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Medical Billing Services

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Medicare Billing for a Well Woman Exam Using Codes G0101 and Q0091 and Annual Wellness Visits AWV G0438 and G0439

As we are all aware, Medicare now allows for the Annual Wellness Visit (AWV) G0438 or subsequent AWV G0439, but how does this relate to an annual Well Woman Exam? ***IT DOESN'T***.

An annual Well Woman Exam is a completely separate evaluation and management service from an AWV, and unless the provider specifically evaluates a patient for both the AWV and a Well Woman Exam, the AWV should not be billed out. So, how does a provider bill out for an annual Well Woman Exam for a patient covered by Medicare? Let's discuss the components of the annual exam first.

What does an Annual Exam include?

Preventive Medicine Service codes are defined by the CPT book as evaluation or reevaluation and management of an individual, including an age- and gender-appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures.

The purpose of the annual exam includes screening for disease, assessing risk of future medical problems, promoting a healthy lifestyle, and updating vaccinations. Aspects of the annual exam may include all or some of the following:

1. Review of History
2. Checking Vital Signs
3. General Appearance
4. Heart Exam
5. Lung Exam
6. Head and Neck Exam
7. Abdominal Exam
8. Neurological Exam
9. Dermatological Exam
10. Extremities Exam
11. Males: Testicular and Prostate Exams
12. Females: Breast and Pelvic Exams
13. Counseling
14. Routine Laboratory Tests
15. Immunizations

Does an Annual Exam also include a Well Woman Exam?

Yes. The annual exam also includes the components of a Well Woman Exam. If a patient is seen by her primary care physician (PCP) for an annual, the provider will also include the pelvic and breast exam and a pap smear collection. If the patient elects to have the Well Woman Exam performed by her gynecologist, the PCP must document that the pelvic and breast exams and pap smear collection were deferred and will be performed by a gynecologist.

Incorrect Billing Procedures

1. **What if you run out of time?** If the patient is seen for an annual and the Well Woman Exam portions are not done during the same visit, the provider may need to see the patient again in order to complete the comprehensive exam. This second visit is merely a continuation, and it is not billable.

2. **Can you bill an annual with a V72.31 Annual Gynecological Exam diagnosis and get paid separately?** No. If you have already billed out an annual in a given year (V70.0), then you cannot charge another annual with a different diagnosis.

3. **What if the patient did not want the Well Woman Exam portions done during the regular annual?** If the patient did not want the pelvic/breast exam and pap smear collection during the routine physical, but later decided to not see the gynecologist and came back for these screenings, you still cannot bill for these separately. They are already included in the annual. The patient may be seen, but it cannot be billed.

Requirements of Coding and Billing an Annual Well Woman Exam to Medicare

Medicare does not cover preventive services, such as an annual (besides the AWV), but certain Well Woman Exam screenings are reimbursed either every two years or annually.

Covered Services

Medicare covers the following screening exams in conjunction with a Well Woman Exam:

1. **G0101** Cervical or Vaginal Cancer Screening; Pelvic and Clinic Breast Examination
    a. G0101 is reimbursed by Medicare every two years, unless the patient is considered high risk, and then it is allowed on an annual basis. <u>You must document a minimum of 7 of the 11 elements</u>.
    b. According the CMS website, the ICD-9-CM codes billable with the G0101 are V76.2, V76.47, V76.49, V15.89, and V72.31. Select the appropriate codes.

i. **V76.2** Special screening for malignant neoplasms, cervix

ii. **V76.47** Special screening for malignant neoplasms, vagina

iii. **V76.49** Special screening for malignant neoplasms, other sites

iv. **V15.89** Other specified personal history presenting hazards to health

v. **V72.31** Routine gynecological exam

2. **Q0091** Screening Papanicolaou Smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory

a. Q0091 is reimbursed by Medicare every two years, unless the patient is considered high risk, and then it is allowed on an annual basis.

b. Per the CMS website, the ICD-9-CM Codes billable with the Q0091 are V76.2, V76.47, V76.49, V15.89, and V72.31. Select the appropriate codes.

3. **82270** Fecal Occult Blood Test

a. 82270 can be billed on an annual basis.

b. Per the CMS website, the appropriate code varies by carrier. An applicable code is V76.51 Special Screening for Malignant Neoplasms; Colon.

High Risk Factors and Frequency

High Risk Factors determine whether or not a patient may have the G0101 and Q0091 on an annual basis. If a patient is considered high risk, then these screening tests may be done annually.

According to the CMS website, the following factors are listed as high risk factors for screening pap smears and pelvic exams:

1. Cervical High Risk Factors

a. Early onset of sexual activity (under 16 years of age)

b. Multiple sexual partners (five or more in a lifetime)

c. History of a sexually transmitted disease (including HIV infection)

2. Vaginal Cancer High Risk Factors: DES (diethylstilbestrol) exposed daughters of women who took DES during pregnancy

3. Personal History of Health Hazards: If a patient has a specified personal history presenting hazards to health, then apply the V15.89 diagnosis and the appropriate health history hazard (example: V10.3 History of Breast Malignancy). Any V15.89 diagnosis is considered high risk and makes the patient eligible for the yearly G0101 and Q0091.

Advanced Beneficiary Notices (ABNs)

An Advanced Beneficiary Notice is a Medicare Waiver of Liability that providers are required to give a Medicare patient for services provided that may not be covered or considered medically necessary. ABNs do not apply to services that are specifically excluded from Medicare coverage, such as an annual.

A completed and signed ABN is key for reimbursement. It also notifies Medicare that the patient acknowledges that certain procedures were provided, and that the patient will be personally responsible for full payment if Medicare denies payment for a specific procedure or treatment. If there is no signed ABN, then you cannot bill the patient, and it must be written off if denied by Medicare (translation: Free Services, Lost Revenue).

ABN Criteria

1. The ABN must be given to the patient prior to any provided service or procedure.
2. The patient's name, specific service, and estimated charge amount must be listed on the ABN.
3. An ABN cannot be given to a patient who is under duress or requires emergency treatment.
4. Check for specific criteria and download the form at http://www.cms.gov/BNI/02_ABN.asp

Appropriate Medicare Modifiers

Certain Medicare modifiers are required when billing with an ABN.

1. **GA Modifier**: Waiver of Liability Statement Issued as Required by Payer Policy. This modifier indicates that an ABN is on file, and allows the provider to bill the patient if not covered by Medicare.

2. **GX Modifier**: Notice of Liability Issued, Voluntary Under Payer Policy. Report this modifier only to indicate that a voluntary ABN was issued for services that are not covered.

3. **GY Modifier**: Notice of Liability Not Issued, Not Required Under Payer Policy. This modifier is used to obtain a denial on a non-covered service. Use this modifier to notify Medicare that you know this service is excluded.

4. **GZ Modifier**: Item or Service Expected to Be Denied as Not Reasonable and Necessary. This modifier should be applied when an ABN may be required, but was not obtained.

Billing a Well Woman Exam

Fee for Service

Because specific well woman screening components of the routine annual exam are covered by Medicare, these are billed out separately. These screenings are carved out from the provider's usual fee for preventive service, because they are allowable and reimbursable by Medicare. The remainder balance is the patient's financial responsibility. The total fee does not change, only how it is billed and who pays.

The G0101 and the Q0091 are the services that are reimbursed and carved out of the regular annual fee. The Medicare reimbursement for the G & Q and patient portion equal the same annual fee that a non-Medicare patient would be charged.

For example, if the fee for an annual for a non-Medicare patient is $235.00, this is the breakdown for a Medicare patient:

CODE	DESCRIPTION	FEE
99397	Routine Annual Exam – Established pt 65 and older	$142.35
G0101	Pelvic/Breast Exam	$41.96
Q0091	Papsmear Collection	$50.69
	TOTAL	$235.00

It is the same original fee, but billed out differently. For additional clarification, please refer to ACOG's Medicare Screening Services PDF.

Billing Medicare

Following is an example of a typical Well Woman Exam with a signed ABN that is billed out to Medicare:

Code	Modifier	Diagnosis
99397	GY	V72.31
G0101	GA	V76.2
Q0091	GA	V76.2
82270	GA	V76.2
81002	GY	V72.31

Reference

Medicare billing policies are constantly changing at CMS and with your local carrier, so before you do anything, check with them and your coding specialist to make sure you are billing correctly. The CMS website has a quick reference guide for Medicare Preventive Services that lists applicable tests, diagnoses, and frequencies. Check it out for more information.

About the Author

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Manny Oliverez, CPC, is a 20-year healthcare veteran and the CEO and co-founder of Capture Billing, a medical billing services company located outside of Washington, D.C. He teaches the nation's physicians, administrators, and medical practices how to maximize billing and revenue cycle management processes. Manny also frequently posts articles and videos on his award-winning healthcare blog. For more information on Manny and his company, please visit his website, or call (703)327-1800. And if you're on LinkedIn, please look for him there too. **READ MORE**

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