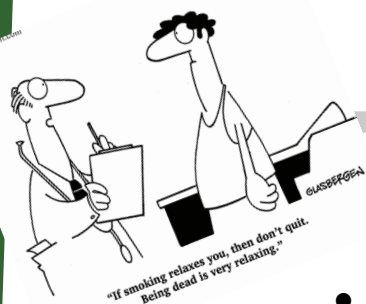


Diablo Medical Billing, Inc.

INFORMANT



Special points of interest:

- Smoking & tobacco cessation counseling visit
- Annual wellness visit

Don't forget to let your account rep know what brand of flu vaccine you give, so we can bill with the correct "Q" code!

Important code changes:

There are two new vaccine administration codes, for patients 18 years old and younger, if you provide counseling to your patient/parent regarding the vaccine. The codes are 90460 for the first vaccine and 90461 for each additional vaccine that is provided with counseling.

NEW MEDICARE CODES

Professional Services

- **G0436** Smoking and tobacco cessation counseling visit for the **asymptomatic patient**; intermediate, greater than 3 minutes, up to 10 minutes
- **G0437** Smoking and tobacco cessation counseling visit for the **asymptomatic patient**; intensive, greater than 10 minutes

Rationale

Effective for claims with dates of service on and after Aug. 25, 2010, CMS will cover tobacco cessation counseling for outpatient and hospitalized Medicare beneficiaries:

1. Who use tobacco, regardless of whether they have signs or symptoms of tobacco-related disease;
2. Who are competent and alert at the time that counseling is provided; and
3. Whose counseling is furnished by a qualified physician or other Medicare-recognized practitioner.

The CMS has created two new G codes (G0436 and G0437) for billing for tobacco cessation counseling services to prevent tobacco use for individuals who *do not* have signs or symptoms of tobacco-related disease (for symptomatic individuals, see CPT® codes 99406/99407). For additional information, see CMS Transmittal 2058, CR 7133 (www3.cms.gov/transmittals/downloads/R2058CP.pdf).

Code G0436 describes smoking and tobacco cessation counseling visit for the asymptomatic patient of three to 10 minutes in length.

Code G0437 describes smoking and tobacco cessation counseling visit of more than 10 minutes for the asymptomatic patient.

Screening Services

- **G0438** Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit
- **G0439** Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit

Rationale

The 2011 Medicare Physician Fee Schedule final rule implements several provisions of the Affordable Care Act, including coverage for annual wellness exams for Medicare beneficiaries. The Act states that annual wellness visits may include *at least* the following six elements:

1. Establish or update the individual's medical and family history
2. List the individual's current medical providers and suppliers and all prescribed medications
3. Record measurements of height, weight, body mass index, blood pressure and other routine measurements
4. Detect any cognitive impairment
5. Establish or update a screening schedule for the next five to 10 years, including screenings appropriate for the general population, and any additional screenings that may be appropriate because of the individual patient's risk factors
6. Furnish personalized health advice and appropriate referrals to health education or preventive services

CMS has developed G0438, to be paid at the rate of a level IV, new patient office visit (CPT® 99204), to report a new patient wellness visit.