

# Ultrasound Screening for Abdominal Aortic Aneurysms

## Overview

An aneurysm is an abnormal bulge or “ballooning” in the wall of an artery. Most aneurysms occur in the aorta, the main artery that carries blood from the heart to the rest of the body. An aneurysm that occurs in the aorta in the abdomen is called an abdominal aortic aneurysm (AAA). Three out of four aortic aneurysms are AAAs.

An AAA occurs when the aorta below the renal arteries expands to a maximal diameter of 3.0 centimeters (cm) or greater. AAAs may be asymptomatic for years, but if left untreated, the continuing extension and thinning of the vessel wall may eventually result in a rupture of the aneurysm. Ultrasound screening of the abdomen has been shown to be a reliable and accurate method for detecting AAAs.

Medicare’s coverage of ultrasound screening for AAAs was designated in section 5112 of the Deficit Reduction Act (DRA) of 2005. Effective for services furnished on or after January 1, 2007, Medicare will pay for a one-time only preventive ultrasound screening for the early detection of AAAs for at-risk beneficiaries, resulting from a referral from an Initial Preventive Physical Examination (IPPE).

### IMPORTANT NOTE

Only Medicare beneficiaries who receive a referral for the AAA ultrasound screening as a result of the IPPE will be covered for the AAA benefit.

## Ultrasound Screening for Abdominal Aortic Aneurysms

The term “ultrasound screening for abdominal aortic aneurysm” is defined as the following:

1. A procedure using sound waves (or other procedures using alternative technologies, of commensurate accuracy and cost, as specified by CMS through the national coverage determination process) provided for the early detection of AAA; and
2. Includes a physician’s interpretation of the results of the procedure.

## Risk Factors

An AAA can develop in anyone; however, risk factors for developing an AAA include the following:

- ▶ Male gender
- ▶ Age 65 or older
- ▶ History of ever smoking (at least 100 cigarettes in a person’s lifetime)
- ▶ Family history of AAAs
- ▶ Coronary heart disease
- ▶ Hypercholesterolemia
- ▶ Hypertension
- ▶ Cerebrovascular disease

## Coverage Information

Medicare provides coverage of a one-time preventive ultrasound screening for the early detection of an AAA for eligible beneficiaries who meet the following criteria:

- ▶ The beneficiary receives a referral for an ultrasound screening as a result of an IPPE;
- ▶ The beneficiary receives a referral from a provider or supplier who is authorized to provide covered ultrasound diagnostic services;
- ▶ The beneficiary has not been previously furnished an ultrasound screening under the Medicare Program; and
- ▶ The beneficiary is included in at least **one** of the following risk categories:
  - ▶ The beneficiary has a family history of AAAs;
  - ▶ The beneficiary is a man age 65 to 75 who has smoked at least 100 cigarettes in his lifetime; or
  - ▶ The beneficiary manifests other risk factors in a beneficiary category recommended for ultrasound screening by the United States Preventive Services Task Force (USPSTF) regarding AAAs, as specified by the Secretary of Health and Human Services through the national coverage determination process.

Medicare provides coverage for the ultrasound screening for AAA as a Medicare Part B benefit. The coinsurance or copayment applies. There is no Medicare Part B deductible for this benefit.

## Documentation

Medical record documentation must show that the ultrasound screening was ordered by a physician or qualified non-physician practitioner treating an asymptomatic beneficiary for the purpose of early detection of an AAA as a result of the IPPE. The Medicare provider should document the appropriate supporting procedure and diagnosis codes.

## Coding and Diagnosis Information

### Procedure Codes and Descriptors

The following Healthcare Common Procedure Coding System (HCPCS) code listed in Table 1 is used to report the AAA ultrasound screening service:

**Table 1 – HCPCS Code for AAA Ultrasound Screening Service**

HCPCS Code	Code Descriptor
G0389	Ultrasound, B-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA) ultrasound screening

### Diagnosis Requirements

Although Medicare providers must report a diagnosis code on the claim, there are no specific International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) diagnosis codes that are required for the AAA ultrasound screening. Providers should choose an appropriate ICD-9-CM diagnosis code. Contact the local Medicare Contractor for further guidance.

## Billing Requirements

### Billing and Coding Requirements When Submitting Claims to Carriers/AB Medicare Administrative Contractors (AB MACs)

When physicians and qualified non-physician practitioners are submitting claims to carriers/AB MACs, they must report HCPCS code G0389 and the corresponding diagnosis code in the HIPAA 837 Professional electronic claim format.

**NOTE:** In those cases where a supplier qualifies for an exception to the ASCA requirement, Form CMS-1500 may be used to submit these claims on paper. Form CMS-1500 has been revised to accommodate the reporting of the National Provider Identifier (NPI). All providers must use Form CMS-1500 (08-05) when submitting paper claims. Additional information on Form CMS-1500 can be found at [http://www.cms.hhs.gov/ElectronicBillingEDITrans/16\\_1500.asp](http://www.cms.hhs.gov/ElectronicBillingEDITrans/16_1500.asp) on the CMS website.

#### Administrative Simplification Compliance Act Claims Requirements

The Administrative Simplification Compliance Act (ASCA) requires that claims be submitted to Medicare electronically to be considered for payment with limited exceptions. Claims are to be submitted electronically using the X12 837-P (professional) or 837-I (institutional) format as appropriate, using the version adopted as a national standard under the Health Insurance Portability and Accountability Act (HIPAA). Additional information on these formats can be found at [http://www.cms.hhs.gov/ElectronicBillingEDITrans/08\\_HealthCareClaims.asp](http://www.cms.hhs.gov/ElectronicBillingEDITrans/08_HealthCareClaims.asp) on the CMS website.

### Billing and Coding Requirements When Submitting Claims to Fiscal Intermediaries/AB Medicare Administrative Contractors (FIs/AB MACs)

When submitting claims to FIs/AB MACs with HCPCS code G0389, Medicare providers must report the appropriate revenue code, and the corresponding diagnosis code in the HIPAA 837 Institutional electronic claim format.

**NOTE:** In those cases where an institution qualifies for an exception to the ASCA requirement, Form CMS-1450 may be used to submit these claims on paper. As of May 23, 2007, all providers must use Form CMS-1450 (UB-04) when submitting paper claims. Additional information on Form CMS-1450 can be found at [http://www.cms.hhs.gov/ElectronicBillingEDITrans/15\\_1450.asp](http://www.cms.hhs.gov/ElectronicBillingEDITrans/15_1450.asp) on the CMS website.

#### Types of Bills for FIs/AB MACs

The FI/AB MAC will reimburse for the AAA ultrasound screening service when submitted on the following Types of Bills (TOBs) and associated revenue codes listed in Table 2:

**Table 2 – Facility Types, Types of Bills, and Revenue Codes for AAA Ultrasound Screening Service**

Facility Type	Type of Bill	Revenue Code
Hospital Inpatient Part B including Critical Access Hospital (CAH)	12X	040X
Hospital Outpatient	13X	040X

Facility Type	Type of Bill	Revenue Code
SNF Outpatient	22X	040X
Rural Health Clinic (RHC)	23X	040X
Federally Qualified Health Center (FQHC)	71X	052X See Additional Billing Instructions for RHCs and FQHCs
CAH**	73X	052X See Additional Billing Instructions for RHCs and FQHCs
Maryland Hospital under jurisdiction of the Health Services Cost Review Commission (HSCRC)	85X	040X
Indian Health Service (IHS) Provider	12X & 13X	040X
IHS Inpatient Part B including CAH	12X	024X
IHS CAH	85X	051X

**\*NOTE:** The Skilled Nursing Facility (SNF) consolidated billing provision allows separate Medicare Part B payment for ultrasound screening services for beneficiaries that are in skilled Part A SNF stays; however, the SNF must submit these services on a 22X bill type. Ultrasound screening services provided by other provider types must be reimbursed by the SNF.

**\*\*NOTE:** Method I - All technical components are paid using standard institutional billing practices.

Method II - Receives payment for which Method I receives payment, plus payment for professional services in one of the following revenue codes: 096X, 097X, and 098X. **(This pertains to physicians/practitioners who have reassigned their billing rights to the Method II CAH.)**

### Additional Billing Instructions for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)

RHCs and FQHCs should follow these additional billing instructions to ensure that proper payment is made for services and to allow the Common Working File (CWF) to perform age and frequency editing.

- ▶ **Technical Component** for Provider-Based RHCs and FQHCs:
  - ▶ The base provider can bill the technical component of the service to the FI/AB MAC under the base provider's ID number, following instructions for submitting claims to the FI/AB MAC from the base provider.
- ▶ **Technical Component** for Independent RHCs and FQHCs:
  - ▶ The practitioner can bill the technical component of the service to the carrier/AB MAC under the practitioner's ID number, following instructions for submitting practitioner claims to the carrier/AB MAC.

- ▶ **Professional Component** for Provider-Based RHCs and FQHCs, Independent RHCs, and Freestanding FQHCs:
  - ▶ When a physician or qualified non-physician practitioner furnishes an ultrasound screening for AAA within an RHC/FQHC, the screening is considered an RHC/FQHC service.
  - ▶ The provider of an ultrasound screening for AAA service must bill the FI/AB MAC under bill type 71X or 73X respectively.
  - ▶ If the ultrasound screening is provided in an RHC or FQHC, the professional portion of the service is billed to the FI or AB MAC using the appropriate site of service revenue code in the 052X revenue code series and must include HCPCS code G0389 for the appropriate application of deductible. FQHC services are always exempt from the Part B deductible; however, RHCs are exempt from the deductible for this service.

## Reimbursement Information

### General Information

There is no Medicare Part B deductible. However, the coinsurance or copayment is applicable.

### Reimbursement of Claims by Carriers/AB Medicare Administrative Contractors (AB MACs)

Medicare reimburses the ultrasound screening procedure for AAA under the Medicare Physician Fee Schedule (MPFS), when the provider bills the carrier/AB MAC.

Additional information about MPFS can be found at <http://www.cms.hhs.gov/PhysicianFeeSched> on the CMS website.

### Reimbursement of Claims by Fiscal Intermediaries/AB Medicare Administrative Contractors (FIs/AB MACs)

Reimbursement for the ultrasound screening for AAAs depends on the type of facility providing the service. Table 3 lists the type of payment that facilities receive for the AAA ultrasound screening service:

**Table 3 – Facility Payment Methodology for Ultrasound Screening for AAA**

If the Facility is a...	Then Payment Is Based On...
Hospital Subject to the Outpatient Prospective Payment System (OPPS)	OPPS
Critical Access Hospital (CAH), Method I or Method II – Technical Component only	101% of reasonable cost
Critical Access Hospital (CAH), Method II – Professional Component only	115% of non-facility rate of Medicare Physician Fee Schedule (MPFS)
Indian Health Service (IHS) Provider – Outpatient	OMB-approved Outpatient Per Visit All-Inclusive Rate (AIR)
IHS Provider – Hospital Inpatient Part B	All-Inclusive Inpatient Ancillary Per Diem Rate
IHS CAH	101% of the All-Inclusive Facility Specific Per Visit Rate

If the Facility is a...	Then Payment Is Based On...
IHS CAH – Hospital Inpatient Part B	101% of the All-Inclusive Facility Specific Per Diem Rate
Indian Health Service (IHS) Provider – Outpatient	OMB-approved Outpatient Per Visit AIR
Rural Health Clinic (RHC)*	All-Inclusive Encounter Rate
Skilled Nursing Facility (SNF)**	Non-Facility Rate on the MPFS
Federally Qualified Health Center (FQHC)*	All-Inclusive Encounter Rate
Maryland Hospital under jurisdiction of the Health Services Cost Review Commission (HSCRC)	94% of provider submitted charges or according to the terms of the Maryland Waiver

**\*NOTE:** If the ultrasound screening is provided in an RHC or FQHC, the professional portion of the service is billed to the FI/AB MAC using TOBs 71X and 73X, respectively, and the appropriate site of service revenue code in the 052X revenue code series. If the ultrasound screening is provided in an independent RHC or freestanding FQHC, the practitioner can bill the technical component of the service to the carrier/AB MAC under the practitioner's ID following instructions for submitting practitioner claims to the carrier/AB MAC. If the ultrasound screening is provided in a provider-based RHC/FQHC, the base provider can bill the technical component of the service to the FI/AB MAC under the base provider's ID, following instructions for submitting claims to the FI/AB MAC from the base provider.

**\*\*NOTE:** The SNF consolidated billing provision allows separate Part B payment for ultrasound screening services for beneficiaries that are in skilled Part A SNF stays; however, the SNF must submit these services on a 22X bill type. Ultrasound screening services provided by other provider types must be reimbursed by the SNF.

## Reasons for Claim Denial

The following are examples of situations when Medicare may deny coverage of AAA ultrasound screening:

- ▶ The beneficiary did not receive a referral for the AAA ultrasound screening as a result of the IPPE.
- ▶ The beneficiary previously has received a covered AAA ultrasound screening.

### Medicare Contractor Contact Information

To obtain carrier/AB MAC and FI/AB MAC contact information, visit <http://www.cms.hhs.gov/MLNProducts/Downloads/CallCenterTollNumDirectory.zip> on the CMS website.

Medicare providers may find specific payment decision information on the remittance advice (RA). The RA will include Claim Adjustment Reason Codes (CARCs) and Remittance Advice Remark Codes (RARCs) that provide additional information on payment adjustments. The most current listing of these codes can be found at <http://www.wpc-edi.com/Codes> on the web. Providers can obtain additional information about claims from the carrier/AB MAC or FI/AB MAC.

#### **Remittance Advice Information**

To obtain more information about the remittance advice (RA), visit [http://www.cms.hhs.gov/MLNProducts/downloads/RA\\_Guide\\_Full\\_03-22-06.pdf](http://www.cms.hhs.gov/MLNProducts/downloads/RA_Guide_Full_03-22-06.pdf) on the CMS website.

### **Written Advance Beneficiary Notice Of Noncoverage (ABN) Requirements**

Please refer to the Advance Beneficiary Notice of Noncoverage (ABN) Reference Section G of this publication.



# Ultrasound Screening for Abdominal Aortic Aneurysms

---

## Resource Materials

### Beneficiary Notices Initiative Website

<http://www.cms.hhs.gov/BNI>

### Carrier/AB MAC and FI/AB MAC Contact Information

<http://www.cms.hhs.gov/MLNProducts/Downloads/CallCenterTollNumDirectory.zip>

### Electronic Claim Submission Information

[http://www.cms.hhs.gov/ElectronicBillingEDITrans/08\\_HealthCareClaims.asp](http://www.cms.hhs.gov/ElectronicBillingEDITrans/08_HealthCareClaims.asp)

### Form CMS-1450 Information

[http://www.cms.hhs.gov/ElectronicBillingEDITrans/15\\_1450.asp](http://www.cms.hhs.gov/ElectronicBillingEDITrans/15_1450.asp)

### Form CMS-1500 Information

[http://www.cms.hhs.gov/ElectronicBillingEDITrans/16\\_1500.asp](http://www.cms.hhs.gov/ElectronicBillingEDITrans/16_1500.asp)

### Medicare Claims Processing Manual – Pub. 100-04, Chapter 18, Section 110

<http://www.cms.hhs.gov/manuals/downloads/clm104c18.pdf>

### Medicare Fee-For-Service Providers Website

This site contains detailed provider-specific information, including information about the Clinical Laboratory Fee Schedule.

<http://www.cms.hhs.gov/center/provider.asp>

### Medicare Learning Network (MLN)

The Medicare Learning Network (MLN) is the brand name for official CMS educational products and information for Medicare fee-for-service providers. For additional information visit the Medicare Learning Network's web page at <http://www.cms.hhs.gov/MLNGenInfo> on the CMS website.

### Medicare Physician Fee Schedule Information

<http://www.cms.hhs.gov/PhysicianFeeSched>

### Medicare Preventive Services General Information

<http://www.cms.hhs.gov/PrevntionGenInfo>

### MLN Preventive Services Educational Resource Website

[http://www.cms.hhs.gov/MLNProducts/35\\_PreventiveServices.asp](http://www.cms.hhs.gov/MLNProducts/35_PreventiveServices.asp)

### National Correct Coding Initiative Edits Website

<http://www.cms.hhs.gov/NationalCorrectCodInitEd>

### National Provider Identifier Information

<http://www.cms.hhs.gov/NationalProvIdentStand>

### Physician Information Resource for Medicare Website

This site contains physician-specific information, including updates to policies, regulations, coding and coverage information, program integrity information, and other valuable resources.

<http://www.cms.hhs.gov/center/physician.asp>

---

Beneficiary-related resources can be found in Reference F of this Guide.



**Remittance Advice Information**

[http://www.cms.hhs.gov/MLNProducts/downloads/RA\\_Guide\\_Full\\_03-22-06.pdf](http://www.cms.hhs.gov/MLNProducts/downloads/RA_Guide_Full_03-22-06.pdf)

**Screening for Abdominal Aortic Aneurysm: Recommendation Statement**

<http://www.ahrq.gov/clinic/uspstf05/aaascr/aaars.htm>

**Society for Vascular Surgery**

<http://www.vascularweb.org>

**U.S. Preventive Services Task Force (USPSTF) Guide to Clinical Preventive Services**

This website provides the USPSTF written recommendations.

<http://www.ahrq.gov/clinic/cps3dix.htm>

**Washington Publishing Company (WPC) Code Lists**

WPC assists in the maintenance and distribution of HIPAA-related code lists that are external to the X12 family of standards.

<http://www.wpc-edi.com/Codes>

---

Beneficiary-related resources can be found in Reference F of this Guide.