

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services



News Flash –

REVISED product from the Medicare Learning Network® (MLN)

- [“Advance Beneficiary Notice of Noncoverage \(ABN\) Part A and Part B,”](#) Booklet, ICN 006266, Downloadable & Hard Copy.

MLN Matters® Number: MM8107

Related Change Request (CR) #: 8107

Related CR Release Date: October 26, 2012

Effective Date: April 1, 2013

Related CR Transmittal #: R2575CP

Implementation Date: April 1, 2013

## Editing Update for Annual Wellness Visit (AWV)

**Note:** This article was updated on March 27, 2013, to add a reference to MM8153, which is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM8153.pdf>, to provide information on how CMS recovers AWV overpayments. All other information remains the same.

## Provider Types Affected

This MLN Matters® Article is for physicians, non-physician practitioners, and providers submitting claims to Medicare contractors (carriers, Medicare Administrative Contractors (MACs), and/or Fiscal Intermediaries (FIs)) for Annual Wellness Visit (AWV) services provided to Medicare beneficiaries.

## What You Need to Know

This article is based on Change Request (CR) 8107 and states that the Centers for Medicare & Medicaid Services (CMS) **will pay either the practitioner or the facility** for furnishing the AWV. Currently, for claims with dates of service on and after January 1, 2011, processed on and after April

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4, 2011, the business requirements in CR7079 allowed for an AWW visit (HCPCS G0438 or G0439) on an institutional claim and a professional claim for the same patient same day. This has resulted in some cases in overpayments. A separate instruction regarding the collection of overpayments will be forthcoming.

## Background

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CR8107 provides instructions for edits to be modified and only allow payment for either the practitioner or the facility for furnishing the AWW. Typically, when a preventive service is posted to a beneficiary's utilization history, separate entries are posted for a "professional" service (the professional claim for the delivery of the service itself) and a "technical" service (the institutional claims for a facility fee). However, in the case of AWW services, since there is no separate payment for a facility fee, effective for claims processed on and after April 1, 2013, the AWW claim will be posted as the "professional" service only, regardless of whether it is paid on a professional claim or an institutional claim. As a result of CR8107, Medicare Contractors will pay either the practitioner or the facility for furnishing the AWW, but **only a single payment under the Medicare Physician Fee Schedule will be allowed for an AWW on the same date. That payment will be based on the first claim received.**

Thus, when an institutional or professional claim is received with Healthcare Common Procedure Coding System (HCPCS) code G0438 and a previous claim was paid for code G0438, Medicare will line-item deny the subsequent service using Claim Adjustment Reason Code (CARC) 149 (Lifetime benefit maximum has been reached for this service/benefit category.), Remittance Advice Remarks Code (RARC) N117 (This service is paid only once in a patient's lifetime.), and a Group Code of PR. However, if the second claim is for the same date of service, the line item on the second claim is denied using a Group code of CO, instead of PR.

Also, when an institutional or professional claim is received with HCPCS code G0439 and a previous claim was paid for code G0438 or G0439 within the past 12 months, Medicare will deny the subsequent claim using CARC 119 (Benefit maximum for this time period or occurrence has been reached.), RARC N130 (Consult plan benefit documents/guidelines for information about restrictions for this service.), and a Group Code of PR. However, if the subsequent claim is for the same date of service, the denial will reflect a CARC of B13 (Previously Paid. Payment for this claim/service may have been provided in a previous payment.), a RARC N130 (Consult plan benefit documents/guidelines for information about restrictions for this service.), and a Group Code of CO.

## Additional Information

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The official instruction, CR8107 issued to your Medicare Carrier, FI or A/B MAC regarding this change may be viewed <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2575CP.pdf> on the CMS website.

To review the initial article, MM7079, that describes the AWW along with the particulars of the Personalized Prevention Plan Services (PPPS) go to <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7079.pdf> on the CMS website.

To access all Preventive Services educational products for Medicare Fee-For-Service health care professionals, and their staff, information on coverage, coding, billing, reimbursement, and claim filing

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procedures go to <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/PreventiveServices.html> on the CMS website.

If you have any questions, please contact your carrier, FI or A/B MAC at their toll-free number at: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

**News Flash - Diabetes and the Seasonal Flu** - November is National Diabetes Awareness Month. Diabetes can weaken the immune system, which can put seniors and others with diabetes at greater risk for flu-related complications like pneumonia. Medicare provides coverage for one seasonal influenza virus vaccine per influenza season for all Medicare beneficiaries. Medicare generally provides coverage of pneumococcal vaccination and its administration once in a lifetime for all Medicare beneficiaries. Medicare may provide coverage of additional pneumococcal vaccinations based on risk or uncertainty of beneficiary pneumococcal vaccination status. Medicare provides coverage for the seasonal flu and pneumococcal vaccines and their administration for seniors and others with Medicare with no co-pay or deductible. And remember, seasonal flu vaccine is particularly important for health care workers, who may spread the flu to their patients. Don't forget to immunize yourself and your staff. Protect your patients. Protect your family. Protect yourself. *Know what to do about the flu.*

Remember – The influenza vaccine plus its administration and the pneumococcal vaccine plus its administration are covered Part B benefits. The influenza vaccine and pneumococcal vaccine are NOT Part D-covered drugs. CMS has posted the 2012-2013 [Seasonal Influenza Vaccines Pricing](#). You may also refer to the [MLN Matters® Article #MM8047](#), "Influenza Vaccine Payment Allowances - Annual Update for 2012-2013 Season."

For more information on coverage and billing of the flu vaccine and its administration, please visit the [CMS Medicare Learning Network® Preventive Services Educational Products](#) and [CMS Immunizations](#) web pages. And, while some providers may offer the flu vaccine, others can help their patients locate a vaccine provider within their local community. [HealthMap Vaccine Finder](#) is a free, online service where users can search for locations offering flu vaccines.

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