DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

In September 2012, the Centers for Medicare & Medicaid Services (CMS) announced the availability of a new electronic mailing list for those who refer Medicare beneficiaries for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). Referral agents play a critical role in providing information and services to Medicare beneficiaries. To ensure you give Medicare patients the most current DMEPOS Competitive Bidding Program information, CMS strongly encourages you to review the information sent from this new electronic mailing list. In addition, please share the information you receive from the mailing list and the link to the "mailing list for referral agents" subscriber webpage with others who refer Medicare beneficiaries for DMEPOS. Thank you for signing up!

MLN Matters® Number: MM8153

Related Change Request (CR) #: CR 8153

Related CR Release Date: April 11, 2013

Effective Date: July 1, 2013

Related CR Transmittal #: R1209OTN

Implementation Date: July 1, 2013

Recovery of Annual Wellness Visit (AWV) Overpayments

Note: This article was revised on July 6, 2013, to add a reference to MM8039 (http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM8039.pdf, to alert providers that for new enrollment or change of ownership enrollment applications, Medicare contractors may deny a Form CMS-855 enrollment application if the current owner of the provider or supplier has an existing overpayment that has not been repaid in full at the time an application for new enrollment or change of ownership is filed. This article was previously revised on April 11, 2013, to reflect changes made to CR8153 on April 11. The revision clarified the types of contractors taking recovery actions. Information has been added in the last paragraph on page 2 of this article. All other information remains the same.

Provider Types Affected

This MLN Matters® Article is intended for physicians and providers submitting claims to Medicare contractors (Fiscal Intermediaries (FIs), carriers, and A/B MACs for certain services to Medicare beneficiaries.

What You Need to Know

This article is based on Change Request (CR) 8153, which provides instructions to Medicare contractors for recovering Annual Wellness Visit (AWV) overpayments that have been made.

- For claims with dates of service on and after January 1, 2011, that were processed by Medicare processed on and after April 4, 2011 through March 31, 2013, Medicare systems allowed for an AWV visit (Healthcare Common Procedure Coding System (HCPCS) G0438 or G0439) on an institutional claim and a professional claim for the same patient on the same day. In some cases, this has resulted in overpayments.
- CR8107 has updated those business requirements in order to prevent future overpayments.
- CR8153 instructs contractors on recovering those overpayments.

Make sure that your billing staffs are aware of these changes.

Background

CR7079 provided billing instructions for Annual Wellness Visit (AWV) services, which informed providers that they may provide an initial AWV visit (HCPCS code G0438) to a beneficiary once in a lifetime. In addition, providers may provide a subsequent AWV (HCPCS code G0439) if the beneficiary has not received an Initial Preventive Physical Examination (IPPE) or an AWV within the past 12 months.

For claims with dates of service on and after January 1, 2011, and processed on and after April 4, 2011 through March 31, 2013, the business requirements of CR7079 allowed an AWV visit (HCPCS G0438 and G0439) on an institutional claim and a professional claim for the same patient on the same day. In some cases, this resulted in double billing of the same service, since institutional and professional claims may be submitted for the same service. In other instances, both a professional and an institutional claims have been received for the same patient with different dates of service exceeding the allowed services under coverage guidelines. As a response to double billing of AWV services, the Centers for Medicare & Medicaid Services (CMS) issued CR8107 to provide instructions for edits to be modified to only allow payment for either the practitioner or the facility for furnishing the AWV. CR8107 will be implemented on April 1, 2013. In the interim period from April 4, 2011, through March 31, 2013, double billings have occurred and may continue to occur. CR8153 provides instructions to contractors to initiate a recovery process for these overpayments of AWV services.

Section 4103(c)(3)(A) of the Affordable Care Act specifically excludes the AWV from payment under the Outpatient Prospective Payment System (OPPS) and establishes payment for the AWV when performed in a hospital outpatient department under the Medicare Physician Fee Schedule (MPFS). CMS will accept claims for payment from facilities furnishing the AWV in a facility setting if no physician claim for professional services has been submitted to CMS for payment. That is, Medicare will pay either the practitioner or the facility for furnishing the AWV providing Personalized Prevention Plan Services (PPPS) in a facility setting, and only a single payment under the MPFS will be allowed.

Where an AWV payment for a beneficiary has been made, this is an overpayment that must be recovered.

For providers who submit claims to Part B MACs or Medicare Carriers, contractors will use procedures for recovering overpayments, as provided in the "Medicare Financial Management Manual", Chapter 3, Overpayments and Chapter 4, Debt Collection (http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/fin106c03.pdf). For these overpayments that are recovered from providers, the beneficiaries will be notified that they are not responsible for reimbursing the providers for the recovered amount.

Additional Information

The official instruction, CR8153, issued to your carrier and A/B MAC regarding this change, may be viewed at http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1209OTN.pdf on the CMS website.

To review the initial MLN Matters® article, MM7079, that describes the AWV 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 review the MLN Matters® article, MM8107, that describes the modified billing instructions for an AMW visit, go to http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM8107.pdf on the CMS website.

If you have any questions, please contact your carrier or A/B MAC 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.

News Flash - Flu Season Isn't Over – Continue to Recommend Vaccination - While each flu season is different, flu activity typically peaks in February. Yet, even in February, the flu vaccine is still the best defense against the flu. The CDC recommends yearly flu vaccination for everyone 6 months of age and older; and although anyone can get the flu, adults 65 years and older are at greater risk for serious flu-related complications that can lead to hospitalization and death. Every office visit is an opportunity to check your patients' vaccination status and encourage flu vaccination when appropriate. And getting vaccinated is just as important for health care personnel who can get sick with the flu and spread it to family, colleagues and patients. Be an example by getting your flu vaccine and know that you're helping to reduce the spread of flu in your community. Note: influenza vaccines and their administration fees are covered Part B benefits. Influenza vaccines are NOT Part D-covered drugs. *For More Information:*

- 2012-2013 Seasonal Influenza Vaccines Pricing.
- MLN Matters® Article MM8047, "Influenza Vaccine Payment Allowances - Annual Update for 2012-2013 Season."
- CMS Medicare Learning Network® 2012-2013 Seasonal Influenza Virus Educational Products and Resources and CMS Immunizations web pages for information on coverage and billing.
- HealthMap Vaccine Finder – a free, online service where users can find nearby locations offering flu vaccines as well as other vaccines for adults.
- The CDC's website offers a variety of provider resources for the 2012-2013 flu season.