



News Flash – Each Office Visit is an Opportunity. Medicare patients give many reasons for not getting their annual flu vaccination, but the fact is that there are 36,000 flu-related deaths in the United States each year, on average. More than 90% of these deaths occur in people 65 years of age and older. Please talk with your Medicare patients about the importance of getting their annual flu vaccination. This Medicare-covered preventive service will protect them for the entire flu season. And remember, vaccination is important for health care workers too, who may spread the flu to high risk patients. **Don't forget to immunize yourself and your staff. Protect your patients. Protect your family. Protect yourself. Get Your Flu Vaccine - Not the Flu.** Remember – Influenza vaccine plus its administration are covered Part B benefits. Note that influenza vaccine is NOT a Part D covered drug. For information about Medicare's coverage of the influenza vaccine and its administration, as well as related educational resources for health care professionals and their staff, please visit http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Flu_Products.pdf and <http://www.cms.gov/Medicare/Prevention/Immunizations/index.html> on the CMS website.

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Related Change Request (CR) #: 6908

Related CR Release Date: October 28, 2010

Effective Date: January 1, 2010

Related CR Transmittal #: R2075CP

Implementation Date: January 28, 2011

Note: This article was updated on November 30, 2012, to reflect current Web addresses. All other information remains unchanged.

Implementation of Section 2902 of the Affordable Care Act for Indian Health Service (IHS) Part B Services and All Inclusive Rate (AIR) Billing for Return Visits

Provider Types Affected

This article is for IHS providers receiving payment under the AIR payment methodology for Part B hospital outpatient services.

Provider Action Needed

This article is based on Change Request (CR) 6908 which clarifies billing for return visits to IHS providers under the AIR payment methodology. See the Background

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and Additional Information Sections of this article for further details regarding this clarification.

CR 6908 also implements Section 2902 of The Affordable Care Act, which extends indefinitely Section 630 of The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), retroactive to January 1, 2010. MLN Matters® article SE0930 contains more details on this extension of Section 630 of the MMA. The article is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE0930.pdf> on the Centers for Medicare & Medicaid Services (CMS) website.

Background

CR 6908 updates the Medicare Claims Processing Manual (Chapter 19, Section 100.5.1) to clarify that, while at least one face-to-face encounter with a physician (or non-physician practitioner) is required for an initial visit to count as a billable AIR encounter, the same is not always true of return visits to obtain follow-up care ordered by the physician (or non-physician practitioner) during the initial visit.

CR 6908 further states that it is appropriate for a return encounter to be billed on the date the procedure or test is furnished and for the provider to receive an additional AIR payment (even if the beneficiary did not interact with a physician or non-physician practitioner during the return visit) if:

- A physician (or non-physician practitioner) orders a specific procedure or test which cannot be furnished until a later date after the date of the initial visit with the physician (or non-physician practitioner); **and**
- The procedures or tests are medically necessary.

Examples of medically necessary reasons for return visits would include a requirement that:

1. The beneficiary fast for 12 hours prior to an ordered test; or
2. A chest X-ray is provided two weeks following the initiation of antibiotic treatment for pneumonia.

Also, a return visit would be considered medically necessary if a beneficiary must return on another day for a medically necessary test ordered during an initial visit because the test cannot be performed on the day it is ordered due to provider or patient constraints that cannot be overcome.

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Additional Information

The official instruction, CR 6908, issued to your carrier, DME MAC and/or A/B MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2075CP.pdf> on the CMS website.

If you have any questions, please contact your Medicare contractor at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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