

Part B Insider (Multispecialty) Coding Alert

Preventive Care: Don't Look to CMS for AWV Diagnosis Coding Advice

Plus: Know what you can legitimately report with annual wellness visit.

You can forget about Medicare providing you with a standard diagnosis code to use for your annual wellness visits (AWVs). That's the word from CMS's "ABC's of Initial Preventive Physical Exam and Annual Wellness Visit National Provider Call," which took place on July 21.

Although many practices pressed the agency for information on which ICD-9 codes to report with AWVs, CMS stood fast in refusing to pinpoint any one particular code. "There are no specific ICD-9-CM diagnosis codes that are required to be included on an annual wellness visit bill," said CMS's **Thomas Dorsey** during the call. "Therefore, Medicare providers should choose an appropriate ICD-9-CM diagnosis code or contact the local Medicare contractor for guidance."

When one caller asked whether a V code, such as V70.0 (Routine general medical examination at a health care facility), would be acceptable to bill with the IPPE or AWV, a CMS rep responded that V codes, like all other codes, could be acceptable if they are the most accurate diagnosis codes to report on the claim, but the key is to report the most appropriate ICD-9 code based on the documentation.

Differentiate Between G0438 and G0439

Keep in mind that you can bill the initial AWV (G0438) just once in a patient's lifetime. Subsequent AWVs (G0439) can be billed annually, "provided that 11 full months have passed since the last annual wellness visit," Dorsey stressed.

To prepare patients for a thorough AWV, encourage beneficiaries to bring medical records, family health history, a list of medications and supplements, and a list of their current providers and suppliers to the visit, said CMS's **Stephanie Frilling** during the call. You may want to use the opportunity of the appointment reminder call to let patients know to bring this information with them to their visit.

You can collect for the screening EKG codes (G0403 and G0405) when performed with an IPPE (also known as the "Welcome to Medicare" exam), but one caller phoned into the call to ask whether CMS plans to permit them with the AWV (G0438) as well, since many patients don't take advantage of the IPPE. "Currently those particular provisions are based on statute, but we will take it under consideration," CMS's **Jamie Hermanson** responded.

Know When EKG is Billable

If you are seeing EKG code 93000 (Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report) being denied when reported with an AWV, you should appeal. Several callers to the forum complained about denials for this service, but CMS reps responded that a medically necessary EKG would be appropriate to bill with an AWV, and that practices should link an applicable diagnosis code to the EKG code to help avoid denials.

Plus: Several callers also asked whether they can perform and collect for a digital rectal exam (G0102) with an AWV or an IPPE. "Yes you can," Frilling confirmed.

CMS Vague on Non-Physician Practitioner AWV Billing

CMS reps were not prepared to answer a caller's question regarding whether nurse practitioners and physician assistants performing AWVs are subject to incident to rules or if they will collect 100 percent of the Fee Schedule amount for that service. Although MACs have weighed in on this issue, CMS as a whole did not offer a specific answer, and its representatives said they would research the issue further.

For more information about the annual wellness visit, visit the CMS Web site at www.cms.gov/MLNProducts/downloads/Annual_Wellness_Visit.pdf.