

Abdominal Aortic Aneurysm (AAA) Screening

This guide provides coverage and payment information regarding diagnostic ultrasound for abdominal aortic aneurysm screening. SonoSite provides this information as a courtesy to assist providers in determining the appropriate coding and other information for reimbursement purposes. It is the provider's responsibility to determine and submit appropriate codes, modifiers and claims for services rendered. SonoSite makes no guarantees concerning reimbursement or coverage. Please feel free to contact the SonoSite reimbursement staff if you have any questions at 1-888-482-9449 or send email to reimbursement@sonosite.com.

Medicare

Coverage: Eligible beneficiaries for coverage of ultrasound screening examinations for AAA are those who:

1. have received a referral for an ultrasound screening as a result of an initial preventive physical examination (IPPE)
2. have not been previously furnished a covered AAA screening ultrasound examination under the Medicare program; and
3. are included in one of the following risk categories:
 - Men and women with a family history of an AAA; or
 - Men age 65 to 75 years who have smoked at least 100 cigarettes in their lifetimes

In 2009 the time period in which the beneficiary is eligible for the IPPE was extended from 6 months to 12 months after the date the individual's first coverage period began under Medicare Part B. However, this expanded coverage only applies if the IPPE is performed on or after January 1, 2009.

Coding: Physicians submitting claims for payment for AAA screening exams will submit a G0389 - Ultrasound, real time with image documentation; for abdominal aortic aneurysm (AAA) screening.

Payment Information

The following chart provides payment information that is based on the national unadjusted Medicare physician fee schedule for the ultrasound services discussed in this guide. Payment will vary by geographic region. Payment rates shown in the attached chart reflect DRA-imposed payment reductions for services that are subject to the cap. Use the column entitled "Global Payment" to estimate reimbursement for services in the physician office setting. Use the "Professional Payment" column to estimate reimbursement to the physician for services provided in facility settings.

Ambulatory Payment Classification (APC) codes and payments are used by Medicare to reimburse facilities for the technical component under the Hospital Outpatient Prospective Payment System (OPPS). Payment rates are also based on the national unadjusted Hospital OPPS amounts. The actual payment will vary by location.

		2012 Medicare Physician Fee Schedule – National Average*			Hospital Outpatient Prospective Payment System (OPPS)†	
2012 CPT Code	CPT Code Descriptor	Global Payment	Professional Payment	Technical Payment	2012 APC Code	2012 APC Payment
G0389	Ultrasound, real time with image documentation; for abdominal aortic aneurysm (AAA) screening.	\$112.12	\$29.22	\$82.90	0266	\$96.28

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*Federal Register November 28, 2011. †Federal Register November 1, 2011.

Reimbursement rates shown for payment of services under the Physician's Fee Schedule reflect a conversion factor of \$34.0376 as provided for in the Temporary Pay Roll Tax Cut Continuation Act of 2011 which became law on December 23, 2011.

The information in this handout is intended to assist providers in determining appropriate codes and the other information for reimbursement purposes. It represents the information available to SonoSite as of the date listed above. Subsequent guidance might alter the information provided. SonoSite disclaims any responsibility to update the information provided. The only persons authorized by SonoSite to supply information regarding any reimbursement matter not reflected in a circular such as this are members of SonoSite's reimbursement staff.

It is the provider's responsibility to determine and submit appropriate codes, modifiers, and claims for the services rendered. Before filing any claims, providers should verify current requirements and policies with the applicable payer. SonoSite makes no guarantees concerning reimbursement or coverage. A provider should not rely on any information provided by SonoSite in submitting any claim for payment, without confirming that information with an authoritative source.