

Physician Facts on Medicare AAA Screening Benefit

What is the new Medicare Benefit?

Beginning January 1, 2007, Medicare will offer a free, one-time, ultrasound screening benefit to check for Abdominal Aortic Aneurysm (AAA) in qualified seniors linked to their Welcome to Medicare Physical Exam (WTMPE). This benefit became a law on February 8, 2006, as the Screening Abdominal Aortic Aneurysms Very Efficiently Act, a provision of S.1932, the Deficit Reduction Act of 2005.

How do I determine who qualifies for the screening?

Men who have smoked at least 100 cigarettes during their life, and men and women with a family history of AAA qualify for the one-time screening once they have undergone the WTMPE. The WTMPE must be completed within the first six months of Medicare eligibility, but there is no published time limit thereafter for completion of the AAA screening. Providers who perform the WTMPE physical and order the AAA screening need to document the AAA risk factors.

If there is a finding, how do I make the referral?

The benefit is an ultrasound test to search for abdominal aortic aneurysm. The provider who performs the WTMPE will be the most likely person to determine that the patient fits the benefit criteria, and that provider will arrange for the ultrasound test. The word "referral" in the proposed rule is taken directly from the federal legislation. Congressional intent may differ from what the medical community typically considers a "referral." SVS does not believe that the benefit implies a physician-to-physician clinical referral. SVS suspects that "ordering" the ultrasound may be interpreted as a subset of the larger term "referral," but clarification of this confusing issue is being sought. The legislation does not restrict the ability to order the ultrasound test to the WTMPE provider as long as the patient has the appropriate risk factors.

What happens to the patient if there is a positive finding of AAA during the screening?

The provider who orders the aortic ultrasound will receive the result and provide the findings to the patient. If the AAA is large, the patient would be best served by undergoing consultation by a vascular surgeon. If the AAA is small, the provider who ordered the ultrasound may elect to follow the patient, or a vascular surgery consultation could be requested.

How should we code the screening?

Ultrasound screening for AAA should be reported with code G0389 for 2007.

What will be the rate of reimbursement?

In 2007, based on the published Medicare Physician Fee Schedule, the non-facility Technical Component RVUs will total 1.70, and the Professional Component RVUs will total 0.80. If the 2007 Medicare Conversion Factor is \$35.98, the technical payment will then be \$61.17, and the professional interpretation, \$28.78. These values are national numbers, and actual payments will vary based on geographic practice cost indices.

If the technical component of this exam is performed in the hospital outpatient setting, the 2007 national technical payment has been posted as \$95.93, and the professional interpretation fee will be taken from the Medicare Physicians Fee schedule, \$28.78.