

Part B Insider (Multispecialty) Coding Alert

Preventive Care: CMS to Cover Annual Cardiovascular Disease Prevention Visit

Coverage will apply to primary care practitioners, Decision Memo indicates.

Amidst growing complaints that Medicare's annual wellness visit (AWV) should be expanded to a full annual physical, CMS has taken baby steps to assuage frustrated medical practices with a new preventive care decision. On Nov. 8, the agency annual cardiovascular disease prevention visit to all beneficiaries.

Under the new coverage limitations, CMS will cover the free intensive cardiovascular risk reduction visit, which includes the following three components, the Decision Memo states:

- Encouraging aspirin use for preventing cardiovascular disease "when the benefits outweigh the risks for men age 45-79 years and women 55-79 years"
- Screening for high blood pressure in adults age 18 years and older
- Intensive behavioral counseling to promote a healthy diet in patients with hyperlipidemia, hypertension, advancing age, and other risk factors for cardiovascular and diet-related chronic disease issues

Who can perform these? Sorry, cardiologists-- CMS is restricting the preventive visit mainly to non-specialists. "The visit must be furnished by primary care practitioners, such as a beneficiary's family practice physician, internal medicine physician, or nurse practitioner, in settings such as physicians' offices," CMS said in its Nov. 8 email about the coverage. The Decision Memorandum itself also adds geriatric medicine practitioners and ob-gyns to the list of practices eligible to perform the benefit. CMS appears to hope that streamlining the visit to primary care practitioners will ensure that more beneficiaries benefit from the visit.

"Access to preventive services helps Medicare beneficiaries identify health risk factors and disease early to provide greater opportunities for early treatment," said CMS administrator **Donald Berwick, MD**, in a Nov. 8 statement.

Know What the Visit Entails

CMS is using its "Five As" approach to describe what the practitioner should perform during the behavioral counseling intervention for aspirin use and healthy diet. The "Five As" are as follows, according to CMS's Decision Memorandum:

- Assess: Ask about/assess behavioral health risk(s) and factors affecting choice of behavior change goals/methods.
- Advise: Give clear, specific, and personalized behavior change advice, including information about personal health harms and benefits.
- Agree: Collaboratively select appropriate treatment goals and methods based on the patient's interest in and willingness to change the behavior.
- Assist: Using behavior change techniques (self-help and/or counseling), aid the patient in achieving agreed-upon goals by acquiring the skills, confidence, and social/environmental supports for behavior change, supplemented with adjunctive medical treatments when appropriate.
- Arrange: Schedule follow-up contacts (in person or by telephone) to provide ongoing assistance/support and to adjust the treatment plan as needed, including referral to more intensive or specialized treatment.

To read the Decision Memo in its entirety, visit

 $\underline{www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=248}.$

