

## Internal Medicine Coding Alert

### Preventive Services: Polish Your ECG with Preventive Services Coding with These 2 Scenarios

**Hint: Identify level of ECG service performed to nail the right code.**

When your internal medicine physician performs an Initial Preventive Physical Examination (IPPE), also known as a "Welcome to Medicare" visit, or an Annual Wellness Visit (AWV) for a Medicare patient, you have to zone in on other services performed along with these preventive services to avoid loss of deserved reimbursement. One such service that your clinician might perform is an electrocardiogram (ECG), so you need to be proficient with knowing what codes you will have to report for this service.

Here are two scenarios that will help you get proficient with reporting an ECG with a preventive physical examination. Check and see if you can crack the coding.

**Scenario 1:** A Medicare patient comes to your physician for an IPPE. Your clinician performs the measurement of his height, weight, body mass index (BMI), and blood pressure and tests for visual acuity. Along with these basic preventive services, your clinician also performs and interprets an ECG for the patient. Is the ECG a separately reportable service? If so, what code would you report for this screening test?

**Scenario 2:** An established patient comes to your physician for his scheduled AWV. Your clinician records measurements of height, weight, BMI, blood pressure, and other routine measurements. He also performs other elements required of an AWV. Since the patient has had a previous history of high blood pressure, your clinician orders an ECG to screen the patient for any anomalies and subsequently interprets the ECG and provides the report after receiving the tracing from the provider of the ECG. In this scenario, can the ECG be claimed in addition to the AWV code? If so, what code should be used to report the service?

#### Choose Appropriate HCPCS Code For EKG With G0402

When your clinician provides a 'Welcome to Medicare' IPPE to a beneficiary during the first 12 months of Medicare enrollment, you report this service with G0402 (Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment).

The IPPE is a one-time benefit and is covered for beneficiaries within the first 12 months of Medicare Part B enrollment. The IPPE is a dedicated preventive visit, not an exam addressing specific problems. The IPPE is not a head-to-toe physical examination. While there is some overlap, the focus of the IPPE is to furnish education, counseling, and prevention services appropriate for the individual and available in Medicare.

A variety of professionals can furnish the IPPE, including:

- Physician
- Physician assistant
- Nurse practitioner
- Clinical nurse specialist.

The IPPE does not include other preventive services, screenings, or lab tests currently covered and paid under section 1861 of the Social Security Act (i.e., Medicare) that the physician furnishes during the IPPE visit. The beneficiary may have an optional screening ECG in conjunction with the IPPE. To report that service, you will use one of the following

Healthcare Common Procedure Coding System (HCPCS) codes, depending on what part of the ECG your office provides:

- G0403 -- Electrocardiogram, routine ECG with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report
- G0404 -- Electrocardiogram, routine ECG with 12 leads; tracing only, without interpretation and report, performed as a screening for the initial preventive physical examination
- G0405 -- Electrocardiogram, routine ECG with 12 leads; interpretation and report only, performed as a screening for the initial preventive physical examination.

So, based on what part of the ECG your clinician performed, you will have to report the appropriate HCPCS code. For instance, if your clinician only performed the interpretation of the ECG along with preparation of the report, you will only report G0405 for the ECG-related services rendered by your physician.

In the scenario 1 described above, since your internist undertook performing the tracing and the interpretation with report for the patient along with the basic preventive services, you will have to report G0403 for the ECG part of the service. You will report G0402 for the IPPE.

### **Switch to CPT® Codes For ECG With Annual Wellness Visit (AWV) Codes**

Since the descriptors to G0403-G0405 clearly mention the phrase "for the initial preventive physical examination," you will have to restrict the use of these codes to situations when your clinician performs an ECG along with an IPPE.

In the subsequent years, when your clinician sees the patient for an AWV, you cannot report these above mentioned codes if your clinician sees it fit to perform an ECG in conjunction with the AWV.

During an AWV, your internal medicine physician isn't required to complete a physical examination other than vital signs and other routine measurements. He might perform a record of height, weight, BMI (or waist circumference, if appropriate), blood pressure, and other routine measurements as deemed appropriate based on medical and family history.

Again, as with the IPPE, some screening tests can be performed by your physician along with the AWV. If your clinician performs these services, you will have to report them separately with appropriate HCPCS or CPT® codes. Some screening services that might be performed by your clinician might include a prostate screening (G0102, Prostate cancer screening; digital rectal examination) or a pap smear (Q0091, Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory).

If your clinician performs an ECG, you will have to report it using one of the following CPT® codes as appropriate:

- 93000 (Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report)
- 93005 (...tracing only, without interpretation and report)
- 93010 (...interpretation and report only)

Again, like you did with HCPCS codes G0403-G0405, you will have to choose the appropriate ECG code from the above mentioned codes depending on the service level provided by your internal medicine physician. So, if your physician is performing both the tracing and the interpretation along with report, you report 93000.

In scenario 2 described at the beginning, as your clinician performed only the interpretation of the ECG along with preparation of the report, you use 93010 to report the ECG part of the service. You will have to report G0438 (Annual wellness visit; includes a personalized prevention plan of service [PPS], initial visit) or G0439 (...subsequent visit) as appropriate for reporting the AWV.

"For a non-Medicare patient, the provision of an ECG in conjunction with a preventive visit is similar to that of an ECG provided in conjunction with an AWV, although coding for the visit itself differs," notes **Kent Moore**, senior strategist for

physician payment at the American Academy of Family Physicians. "Preventive visits for non-Medicare patients are typically reported with the CPT® codes 99381-99387 for new patients or 99391-99397 for established patients. The exact code in each range depends on the age of the patient. Any ECG-related services would be reported with the appropriate code from 93000-93010, again depending on the extent of the ECG services actually furnished by the physician," Moore says.

"It's also worth noting that the CPT® codes for ECGs can be used for either screening or diagnostic ECGs. With these codes, it is the corresponding diagnosis code that indicates the purpose of the ECG," Moore adds.