CODING & DOCUMENTATION

Cindy Hughes, CPC

Immunization billing when Medicare is secondary payer

Q My patient has another insurance primary to Medicare that does not cover immunizations. Do I have to bill that insurance and get a denial before billing Medicare?

A Medicare is considered the primary payer for influenza virus and pneumococcal vaccinations regardless of private payer coverage, and the services will be paid at 100 percent (the coinsurance and deductible do not apply). However, you cannot bill a Medicare Part B contractor for services to patients covered by a Medicare Advantage plan; that plan must cover these services. Patients covered under a Medicare Advantage plan may owe coinsurance if they receive the vaccines from an out-of-network provider. For more information see https://www.cms.gov/AdultImmunizations/Downloads/20102011ImmunizersGuide.pdf.

Screening for abdominal aortic aneurysm

Q I ordered a screening ultrasound for abdominal aortic aneurysm (AAA) for one of my Medicare patients, but the radiology office says Medicare will not cover the screening for this patient. Doesn't Medicare cover this service?

A Screening ultrasound for AAA is covered under Medicare Part B only when the test is ordered as a result of an Initial Preventive Physical Exam (i.e., Welcome to Medicare physical) and the patient meets certain other criteria. The patient must be within the first 12 months of Part B coverage, must be referred for the screening as a result of the initial Medicare physical and must have a family history of AAA or be a male age 65 or older who has smoked at least 100 cigarettes in his lifetime. Because the U.S. Preventive Services Task Force gives AAA screening a grade B, the deductible and coinsurance do not apply. The service should be reported by the performing physician with code G0389.

Noninvasive diagnostic vascular studies

Q Can you explain the coding changes that took effect on Jan. 1 related to noninvasive diagnostic vascular studies?

A New instructions included in CPT 2011 help clarify how noninvasive diagnostic vascular studies should be coded. Reporting of the ankle-brachial index with code 93922 or 93923 requires at least one of the following: simultaneous Doppler recording and analysis of bidirectional blood flow, volume plethysmography or transcutaneous oxygen tension measurements.

When reporting limited or complete bilateral noninvasive studies of arteries of the extremities, use code 93922 with modifier 52 to indicate performance of a unilateral service, and use modifier 59 when both upper and lower extremities are studied on the same date.

Flu and pneumococcal vaccines administered by nurses

Q Can my nurse administer the influenza and/or pneumococcal vaccines when I am not in the office and have not written an order for the vaccine?

A Yes. Unless state law mandates otherwise, your patients, including Medicare beneficiaries, may receive the vaccines without your order or supervision.

Editor's note: While this department attempts to provide accurate information and useful advice, third-party payers may not accept the coding and documentation recommended. Refer to the current CPT and ICD-9 manuals and the *Documentation Guidelines for Evaluation and Management Services* for the most detailed and up-to-date information. FPM

About the Author

Cindy Hughes is the AAFP's coding and compliance specialist and is a contributing editor to *Family Practice Management*. Author disclosure: nothing to disclose. These answers were reviewed by the *FPM* Coding & Documentation Review Panel, which includes Robert H. Bösl, MD, FAAFP; Marie Felger, CPC, CCS-P; Thomas A. Felger, MD, DABFP, CMCM; David Filipi, MD, MBA, and the Coding and Compliance Department of Physicians Clinic; Emily Hill, PA-C; Kent Moore; Joy Newby, LPN, CPC; P. Lynn Sallings, CPC; and Susan Welsh, CPC, MHA.

DO YOU HAVE A CODING OR DOCUMENTATION QUESTION?

Send questions to **fpmedit@aafp.org.** We can't respond to all questions we receive, but we will publish answers to selected questions.