you stated that if you had any EKGs denied for diagnostics, you can re-file or appeal after April 1. My question is does the screening EKG, what code would you use for that if you are not using a diagnostic, would it be the V70.0?

Kathleen Kersell: Hi, this is Kathy Kersell. The screening EKG codes that are optional that are done and as a referral of an IPPE, any diagnosis code would be appropriate for them as well because they are screening diagnosis codes.

Of course, the diagnostic EKG needs a valid diagnosis but again, for the IPPE screening EKG codes that are done as a referral from the IPPE, you should be OK with any diagnosis code as long as it's a valid code.

Patina Johnson: Are we able to do the screening EKGs through the AWV?

Kathleen Kersell: No, you are not.

Patina Johnson: OK.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Linda Oliver.

Linda Oliver: Thank you, Linda Oliver from Atrius Health, my question has to do with the HRA. Is that a required component of the Annual Wellness Visit and if so, is that incorporated or included in the coding? I believe you said it was if the provider or the provider needs to help the beneficiary. And the last question about the HRA, does that need to be done annually as well?

Jamie Hermansen: Hi, this is Jamie again, the – the statute requires that the HRA be included and taken into account in the provision of personalized prevention plan services, which are part of the Annual Wellness Visit.

However, and so that is the first question. Can you repeat the second half of your question, please?

Linda Oliver: Is the HRA required each year? And then the last question is, I believe you said that the time that the provider spends with the beneficiary if they don't complete it is also included in the G0438 or G0439 coding.

Jamie Hermansen: Regarding your second question about the subsequent visits, we have – within the subsequent visits, we have – it states that the HRA would need to be updated.

Stephanie Frilling: Yes, this is Stephanie Frilling. And yes, during our 2012 rulemaking, we did increase the minutes for the IPPE, the first and the subsequent to include additional time for completing the HRA in the office during the visit.

Linda Oliver: Thank you.

Operator: Your next question comes from the line of Carol Aiken.
And that question has been withdrawn. Your next question comes from the line of Denise Blackiston.

Denise Blackiston: Yes, hello. I would just like to confirm on page seven, who can furnish the IPPE welcome to Medicare visit, you do have physician, you do have your qualified non-physician practitioners, your PAs, nurse practitioners, and CNS. Is it true that this cannot be incident to, so the nurse practitioner saw the patient, it would not bill under the MDs number?

Stephanie Frilling: Yes, that is right. For the non-physician practitioners that are allowed to furnish the service, they would bill under their own Medicare number.

Denise Blackiston: OK, and then on page 29 to confirm who can furnish the Annual Wellness Visit? You do have medical professionals including health educators, registered dieticians, and so forth to other licensed practitioners or a team of such medical professionals and it's my understanding that this would consist of the LR – the licensed registered – the registered nurse, the RN.

Jamie Hermansen: As we discussed in the preamble during the calendar year 2011 physician fee schedule rule, we are not assigning particular tasks or restrictions to specific members of the team. And we believe that it's better for the supervising

physician to assign specific tasks to qualified team members as long as they are licensed in the state and working within their state's scope of practice.

This approach would give the physicians and the team the flexibility needed to address a beneficiary's particular need on a particular day and it also empowers the physician to determine whether a specific medical professional would be – who will be working on his or her wellness team are needed or needed on a particular day.

And the physician would be able to determine the appropriate – the coordination of various team members during the Annual Wellness Visit.

Denise Blackiston: And this would be billed, the annual wellness or the subsequent – would be billed under the physician – the MD? And if it were – the nurse practitioner seeing the patient, it could still be billed – I mean it would be billed under the MDs, is what I thought you had said.

Stephanie Frilling: That is correct, that is right. Yes, the AWV is not sub-incident to, so they can only be billed under the physician.

Denise Blackiston: And that would be…

Stephanie Frilling: Or they should bill it…Or an MD could bill it under his/her own Medicare number.

Denise Blackiston: The direct supervision of a physician who is in the office that day…

Stephanie Frilling: Right, and we are using the direct supervision in the office setting which means that the physician has to be present in the office suite and immediately available.

Denise Blackiston: OK, yes, ma'am. Thank you so much for your time.

Female: Sure.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Donna Morrissey.

Donna Morrissey: Hi, my question is regarding the codes for the IPPE and the AWV. Are they the same if it is a new patient or an established patient?

Stephanie Frilling: Hi, this is Stephanie Frilling. And yes, you would bill the same code.

Donna Morrissey: OK. Thank you very much.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Dean Ruth.

Anne Ford: Hi, this is actually (Anne Ford) and I'm from North Carolina. I have a question on the clarification for rural health clinics, if we bill for the AWV, can we also bill for another E and M service that same day?

We are billing on a type of bill 77X.

Bill Ruiz: This is Bill Ruiz and yes, you can.

And again, you report on both lines of 52 modifier…

Anne Ford: OK. I guess I'm not familiar with the 52. So you put a 52 on your – on the Annual Wellness Visit and on the other E and M codes.

Bill Ruiz: That is correct.

With your charges, you are still getting one flat rate for being counted.

Anne Ford: So there is no additional reimbursement for the…

Bill Ruiz: For AWV, no.

Only for IPPE because two payments, when you bill IPPE and a lot of service on the same day.

Anne Ford: So you get two payments if you are just splitting the allowance between the two codes?

Bill Ruiz: With the IPPE?

Anne Ford: Yes, and the E and M.

Bill Ruiz: No, with the IPPE, you get two payments at the all inclusive rate, two separate payments, that applies only to IPPE and any of the E and M or any other service.

Not AWV, you still get one flat rate payment.

Anne Ford: OK, I get you. OK thank you.

Operator: Your next question comes from the line of Jay Rodriguez.

And that question has been withdrawn. Your next question comes from the line of Anita Robinson.

Anita Robinson: Hi, I wanted to know that if you have established patients already being treated annually for preventive services, which I think you have identified as a non-covered routine, can the IPPE be initiated by the Medicare beneficiary?

Leah Nguyen: Can you hold on for one moment?

Anita Robinson: Sure.

Stephanie Frilling: Hello, this is Stephanie Frilling. So are you saying an existing patient that you furnished routine physicals for and they become Medicare eligible? Or are you saying that – a patient that you have been furnishing non-preventive physicals for, or – excuse me – preventive physicals or routine physicals and now they are requesting an IPPE?

Anita Robinson: Yes, the latter.

Stephanie Frilling: The latter.

Anita Robinson: Yes.

Jamie Hermansen: I mean, if they are requesting that, you have not – you know, if they – if you have not submitted, you know…

Stephanie Frilling: They have to be within the first 12 months of the Part B coverage but if they haven't been furnished, an IPPE report, it wouldn't go against the frequency edit.

Thomas Dorsey: Right, within the first 11 months.

Female: And we would suggest that…

Thomas Dorsey: 11 full months.

Jamie Hermansen: We suggest that you take a look at the, you know, the list of elements that are included in the IPPE as well as the Annual Wellness Visit when you are preparing to provide those services.

Anita Robinson: OK. Thank you.

Leah Nguyen: Thank you.

Operator: And your next question comes from the line of Frances Powers.

Frances Powers: If a patient misses the IPPE, can they have an AWV, and if so, how is this – does it take much – the same format, then, as the IPPE? And in terms of the every 12 months, could it actually then be every 11 months apparently from what you have been saying?

Jamie Hermansen: Hi, this is Jamie Hermansen again. A patient does not need to receive an IPPE in order to be eligible for the Annual Wellness Visit. To be eligible for the Annual Wellness Visit, they just need to have Medicare Part B for longer than 12 months and then they are eligible for the Annual Wellness Visit every 12 months.

And in defining the – defining that 12-month parameter, we have instructed our contractors to count 11 full months from either the time that they received their IPPE if they did receive one or since their last Annual Wellness Visit.

Frances Powers: Thank you.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Stephen Swetech.

Female: Come on now, ask your question.

Male: Pick it up, pick it up, pick it up.

Stephen Swetech: Hey, this is Dr. Swetech, how are you? Thanks for your venue.

I got a question, I heard that you guys had – we were doing that digital rectal exam and I use a, probably, a Medicare number 0107G but I heard you guys had given another number. The other thing is that it rejected a bunch of those and I had trouble finding the female digital rectal code.

Do you have that?

Leah Nguyen: Hold on for one moment.

Stephen Swetech: Bring me the – are you there?

Bring me the – IQ. What was the other choice?

Leah Nguyen: Hello, if you wouldn't mind, could you e-mail that question to us to the e-mail address listed on slide 53 and we will look into it for you.

Stephen Swetech: I don't have the slide 53 under me, do you have that available or…

Leah Nguyen: That e-mail address is prevenetionnpc@cms….

Stephen Swetech: CMS – dot org or what?

Leah Nguyen: It's preventionNPC@cms.hhs.gov.

Stephen Swetech: The other thing that I – if I could – if you wouldn't trouble – what happened is, now with these additional requirements on the health referral and things,

I'm going to send these patients to a GI guy and I'm going to have the colonoscopy if they have any neurological problems, I refer them out if they are depressed.

Is that good enough to write it or do we have to have a special form for that?

Leah Nguyen: Hold on for one moment.

OK, so we will look into that as well. If you could just e-mail all of your questions to the e-mail address that we provided, and we will get back to you as soon as possible.

Stephen Swetech: That kind of throws us at a disadvantage because we are very – I'm a very busy doc so when you tell us to e-mail on it, I probably – I don't know if I'm going to be able to – I'll try…

Leah Nguyen: OK.

Stephen Swetech: The fact is we probably aren't going to get the answers to the question. Thank you.

Leah Nguyen: You're welcome.

Operator: Thank you. Your next question comes from the line of Barb Oliver.

Barb Oliver: When a patient is ordered an abdominal aortic aneurism screening with the IPPE, can you go ahead and use any diagnostic code on that?

Kathleen Kersell: This is Kathy Kersell, the AAA screening does have specific coverage criteria required so you would want to code the diagnosis appropriate to that coverage criteria. If you want to have – find more information about the ultrasound screening for the abdominal aortic aneurism, the AAA screening, you can go to the CMS Web site and look in the internet-only manual, publication 100-4, chapter 18, section 110.

And in that section, you will find all the coverage requirements.

Barb Oliver: For the diagnostic screening codes.

Kathleen Kersell: This would be the ultrasound AAA screening as a referral for an IPPE. You know, that is not the same thing as a diagnostic AAA screening code…

Barb Oliver: Well, I meant that the – the code that we just use a V81.2 which is a cardiovascular screen.

Barb Oliver: So that the ultrasound can be paid for.

Kathleen Kersell: You are talking about a specific diagnosis code?

Barb Oliver: Correct.

Kathleen Kersell: Well, again, I'm going to have to refer you to the coverage requirement for the AAA screening and you would have to look at those and then determine if that beneficiary is eligible for the AAA screening, you would have to use a diagnosis that would fit the criteria listed in the IOM.

Barb Oliver: So in reading that, the only requirement I have seen is that they have to have a history of smoking.

Kathleen Kersell: For an AAA screening, there is more than just a history of smoking. And – you know, I mean if you want to have us – respond through e-mail, we could ask that you put your question to us and send it to the e-mail address, but the AAA screening, again, can only be done as a referral from an IPPE and that is G0389, and it does have limited coverage.

Barb Oliver: OK, thank you.

Leah Nguyen: Thank you.

Operator: You're next question comes from the line of John Florence.

John Florence: Hey. How are you doing? Hello?

Leah Nguyen: Yes, we are here.

John Florence: Hey, how are you doing? I have a quick question. Is there a specific form for the health risk assessment that I can – that is accessible?

Jamie Hermansen: Hi, this is Jamie Hermansen. My suggestion would be to take a look at these CDC – the Centers for Disease Control framework and that particular publication provides information about the health risks assessment and also you may want to take a look at appendix A of that document because it provides some examples of questions.

So that would be my suggestion. Slide 50 of your presentation slide deck has a link to that document.

John Florence: OK. A second part of that question now, also, once that – once it is completed, as a physician, do you scan that into the charts? How do we capture all of that information during that particular visit for electronic health records purposes?

Jamie Hermansen: Again, my suggestion would be to go to the CDC framework document, and it will give you some additional information about the health risks assessment, that would be your best bet.

But as well as, if you would like to e-mail your question and we could provide additional feedback after the call.

John Florence: OK, and so – pertaining to other questions, is there a particular timeframe that I could go out and access the transcript in the other questions that has been addressed by other peers?

Leah Nguyen: Yes, we will be posting a transcript and audio file shortly, and we will send out an announcement when it is available.

John Florence: OK. Thank you very much.

Operator: Your next question comes from the line of Ashley Perry.

Operator: That question has been withdrawn. Your next question comes from the line of Leslie Ash.

Leslie Ash: Hi, I was wondering, when we do a non-covered physical on a Medicare patient, so that would be an E and M code, and in the same year, they go on Medicare and we are doing this, we get an ABN or whatever, and then they have their IPPE, the fact that we have billed out preventive care physical will not make the IPPE deny, correct?

Stephanie Frilling: Yes, I'm sorry, this is Stephanie Frilling from CMS. Yes, that is correct.

Leslie Ash: OK, good.

And then also we have had several instances of our IPPEs being denied as already having been performed because another specialist apparently has done them. Will there be on the Medicare Web site, at some point in time, where we can check benefits to make sure that a patient hasn't already had that done?

Stephanie Frilling: Hold on for one moment.

We believe that you can always call your Medicare claims processing contractor to check that eligibility but what we are not sure on here is if that would go across – because there are many contractors so if it was in a different state or something like that, maybe it wouldn't show up for you.

So if you could please e-mail it to my attention and we will get an answer for you on that.

Leslie Ash: And I guess the other thing that we ran into here, which maybe is a little odd. We have had a patient who was previously on Medicare, say, ten years prior, gone off Medicare, and been reestablished with Medicare with a new Medicare card showing an effective date, and then when we billed an IPPE for her, it was denied because she really was not a new Medicare patient but that was – I mean we have no way of knowing that.

Again, I guess, Medicare eligibility hopefully would – if you go online with that, would be a help to us?

Jamie Hermansen: Thank you, it's a great question. And within the regulations for the IPPE as well as the Annual Wellness Visit, we talk about as far as the IPPE is their first – within 12 months of their first Part B enrollment period, so…

Leslie Ash: Right, which says that they can go off part B. And then they can go back on it which on the card, it doesn't say that they were part B you know, ten years ago so I guess for people maybe I don't know if there is somewhere that you can make people aware of that, that that can be an issue and we run into it.

Jamie Hermansen: Yes, we understand and we will look into that.

Leslie Ash: OK, thank you.

Additional Information

Leah Nguyen: Thank you. Unfortunately, that is all the time we have for questions. If we did not get to your question today, you can e-mail it to us at PreventionNPC@cms.hhs.gov.

That e-mail address is also listed on slide 53. If you have a question for a particular speaker, please reference their name in the subject line. We will also be researching all questions and we will post responses as appropriate to the CMS website and an announcement will go out when these are posted.

Before we end the call, for the benefit of those who may joined the call late, please note that Continuing Education credits may be awarded by the American Academy of Professional Coders, the American Health Information Management Association, or the American Medical Billing Association for participation in CMS National Provider Calls.

Please see slide 52 of the presentation for more detail.

On slide 54, you will find information and a URL to evaluate your experience with today's National Provider Call. Evaluations are anonymous and strictly confidential. All registrants of today's call will also receive an e-mail from the CMS National Provider Call resource box within two business days regarding the opportunity to evaluate this call.

You may disregard this e-mail if you have already completed the evaluation.

We appreciate your feedback.

I would like to thank everyone for participating in today's call. An audio recording and a written transcript will be posted soon to the National Provider Calls and Events section of the Fee-For-Service National Provider Calls webpage at www.cms.gov/npc.

Again, my name is Leah Nguyen and it has been a pleasure serving as your moderator today. I would like to thank our presenters, Jamie Hermansen, Kathleen Kersell, Stephanie Frilling, Thomas Dorsey, and Bill Ruiz for their participation.

Have a great day, everyone.

Operator: Thank you for participating in today's call, you may now disconnect.

Leah Nguyen: 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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