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UN NEWSLETTER

Medicare covers an Annual Wellness Visit (AWV) providing Personalized Prevention Plan Services (PPPS). The AWV includes a Health Risk Assessment (HRA). A brief summary of the minimum elements included in the HRA is attached.

Frequently Asked Questions:

Who may perform the AWV?

A health professional, meaning a physician (a doctor of medicine or osteopathy), a qualified non-physician practitioner (a physician assistant, nurse practitioner, or certified clinical nurse specialist), or a medical professional (including a health educator, registered dietitian, nutrition professional, or other licensed practitioner), or a team of such medical professionals who are working under the direct supervision of a physician, must furnish the AWV.

Is the AWV the same as a beneficiary's yearly physical?

No, the AWV is a preventive wellness visit and is not a "routine physical checkup" that some seniors may receive every year or two from their physician or other qualified nonphysician practitioner. Medicare does not cover routine physical examinations.

Are clinical laboratory tests part of the AWV?

No, the AWV does not include any clinical laboratory tests, but you may want to make referrals for such tests as part of the AWV, if appropriate.

Do deductible or coinsurance/copayment apply for the AWV?

No, coverage for the AWV is provided as a Medicare Part B benefit. Medicare waives both the coinsurance or copayment and the Medicare Part B deductible for the AWV.

Can I bill a separate Evaluation and Management (E/M) service at the same visit as the AWV?

Medicare may pay for a significant, separately identifiable, medically necessary E/M service (Current Procedural Terminology [CPT] codes 99201 – 99215) billed at the same visit as the AWV when billed with modifier -25. That portion of the visit must be medically necessary to treat the beneficiary's illness or injury, or to improve the functioning of a malformed body member.

Which diagnosis code should I use for the AWV?

You must report a diagnosis code; however, CMS does not require a specific diagnosis code for the AWV. Therefore, you may choose any appropriate diagnosis code.

Can I bill an electrocardiogram (EKG) and the AWV on the same date of service?

Generally, you may provide other medically necessary services on the same date of service as an AWV. The deductible and coinsurance/copayment apply for these other medically necessary services.

How do I know if a beneficiary already received his/her first AWV from another provider and know whether to bill for a subsequent AWV even though this is the first AWV I provided to this beneficiary?

You have different options for accessing AWV eligibility information depending on the jurisdiction in which you practice. CMS suggests you check with your Medicare Administrative Contractor (MAC) to see what options are available to check eligibility for the AWV as well as other preventive services.

If a beneficiary has never had an IPPE, does Medicare cover an Ultrasound Screening for AAA ordered based on an AWV referral?

No, Medicare does not cover the ultrasound screening for AAA when ordered based on an AWV referral. Medicare coverage for a one-time ultrasound screening for AAA depends on the beneficiary

Resources:

Medicare Benefit Policy Manual - <u>http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf</u>

Medicare Guidelines for Annual Wellness visit http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AnnualWellnessVisit-ICN907786.pdf

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