

Part B Insider (Multispecialty) Coding Alert

READER QUESTION: Don't Count on Patient for WTM Data

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Question: Recently, we've been faced with several -Welcome to Medicare- appointments that we end up not getting paid for because the patient didn't fit the strict guidelines. How can we prevent this?

Answer: Beneficiaries receive coverage for the new -Welcome to Medicare- (WTM) exam (G0344, Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first six months of Medicare enrollment), only once in their lifetime--and only within the first six months after joining Medicare. Experts offer these three good practices to help keep track of your new Medicare patients and ensure you get paid for these services:

1. Ask patients to sign an advance beneficiary notice (ABN). Practices often have no way to keep track of whether the patient has already received the WTM exam somewhere else. A signed ABN guarantees that the patient will pay out-of-pocket if Medicare denies the claim.

2. Add a note to patients- files when they've had the exam already. This simple act will prevent you from accidentally performing the WTM exam again for patients who have already had it.

3. Inquire about the patient's exam status multiple times. When the patient makes his appointment, you should ask if he's just enrolled in Medicare, when that enrollment became effective, and if he's had the WTM exam anywhere else. Then when the patient comes in for his visit, the front-desk staff, as well as the doctor, should ask the same questions.

4. Check the patients- eligibility with Medicare to make sure they don't have Medicare Managed Care. Additionally, you should check the patients- Medicare cards to confirm their eligibility date, and make sure they're still within the window of when they can get their WTM exam.

5. Ensure that the patient also undergoes a screening EKG. If you don't have this component, the carrier will deny payment for the WTM exam.

How: If the physician performs the EKG in the office using his own equipment, you can report G0366 (Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report, performed as a component of the initial preventive physical examination) in addition to G0344.

If he only performs the EKG tracing, report G0367 (Tracing only, without interpretation and report, performed as a component of the initial preventive examination) with G0344. When the physician supplies interpretation and report only, report G0368 (Interpretation and report only, performed as a component of the initial physical examination) with G0344.