

Internal Medicine Coding Alert

Fee Schedule Update: How Coders Can Welcome 'New' Medicare Visits

We've got the scoop on the latest guidelines for preventive care and EKGs

By now you've heard about the new "Welcome to Medicare Physical," which CMS recently announced in the 2005 Final Rule. But you may not know how to code this visit, the tricky documentation guidelines and the new screening codes you can also report.

Know What 'New' Means

When coding the "welcome" visit, use the tips below to ensure you'll be welcoming in additional payment - not denials.

1. You should report new code G0344 (Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first six months of Medicare enrollment), which pays about \$98, depending on location.
2. Your internist can perform the welcome visits only for patients new to Medicare. This could be a snag for IM offices because most patients new to your office may already be established Medicare patients, says **Kathy Pride, CPC, CCS-P**, a coding consultant for QuadraMed in Port St. Lucie, Fla.
3. **Important:** You can report a welcome physical for a patient already established in your office, but make sure the patient's Part B coverage began on or after Jan. 1, 2005, Pride says. "And after that, they have six months to get the physical."

Initially, **Gail Hopson-Elridge, CPC**, a coding and reimbursement specialist at St. Alphonsus Physician Services in Boise, Idaho, was "a little concerned" about knowing which patients had been with Medicare for only six months. But then she learned that the day coverage began for a patient will be on the front of the patient's Medicare card.

Coding essential: But even if the patient is new to Medicare, you still have to remember this tip:

You can report only one "welcome" physical in a patient's lifetime. "And from what I read, the visit has to be the first service ever billed for that patient to Medicare," Pride says.

For example, if a new Medicare beneficiary sees a specialist first, then "this whole idea of a 'welcome visit' is null," she adds. "The patients need to be educated to see a 'primary-care' physician as their first visit for them to take advantage of this service."

Best bet: You should educate yourself, fellow coders and physicians on how to appropriately report these visits. For instance, Hopson-Elridge plans to attend some seminars concerning the welcome visit and will pass the information to her coworkers, she says.

Get Ready for Expanded Screening Coverage

Suppose that during the "welcome" visit, your internist screens for cardiovascular disease and diabetes. As of this year, he can bill for an electrocardiogram in addition to the visit, according to CMS' press release.

How it works: The internist wants to check a Medicare patient for heart disease and performs an ECG. Instead of choosing a traditional ECG code, such as 93000 (Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report), you'll need to use one of the following new G codes:

1. G0366 - Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report, performed as a component of the initial preventive physical examination. A physician or qualified nonphysician who performs the complete ECG service, in addition to the physical, would report both G0344 and G0366, according to the Nov. 15, 2004, Federal Register.
2. G0367 - ... tracing only, without interpretation and report, performed as a component of the initial preventive physical examination
3. G0368 - ... interpretation and report only, performed as a component of the initial preventive physical examination.

Note: Medicare won't pay for G0366 and G0367 when the physician performs the services in the facility setting, the Register states.