

# Preventive Services: Screening for Cardiovascular Disease and Abdominal Aortic Aneurysm

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# Today's Presenters

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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

- Cardiovascular Disease Screening Services
- Intensive Behavioral Therapy for Cardiovascular Disease
- Ultrasound Screening for Abdominal Aortic Aneurysm
- Prolonged Preventive Services
- Resources and References

# 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
- Smoking
- Stress

# 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



# 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 and Diagnosis Code

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)

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 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

- 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 determined if 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

# Beneficiary Eligibility Information Not Offered on the IVR beginning 11/18/2024

- CMS instructed all MACs to remove beneficiary eligibility information from our Interactive Voice Response (IVR) systems
  - Protecting beneficiaries against fraud
- Effective 11/18/2024, beneficiary eligibility that was obtained under Option 1 will no longer be available
- This includes
  - Part A and Part B entitlement dates
  - Current/prior year Part B deductible information
  - Current/prior year physical therapy and occupational therapy limit amount used
  - ESRD coverage dates, dialysis and/or transplant date
  - Home Health and Hospice name, NPI, address and effective/termination dates
  - Preventive care detail

# 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

# 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](#)
- [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 18, Section 110](#)

# CMS Preventive Services Web Page

## Preventive Services

Flu Shot

## Preventive Services

### PrEP for HIV

Starting September 30, 2024, CMS covers Pre-exposure Prophylaxis (PrEP) using antiretroviral drugs and other related services to prevent HIV. Visit [PrEP for HIV & Related 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](#)

# Preventive Service Tool

**mln**  
EDUCATIONAL TOOL  
KNOWLEDGE • RESOURCES • TRAINING

Back to MLN Print

Overview ▾ **Telehealth Eligible Services ▾** Medicare Preventive Services

× Select a Service      FAQs      Resources

Alcohol Misuse Screening & Counseling <b>T</b>	Annual Wellness Visit <b>T</b>	Bone Mass Measurement	Cardiovascular Disease Screening Test	Cervical Cancer Screening	Colorectal Cancer Screening	Counseling to Prevent Tobacco Use <b>T</b>
COVID-19 Vaccine & Administration	Depression Screening <b>T</b>	Diabetes Screening	Diabetes Self-Management Training <b>T</b>	Flu Shot & Administration	Glaucoma Screening	Hepatitis B Screening
Hepatitis B Shot & Administration	Hepatitis C Screening	HIV PrEP <b>T</b>	HIV Screening	IBT for Cardiovascular Disease <b>T</b>	IBT for Obesity <b>T</b>	Initial Preventive Physical Exam
Lung Cancer Screening <b>T</b>	Mammography Screening	Medical Nutrition Therapy <b>T</b>	Medicare Diabetes Prevention Program	Pneumococcal Shot & Administration	Prolonged Preventive Services <b>T</b>	Prostate Cancer Screening
Screening Pap Test	Screening Pelvic Exam	STI Screening & <b>T</b>	Ultrasound AAA Screening			

▸ Advance Health Equity

MLN006559 December 2024

# Ultrasound Abdominal Aortic Aneurysm (AAA) Screening

## Ultrasound Abdominal Aortic Aneurysm (AAA) Screening

### HCPCS & CPT Codes

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

Print

#### What's Changed?

No FY 2025 quarter 1 changes

Select another serv

### 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

See FAQ on [how to check eligibility](#).

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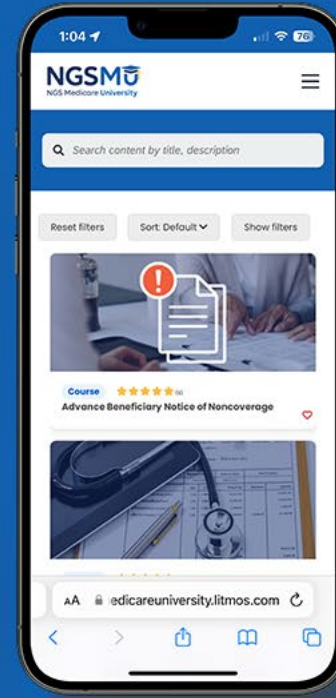
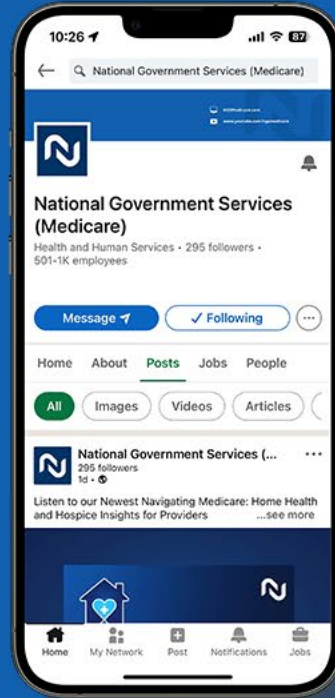
# Resources

- [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!



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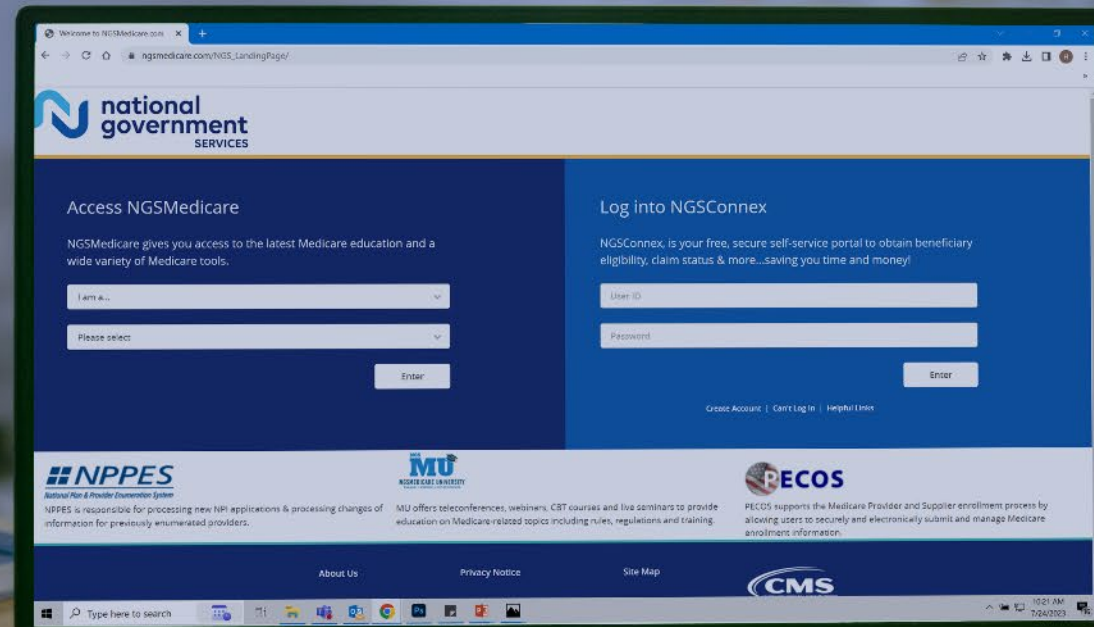


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