Routine Preventive Services Covered by Medicare 2012

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Preventive Services Covered by Medicare 2012

• Covered by Medicare Part B:
  – Original/Direct Medicare
    • Most of the services are covered 100%
  – Medicare Advantage
    • Some plans may require copayment
  – other Medicare plans
    • Some plans may require copayment
Routine Preventive Visits Covered by Medicare in 2012

Medicare covers three types preventive visits:

• Welcome to Medicare (Once in a lifetime per beneficiary)
• Initial Annual Wellness Visit (Once in a lifetime per beneficiary)
• Subsequent Annual Wellness Visit (Annually 12 months after Initial AWV)

Initial Preventive Physical Exam (IPPE) Welcome to Medicare

• Medicare covers the IPPE when it is performed within the first 12 months of patient’s coverage with Part B.
• IPPE is once in a lifetime service to review the patient’s health, and provide education and counseling about preventive services, and referrals for other care if needed.
• Starting January 1, 2011, there is no co-pay or deductible for this visit.
Welcome to Medicare
Physical Exam

IPPE includes the following components:
• Height, weight, blood pressure and visual acuity
• Review of Medical & Social History
• Review of potential risk factors for depression, functional ability and level of safety with the goal of health promotion and disease detection
• EKG (no longer a mandatory part of the IPPE, but it may be performed as an optional one-time service as a result of a referral arising out of the IPPE.)

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Welcome to Medicare
Physical Exam

IPPE includes the following components (con’td):
• Education, counseling and referral with respect to screening and preventive services currently covered by Medicare Part B
• Covered Immunizations (review & future plan)
• Body mass index
• End-of-life planning as mandatory services (upon an individual’s consent).
Welcome to Medicare Physical Exam

- **Code G0402**: Initial Preventive Physical Examination (IPPE); face to face visit, services limited to new beneficiaries during the first 12 months of Medicare part B enrollment.
- **ICD-9 code**: V70.0

**EKG codes**:
- **G0403**: EKG for IPPE, tracing and report
- **G0404**: EKG only tracing for IPPE
- **G0405**: EKG only interpret & report (no longer a mandatory part of the IPPE, but it may be performed as an optional one-time service as a result of a referral arising out of the IPPE.)
- **ICD-9 Codes**: V81.0, V81.1, V81.2

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Annual Wellness Visit

- Routine physical examinations generally excluded from coverage under fee-for-service Medicare
- Health care reform extends the preventive focus of Medicare coverage to provide coverage for the Annual Wellness Visits (AWV) which includes Personalized Prevention Plan Services (PPPS). This exam is covered once every 12 months.
**Annual Wellness Visit**

**Who is Eligible for an Annual Wellness Visit?**

- An individual who is no longer within 12 months of the beneficiary's Medicare Part B coverage date

**AND**

- Has not received either an initial preventive physical examination (IPPE-the "Welcome to Medicare physical") or an AWV within the past 12 months.
- No Medicare coinsurance or Part B deductibles apply to the AWV.

**What is Included in AWV with PPPS?**

- Establishment of an individual's medical/family history.
- Establishment of a list of current providers that are regularly involved in providing medical care to the individual.
- Measurement of an individual’s height, weight, BMI, BP, and other routine measurements as deemed appropriate, based on the beneficiary’s medical/family history.
- Detection of any cognitive impairment that the individual may have as defined in this section.
What is Included in AWV/PPPS?

- Review of the individual’s potential (risk factors) for **depression**
- Review of the individual’s **functional ability and level of safety**
- Establishment of a written **screening schedule** for the individual, such as a checklist for the **next 5 to 10 years**
- Establishment of a **list of risk factors**
- Furnishing of **personalized health advice to the individual and a referral, as appropriate**

Codes to Report

**Annual Wellness Visit**

- **G0438** - Annual wellness visit, first visit. It will be paid at the rate of Welcome to Medicare Visit, total RVU=4.74
- **G0439** - Annual wellness visit, subsequent visit, total RVU= 3.16
- Preventative Medicine **codes 99387** (total RVU=4.16) and **99397** (total RVU= 3.48), better known to offices as Complete Physical Exams or Well Checks for 65 and older, remain a non-covered, routine service for Medicare.
Who Can Perform an AWV?

- A physician who is a doctor of medicine or osteopathy
- A physician assistant, nurse practitioner, or clinical nurse specialist
- A medical professional (including a health educator, registered dietitian, or nutrition professional or other licensed practitioner) or a team of such medical professionals, working under the direct supervision of a physician
  — Note that these clinicians can only perform the areas of the AWV which are allowable under their state licensure

Annual Wellness Visit-Points to Remember

- CMS does not expect this to be a brief visit. Physicians performing the AWV are required to do at least all of the required elements.
- This is meant to be a comprehensive evaluation of the patient.
- Medicare does not have a specific required diagnosis code. Providers would use a preventive diagnosis code (V70.0).
- All diagnoses must be supported by the patient’s history, physical examination or laboratory or other studies. A laundry list of diagnoses is not acceptable
Annual Wellness Visit - Points to Remember

- Medicare allows payment for a medically necessary Evaluation and Management (E/M) service on the same date as AWV.
- Do not add modifier -25 to Medicare G code.
- Use additional codes to report to following services during an AWV:
  - Screening Pelvic Exam (Code G0101, ICD-9 code V72.31)
  - Screening Pap Tests (Code Q0091, ICD-9 code V72.31)
  - Screening Prostate Cancer (Code G0102, ICD-9 code V76.44)

Annual Wellness Visit - Points to Remember

The sequence to provide services to Medicare Beneficiaries:

- **G0402**: Initial preventive physical examination (IPPE), first 12 month coverage.
- **G0438**: Annual wellness visit (AWV), first visit, 12 months after Welcome to Medicare visit or start of Medicare coverage.
- **G0439**: Annual wellness visit (AWV), subsequent visit, 12 months after the last AWV.
Medicare Part B already covers smoking cessation counseling for individuals who:

• Use tobacco and have been diagnosed with a recognized tobacco-related disease, or,
• Use tobacco and exhibit symptoms consistent with a tobacco-related disease.
• CPT codes 99406 and 99407 that currently are used for tobacco cessation counseling for symptomatic individuals.

Counseling to Prevent Tobacco Use

Effective for claims with dates of service on and after August 25, 2010, CMS will cover counseling to prevent tobacco use for outpatient and hospitalized Medicare beneficiaries:

• **Who use tobacco** (regardless of whether they have signs or symptoms of tobacco-related disease)
• Who are **competent and alert** at the time that counseling is provided
• Whose counseling is furnished by a **qualified physician or other Medicare-recognized practitioner**
Counseling to Prevent Tobacco Use

Medicare will waive the deductible and coinsurance/copayment for counseling and billing with these two new G codes on or after January 1, 2011.

- **G0436:**
  - Long Descriptor: Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes.
  - Short Descriptor: Tobacco-use counsel 3-10 min

- **G0437:**
  - Long Descriptor: Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes,
  - Short Descriptor: Tobacco-use counsel >10 min

Coding Tip: Document counseling time

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Counseling to Prevent Tobacco Use

No signs or symptoms of tobacco-related disease is needed for coverage, subject to certain frequency and other limitations. The diagnosis codes that should be reported for these individuals are:

- ICD-9 code 305.1 (non-dependent tobacco use disorder), or
- ICD-9 code V15.82 (history of tobacco use).
Counseling to Prevent Tobacco Use

- CMS will allow two individual tobacco cessation counseling attempts per year.
- Each attempt may include a maximum of four intermediate OR intensive sessions, with a total benefit covering up to 8 sessions per year per Medicare beneficiary who uses tobacco.
- The practitioner and patient have the flexibility to choose between intermediate (more than 3 minutes up to 10 minutes) or intensive (more than 10 minutes) cessation counseling sessions for each attempt.

Counseling to Prevent Tobacco Use

- Medicare will allow payment for a medically necessary Evaluation and Management (E/M) service on the same date as tobacco cessation counseling, provided it is clinically appropriate. Such E/M service should be reported with modifier 25 to indicate it is separately identifiable from the tobacco use service.
- Do not bill these codes with Welcome to Medicare and Annual Wellness visits.
- Claims will be denied for exceeding a combined total of eight (8) sessions within a 12-month period with code PR if a signed ABN is on file.
New covered services

- **G0442** (Annual Alcohol Misuse Screening, 15 minutes)
- **G0443** (Brief face-to-face behavioral counseling for Alcohol Misuse, 15 minutes)
- **G0444** (Annual depression screening, 15 minutes)
- **G0445** (Semi-Annual High Intensity Behavioral Counseling-HIBC-to prevent sexually transmitted infections—STIs-, 30 minutes) RVU:0.74
- **G0446** (Annual face-to-face intensive behavioral therapy to reduce cardiovascular disease risk individual, 15 minutes) RVU:0.74 (PCP, OB/GYN, Geriatric, Pediatric)
- **G0447** (Multiple face-to-face behavioral counseling for Obesity, 15 minutes) RVU:0.74

*The services must be provided in a primary care setting*

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Alcohol Misuse Screening & Counseling

- **G0442** (Annual Alcohol Misuse Screening, 15 minutes)
  - Once every 12 months- RVU:0.50
- **G0443** (Brief face-to-face behavioral counseling for Alcohol Misuse, 15 minutes)
  - Four times in 12 months-RVU:0.75
- Greater than 7 drinks per week or greater than 3 drinks per occasion for women and persons greater than 65 years old.
- Greater than 14 drinks per week or greater than 4 drinks per occasion for men 65 years old and younger.
- **G0442 & G0443** can be billed together (same date of service)
- Payable with other E/M services
- Not payable with IPPE
Annual Depression Screening

- G0444 (Annual depression screening, 15 minutes)- RVU:0.51
  - Every 12 months
- Older adults have the highest suicide risk of all age groups
- Preventive coverage is limited to screening services. It does not cover treatment options, interventions, complications or chronic conditions resulting from depression.

Behavioral Counseling to prevent sexually transmitted infections

- G0445 (Semi -Annual, 30 minutes )
  - 2 visits every 12 months, 20-30 minutes
  - Lab screening services for chlamydia, gonorrhea, syphilis and hepatitis B
  - includes each of these broad topics, allowing flexibility for appropriate patient-focused elements:
    - education,
    - skills training,
    - guidance on how to change sexual behavior.
Behavioral Therapy to Reduce Cardiovascular Disease Risk Individual

- **G0446** (annual, 15 minutes) RVU:0.74
  - Risk factors include:
    - Being overweight, physical inactivity, diabetes, cigarette smoking, high blood pressure, high cholesterol, family history
  - One CVD risk reduction visit per year that includes:
    - Encouraging aspirin use when benefits outweigh risks
    - Screening for high blood pressure
    - Intensive behavioral counseling to promote healthy diet

Behavioral Counseling for Obesity

- **G0447** (Face-to-face, 15 minutes) RVU:0.74
  - Obesity is defined as having a Body Mass Index (BMI) ≥30
  1. Screening for obesity in adults using BMI
  2. Dietary (nutritional) assessment
  3. Intensive behavioral counseling
    - Benefit includes:
      - One face-to-face visit every week for the first month;
      - One face-to-face visit every other week for months 2-6;
      - One face-to-face visit every month for months 7-12, if the beneficiary meets the 3kg weight loss
Covered Preventive Services
Patient Pays Nothing (after 1/1/2011)

- Effective Jan. 1, 2011, Health Care Reform waives the Part B deductible and the 20 percent coinsurance to most preventive services.

- Specifically, the provision waives both the deductible and coinsurance for the initial preventive physical examination (Welcome to Medicare Visit) and the new annual wellness visit.

Covered Preventive Services
Patient Pays Nothing (after 1/1/2011)

- Pneumonia, flu, hepatitis B vaccines
- Screening mammography, pap smears, pelvic exam
- Prostate cancer screening (G0103 PSA test)
- Diabetes screenings test (Glucose, 2 tests yearly for high risk)
- Medical Nutrition Therapy Services (Diabetes & Kidney disease-RD)
- Bone mass measurement (Every 24 month for patient’s at risk- More frequently if medically necessary)
- Flexible sigmoidoscopy, colonoscopy
Covered Preventive Services
Patient Pays Nothing (after 1/1/2011)

- Cardiovascular disease (Blood Test - every 5 years)
- Ultrasound screening for abdominal aortic aneurysm
  (AAA code G0389, ICD-9 codes V15.82, V17.4 and V81.2 - Once in a lifetime order the test after Welcome to Medicare Visit)
- HIV testing
- Smoking cessation services (new G codes)
- Fecal Occult blood test
- Welcome to Medicare Visit
- Yearly “Wellness” Exam

Medicare Preventive Services
2012

Questions?

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