

Preventive Services: Screening for Cardiovascular Disease and Abdominal Aortic Aneurysm

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Today's Presenters

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Objectives

- To provide an understanding of the preventive services that are available for patients and to instruct on the proper billing of these services

Agenda

- CVD Screening Services
- IBT for CVD
- Ultrasound Screening for AAA
- Resources and References

Cardiovascular Disease Screening Services

Coverage

- All Medicare Part B beneficiaries without apparent signs or symptoms of CVD
- Every five years
 - At least 59 months from last covered screening tests
- Must be ordered by physician or qualified NPP for CVD early detection

CVD Risk Factors

- Diabetes
- Family history of cardiovascular disease
- Diets high in saturated fats, cholesterol and salt or sodium
- History of previous heart disease
- Hypercholesterolemia (high cholesterol)
- Hypertension

CVD Risk Factors

- Lack of exercise
- Obesity
- Excessive alcohol use
- Smoking
- Stress

Coverage

- Test covered by Medicare
 - Total cholesterol test
 - Cholesterol test for high-density lipoproteins
 - Triglycerides test
- Beneficiary must fast for 12 hours prior to testing

Who Can Perform

- Physician – Doctor of medicine or osteopathy
- Qualified NPP
 - Nurse practitioner (50)
 - Certified clinical nurse specialist (89)
 - Physician assistant (97)

Documentation

- Tests ordered by physician or qualified NPP
- Tests ordered for CVD early detection
- Patient asymptomatic
- Patient fasted for 12 hours prior to testing
- Frequency guidelines met
- Appropriate supporting procedure and diagnosis codes

Billing – CPT codes

Coding	Description
82465	Cholesterol, serum or whole blood, total
83718	Lipoprotein, direct measurement; HDL cholesterol
84478	Triglycerides
80061	Lipid Panel (must include 82465, 83718 and 84478)

Billing – Diagnosis Codes

ICD-10-CM Diagnosis Code	Description
Z13.6	Encounter for screening for cardiovascular disorders

Cost-Sharing and Reimbursement

- Cost-sharing
 - Deductible waived
 - Coinsurance waived
- Reimbursement
 - [Clinical Laboratory Fee Schedule](#)
 - [Our website](#) > Resources > Tools & Calculators> Fee Schedule Lookup

Common Reasons for Claim Denial

- Beneficiary received a covered lipid panel during past five years
- Beneficiary received same individual cardiovascular screening test(s) within past five years

More Information

- MLN Matters® [MM3411: MMA-Cardiovascular Screening Blood Tests](#)
- [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 18, Section 100](#)

Intensive Behavioral Therapy for Cardiovascular Disease

Coverage

- Beneficiaries covered under Medicare Part B
- Beneficiary must be competent and alert at time of service
- Services provided in primary care setting
- Annual benefit
 - At least 11 full months have passed

IBT for CVD Components

- Encouraging use of aspirin for CVD prevention when benefits outweigh risks
 - Men aged 45–79, women aged 55–79
- Screening for high blood pressure
 - Adults aged 18 or older
- Intensive counseling to promote healthy diet
 - Adults with hyperlipidemia, hypertension, advancing age, other known risk factors for CVD or diet-related chronic disease

Coverage

- IBT for aspirin use and healthy diet must be consistent with 5A approach
 - Assess
 - Advise
 - Agree
 - Assist
 - Arrange

Who Can Perform

- General practice (01)
- Family practice (08)
- Internal medicine (11)
- Obstetrics/gynecology (16)
- Pediatric medicine (37)
- Geriatric medicine (38)
- Certified nurse midwife (42)
- Nurse practitioner (50)
- Certified clinical nurse specialist (89)
- Physician assistant (97)

Applicable Places of Service

- 11 – Physician's office
- 22 – Outpatient hospital
- 49 – Independent clinic
- 71 – State or local public health clinic

Documentation

- Physician or qualified NPP performed IBT
- Appropriate/approved POS
- Frequency requirements met
- Component requirements met

Billing – HCPCS Code

Code	Description
G0446	Intensive behavioral therapy to reduce cardiovascular disease risk, individual, face-to-face, annual, 15 minutes

Cost-Sharing and Reimbursement

- Cost-sharing
 - Deductible waived
 - Coinsurance waived
- Reimbursement
 - Medicare Physician Fee Schedule
 - [Our website](#) > Fee Schedule Lookup
 - Nonparticipating provider reduction and limiting charge provisions apply

Common Reasons for Claim Denial

- Rendering provider not eligible to perform service
- Performed in inappropriate/invalid place of service
- At least 11 months have not passed since last covered IBT for CVD service

More Information

- [CMS IOM Publication 100-03, *Medicare National Coverage Determinations \(NCD\) Manual*, Section 210.11](#)
- [CMS IOM Publication 100-04, *Medicare Claims Processing Manual*, Chapter 18, Section 160](#)

Ultrasound Screening for Abdominal Aortic Aneurysm

Coverage

- One-time benefit
- Medicare Part B beneficiaries with certain risk factors for AAA
- Referral is required but not as part of the IPPE

Referral

- Is required from the beneficiary's
 - Attending physician
 - Physician assistant
 - Nurse practitioner
 - Clinical nurse specialist

Risk Factors

- Must be in at least one of these categories
 - Family history of abdominal aortic aneurysm
 - Male aged 65 to 75 who has smoked at least 100 cigarettes in lifetime
 - Beneficiary who manifests other risk factors
 - Beneficiary category recommended for screening by USPSTF regarding AAA, as specified by the Secretary of HHS, through national coverage determination process

Who Can Perform

- Service rendered by provider/supplier authorized to provide covered ultrasound diagnostic services

Documentation for AAA

- Physician's order
- Patient included in one or more AAA risk categories
- Patient asymptomatic

Coding:

CPT Code/ICD-10 Coding

Procedure	Description
76706	Ultrasound, abdominal aortic, real time with image documentation, screening study for AAA

- Modifiers TC, 26
- No specific ICD-10-CM codes identified, however a valid ICD-10-CM is required

Cost-Sharing and Reimbursement

- Cost-sharing
 - Deductible waived
 - Coinsurance waived
- Reimbursement
 - Medicare Physician Fee Schedule
 - [Our website](#)> Fee Schedule Lookup
 - Nonparticipating provider reduction and limiting charge provisions apply

Common Reasons for Claim Denial

- No referral for ultrasound screening for AAA
- Second AAA billed for same beneficiary

Advance Beneficiary Notice of Noncoverage

- If a second AAA ultrasound screening is billed or if any of the other statutory criteria for coverage are not met, the service would be denied as a statutory (technical) denial, not a medical necessity denial
- If it cannot be determine whether or not the beneficiary has previously had an AAA screening, but all other statutory requirements have been met, the provider should issue the advance beneficiary notice

Prolonged Preventive Services

Prolonged Preventive Services

Procedure	Description
G0513	Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (list separately in addition to code for the preventive service)
G0514	Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (list separately in addition to code G0513 for additional 30 minutes of preventive service)

Prolonged Preventive Services

- ICD-10-CM
 - Additional ICD-10 codes may apply
- Cost-sharing
 - Deductible waived
 - Coinsurance waived
- Reimbursement
 - Medicare Physician Fee Schedule
- Frequency Limits
 - Varies according to individual Medicare preventive service
 - Clock symbol beside a HCPCS/CPT code in the educational tool means the code/service can be billed with a Prolonged Preventive Services add-on

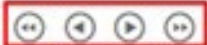
Resources and References

Check Beneficiary Eligibility

- Accessing our [NGSConnex](#) provider portal
 - NGSConnex is available 24/7
 - Information obtained from the local system is only available
 - Monday–Friday: 7:00 a.m.–6:00 p.m. ET
 - Saturday: 7:00 a.m.–3:00 p.m. ET
- Accessing the IVR
 - JK: 877-869-6504
 - J6: 877-908-9499
 - Hours of operation
 - Monday–Friday: 6:00 a.m.–7:00 p.m. ET
 - Saturday: 7:00 a.m.–3:00 p.m. ET

NGSConnex

Preventive Services					Search	1 - 10 of 10+	Show More
Procedure Code	Description	Modifier	Next Eligibility E	Deductible Appl	Co-Insurance Applies		
Q0091	Q0091 - SCREE... 26		12/1/2019	No	No		
77067	77067		8/1/2019	No	No		
G0101	G0101 - CERVI... 26		12/1/2018	No	No		
G0439	G0439 - ANNU... 26		8/1/2018	No	No		
G0438	G0438 - ANNU... 26		8/1/2018	No	No		
82951	82951 - GLUCO...		8/1/2016	No	No		
83718	83718 - LIPOP...		8/1/2016	No	No		
84478	84478 - TRIGLY...		8/1/2016	No	No		
G0101	G0101 - CERVI... TC		8/1/2016	No	No		
G0104	G0104 - COLO...		8/1/2016	No	No		



More Information

- MLN Matters® [MM5235: Implementation of a One-Time Only Ultrasound Screening for Abdominal Aortic Aneurysms \(AAA\), Resulting from a Referral from an Initial Preventive Physical Examination](#)
- MLN Matters® [SE0711 Revised: Reminder – Medicare Now Provides Coverage for Eligible Medicare Beneficiaries of a One-Time Ultrasound Screening for Abdominal Aortic Aneurysms \(AAA\) When Referred for this Screening as a Result of the Initial Preventive Physical Examination \(“Welcome to Medicare” Physical Exam\)](#)
- [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 18, Section 110](#)



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Preventive Services

[Provider Resources](#)[Flu Shot](#)[Flu Shot Billing](#)[Flu Shot Coding](#)[Become a Centralized Biller](#)

Preventive Services

- Find [coverage, coding, and billing information](#) for each service
- Get [flu shot payment rates](#) for the 2021-2022 season
- Visit the [Provider Resources](#) webpage

Medicare covers many preventive services at no cost to your patients. Encourage patients to take advantage of appropriate preventive services to prevent and find diseases early, when treatment works best.

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[Help with File Formats and Plug-Ins](#)



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EDUCATIONAL TOOL

KNOWLEDGE • RESOURCES • TRAINING

Telehealth Eligible Service *

Print

Medicare Preventive Services

× Select a Service

FAQs

Resources

Alcohol Misuse Screening & Counseling ^T	Annual Wellness Visit ^T	Bone Mass Measurements	Cardiovascular Disease Screening Tests	Cervical Cancer Screening	Colorectal Cancer Screening	Counseling to Prevent Tobacco Use ^T
Depression Screening ^T	Diabetes Screening	Diabetes Self-Management Training ^T	Flu Shot & Administration	Glaucoma Screening	Hepatitis B Screening	Hepatitis B Shot & Administration
Hepatitis C Screening	HIV Screening	IBT for Cardiovascular Disease ^T	IBT for Obesity ^T	Initial Preventive Physical Exam	Lung Cancer Screening ^T	Mammography Screening
Medical Nutrition Therapy ^T	Medicare Diabetes Prevention Program	Pap Tests Screening	Pneumococcal Shot & Administration	Prolonged Preventive Services ^T	Prostate Cancer Screening	STI Screening & HIBC to Prevent STIs ^T
Screening Pelvic Exams	Ultrasound AAA Screening					

another service

Ultrasound Abdominal Aortic Aneurysm (AAA) Screening

Print

HCPCS & CPT Codes

76706 — Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)

What's Changed?

- No changes from the last quarter

ICD-10 Codes

Note: Additional ICD-10 codes may apply. Find individual Change Requests (CRs) and specific ICD-10-CM service codes we cover on [CMS ICD-10](#) webpage. For more information, [find your MAC's website](#).

Medicare Covers

Patients with Medicare Part B who meet these criteria:

- Certain AAA risk factors
- Physician, physician assistant, nurse practitioner, or clinical nurse specialist referred them

Frequency

Resources

- [Medicare Preventive Services](#)
- [National Correct Coding Initiative Edits](#)
- [List of Telehealth Services](#)
- [U.S. Preventive Services Task Force](#)

Thank You!

- Follow-up email
 - Attendees will be provided a Medicare University Course Code
- Questions?

