

Preventive Services: Screening for Cardiovascular Disease and Abdominal Aortic Aneurysm

2/29/2024

Closed Captioning: *Auto-generated closed captioning is enabled in this course and is at best 70-90% accurate. Words prone to error include specialized terminology, proper names and acronyms.*

Today's Presenters

Provider Outreach and Education Consultants

- Michele Poulos
- Arlene Dunphy, CPC





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Objective

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

Michele Poulos

IBT for CVD

Michele Poulos

Ultrasound Screening for AAA

Arlene Dunphy

Resources and References

Arlene Dunphy

Cardiovascular Disease Screening Services

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

Coverage

All Medicare Part B beneficiaries without apparent signs or symptoms of CVD

Every five years

Must be ordered by physician or qualified NPP for CVD early detection

- At least 59 months from last covered screening tests

Coverage 2



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 1



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

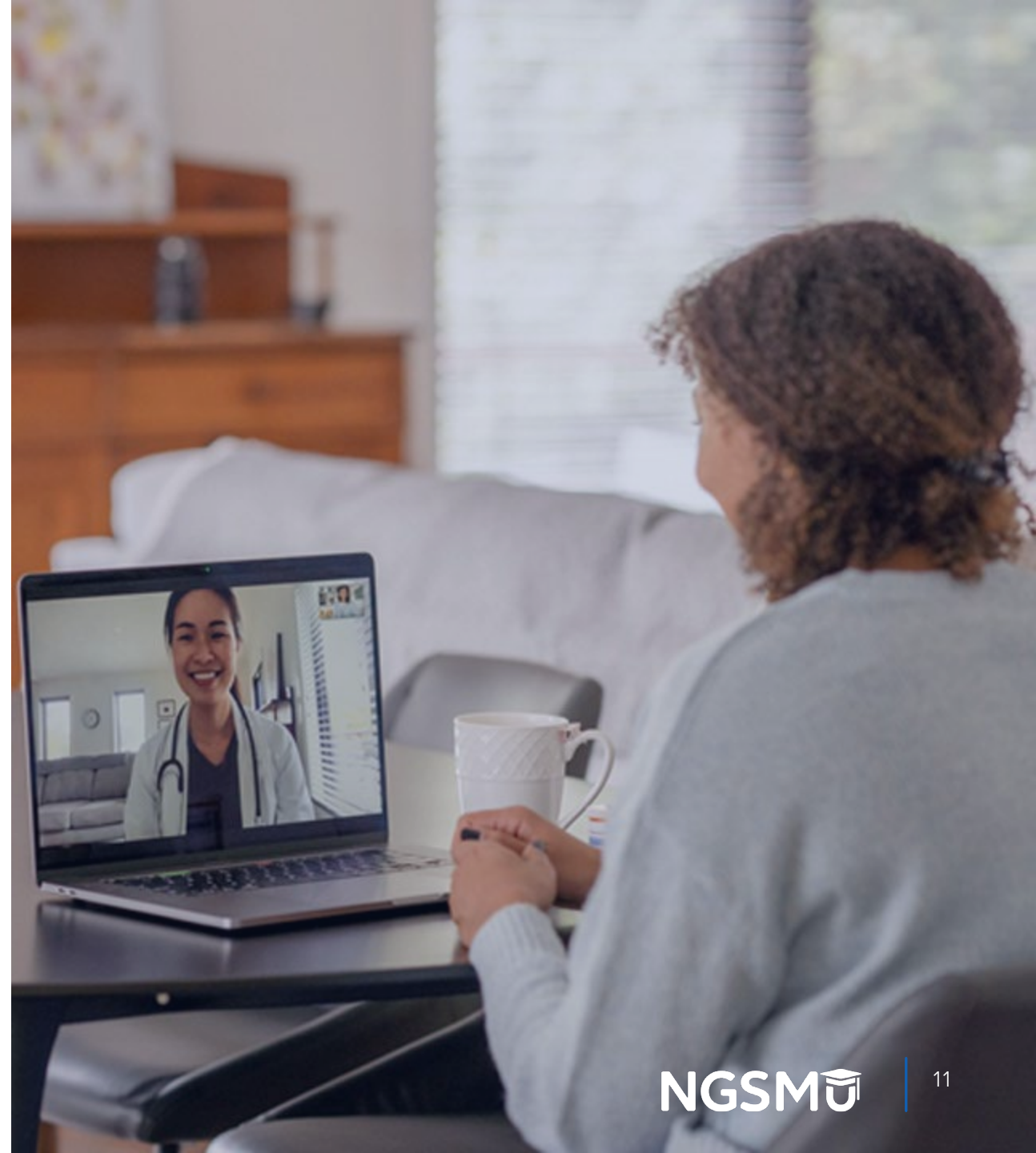
Tests ordered for CVD early detection

Patient asymptomatic

Patient fasted for 12 hours prior to testing

Frequency guidelines met

Appropriate supporting procedure and diagnosis codes



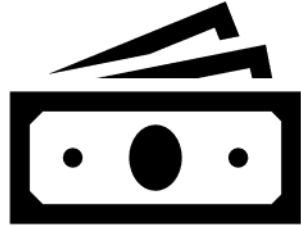
Billing – CPT codes

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 1

Beneficiary received
a covered lipid panel
during past five
years

Beneficiary received
same individual
cardiovascular
screening test(s)
within past five years

Billing – Diagnosis Codes

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

More Information



MLN Matters[®] [MM3411: MMA-Cardiovascular Screening Blood Tests](#)



[CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 18, Section 100](#)

The background is a dark blue gradient. On the right side, there are large, overlapping, semi-transparent blue geometric shapes, including a large 'S' or 'R' curve and a diagonal band. On the left side, there is a pattern of small, light blue dots that fades out towards the center.

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 2

- 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 2

1

Physician or
qualified NPP
performed IBT

2

Appropriate
Approved POS

3

Frequency
requirements
met

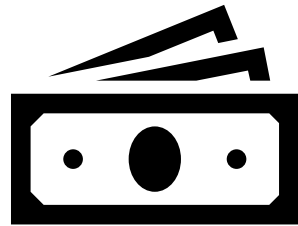
4

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 2

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 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 his 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 3

- 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 2

- 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

- Access our 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

More Information ²

- 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](#)

CMS Preventive Services Web Page

The screenshot shows the CMS.gov website interface. At the top left is the CMS.gov logo and the text "Centers for Medicare & Medicaid Services". To the right are links for "About CMS", "Newsroom", and "Data & Research", along with a search icon. Below this is a navigation bar with dropdown menus for "Medicare", "Medicaid/CHIP", "Marketplace & Private Insurance", "Priorities", and "Training & Education". A breadcrumb trail below the navigation bar reads: Home > Medicare > Coverage > Preventive Services. The main content area features a sidebar on the left with a "Preventive Services" header and a search bar containing "Flu Shot". The main heading is "Preventive Services". The text below explains that Medicare covers many preventive services to keep patients healthy and can help find health problems early. It includes a link to "learn about all preventive services". Below this is a section for "Learn more about billing for Medicare-covered preventive services:" followed by a list of service categories: Shots & vaccines, Wellness visits, Diabetes-related services, Tests & screenings, and Counseling & therapies.

CMS.gov Centers for Medicare & Medicaid Services

About CMS Newsroom Data & Research

Medicare Medicaid/CHIP Marketplace & Private Insurance Priorities Training & Education

Home > Medicare > Coverage > Preventive Services

Preventive Services

Preventive Services

Flu Shot

Preventive Services

Medicare covers many preventive services to keep your patients healthy. Preventive services can help find health problems early, when treatment works best, and can help keep your patients from getting certain diseases. Talk to your patients about which preventive services are right for them and how often they need them.

If you're a person with Medicare, [learn about all preventive services](#).

Learn more about billing for Medicare-covered preventive services:

- > Shots & vaccines
- > Wellness visits
- > Diabetes-related services
- > Tests & screenings
- > Counseling & therapies

Preventive Service Tool

mln
EDUCATIONAL TOOL
KNOWLEDGE • RESOURCES • TRAINING

Print

Telehealth Eligible Services

Medicare Preventive Services

× Select a Service FAQs Resources

Alcohol Misuse Screening & Counseling T	Annual Wellness Visit T	Bone Mass Measurement	Cardiovascular Disease Screening Test	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	Pneumococcal Shot & Administration	Prolonged Preventive Services T	Prostate Cancer Screening	Screening Pap Test	Screening Pelvic Exam
STI Screening & HIBC to Prevent STIs T	Ultrasound AAA Screening					

Quick Start Advance Health Equity

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Ultrasound Abdominal Aortic Aneurysm (AAA) Screening

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)

ICD-10 Codes

Note: Additional ICD-10 codes may apply. Find individual change requests and specific ICD-10-CM service codes we cover on the [CMS ICD-10](#) webpage. Find your [MAC's website](#) for more information.

Medicare Covers

Patients with Medicare Part B who meet these criteria:

- Certain AAA risk factors:
 - Patients are considered at risk if they have a family history of AAAs
 - They're a man aged 65–75 who's smoked at least 100 cigarettes in their lifetime
- Referred by a physician, physician assistant, nurse practitioner, or clinical nurse specialist

Frequency

Once per lifetime

What's Changed?

No changes from the last quarter

◀ Quick Start

▶ Advance Health Equity

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Resources

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

Questions?

Thank you! A follow-up email will be sent to attendees with the Medicare University Course Code.

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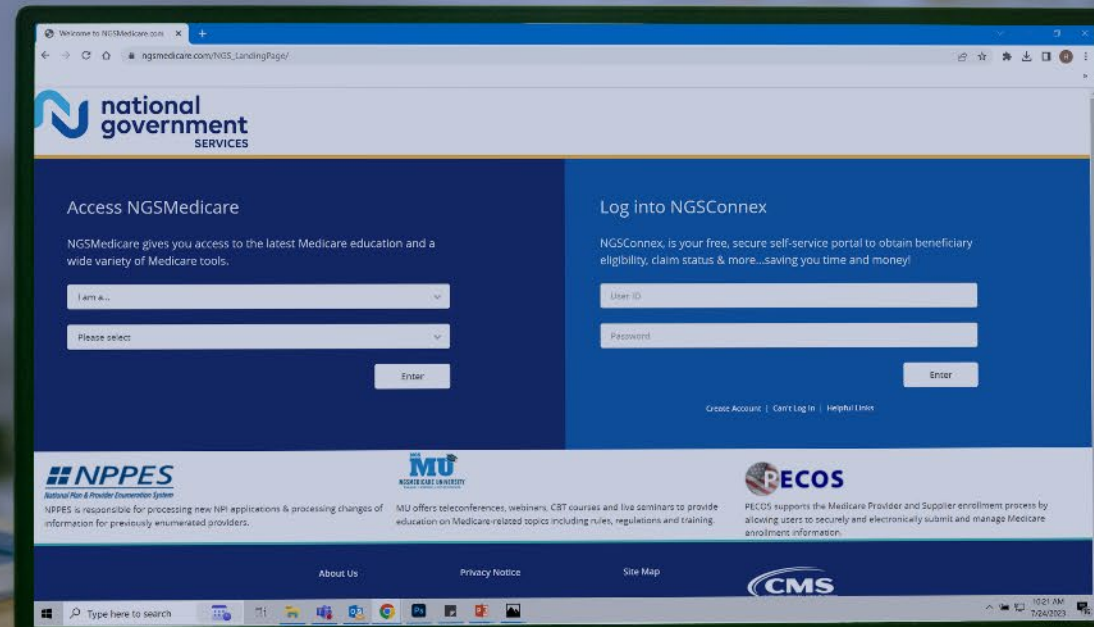
Text NEWS to 37702; Text GAMES to 37702



[LinkedIn](#)

Educational Content

Find us online



www.NGSMedicare.com

Online resources, event calendar, LCD/NCD, and tools



IVR System

The interactive voice response system (IVR) is available 24-hours a day, seven days a week to answer general inquiries



[NGSConnex](#)

Web portal for claim information



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