

## **Preventive Services iLinc Follow-Up Q & A's**

**Q: If a screening colonoscopy begins and a lesion or growth is found, removed or biopsied, is it appropriate to bill a diagnostic colonoscopy as opposed to the screening, which had been planned? How should the diagnosis be listed on the claim?**

**A:** Yes. According to policy instructions in National Coverage Determination (NCD) GI-008, the provider should bill a diagnostic colonoscopy procedure code. You must report diagnosis codes that support medical necessity of a diagnostic colonoscopy. These codes are found in Local Coverage Determination (LCD) GI-006. You **may** still report the screening V-code as one of the diagnoses; however, diagnoses that support medical necessity per Local Coverage Determination (LCD) GI-006 **must** be reported. Medicare will consider all diagnoses codes on the claim.

You can access these policies on this Website at the locations below.

### **GI-008**

<http://www.wpsmedicare.com/policies/wisconsin/gi008.pdf>

### **GI-006**

<http://www.wpsmedicare.com/policies/wisconsin/gi006.pdf>

**Q: If during the screening colonoscopy it becomes a diagnostic colonoscopy, will Medicare apply any unmet deductible?**

**A:** Yes.

**Q: Does Medicare cover a baseline Bone Density Test?**

**A:** No. Beneficiaries must meet at least one of the medical indications for one of the five risk categories listed in the policy (MS-004) in order to be eligible for the bone mass measurement.

**Q: We do not perform electrocardiograms (EKGs) in our office. Is there a specific diagnosis code we should give the provider performing the EKG so the provider knows it is for the Initial Preventive Physical Examination (IPPE)?**

**A:** No. There are specific G codes established for the IPPE, and services related to the IPPE. No specific diagnosis codes are required for IPPE & EKG.

G0344 – IPPE

G0366 – EKG for IPPE

G0367 – EKG Tracing for IPPE

G0368 – EKG Interpret & Report