



## *Medicare Advantage Annual Wellness Visit*

### **Annual Wellness Visits are an ideal time to capture Hierarchical Condition Codes (HCCs) for our Medicare members!**

**Medicare covers the following services for Medicare patients that meet certain eligibility requirements:**

- » The Initial Preventive Physical Examination (IPPE), also known as the “Welcome to Medicare” Preventive Visit.
- » The Annual Wellness Visit (AWV). These preventive benefits allow you to assess your patients’ health on an annual basis to help you determine if they have any risk factors and if they are eligible for other preventive services and screenings that Medicare covers. These preventive benefits are a great way for you to detect illnesses in their earliest stages when treatment works best. For example, review of opioid use as an important routine aspect of the patient’s medical history is helpful in diagnosing and then treating as appropriate Opioid Use Disorders (OUD).

### **The Initial Preventative Physical Exam (IPPE) – “Welcome to Medicare” Preventive Visit**

**Medicare covers an IPPE for all patients who are newly enrolled in Medicare Part B.**

- » The patient must receive this service within the first 12 months after the effective date of their Medicare Part B coverage.

**The IPPE is a one-time benefit. These visits are coded as G0402 or G0468 for Federally Qualified Health Center (FQHC). The IPPE consists of the following elements:**

- » Review the patient’s medical and social history. Medicare would like to emphasize that review of opioid use is a routine component of this element, including OUD. If a patient is using opioids, assess the benefit from other, non-opioid pain therapies instead, even if the patient does not have OUD but is possibly at risk.
- » Review potential risk factors for depression and other mood disorders.
- » Review functional ability and level of safety.
- » Measurement of height, weight, Body Mass Index (BMI) and visual acuity screening.
- » End-of-life planning (upon agreement of the individual).
- » Education, counseling and referral based on the review of previous five components.
- » Education, counseling and referral for other preventive services, including a brief written plan such as a checklist.

### **The Annual Wellness Visit (AWV)**

**Medicare covers an AWV for patients:**

- » Who are no longer within 12 months of the effective date of their first Part B coverage period; and
- » Who have not gotten either an IPPE or AWV within the previous 12 months.

Medicare pays for only the first AWV. Medicare will pay for a subsequent AWV for each patient

annually (every 365 days). Note: The elements in first and subsequent AWVs, and the codes to bill them, are different as well as codes for non-FQHC Facilities.

**The first AWV coded as G0438 or G0468 for FQHC, includes the following elements:**

- » A Health Risk Assessment (HRA).
- » Establishment of a current list of provider and suppliers.
- » Review of medical and family history. Medicare would like to emphasize that review of opioid use is a routine component of this element, including OUD. If a patient is using opioids, assess the benefit from other, non-opioid pain therapies instead, even if the patient does not have OUD but is possibly at risk.
- » Measurement of height, weight, BMI and blood pressure.
- » Review of potential risk factors for depression and other mood disorders.
- » Review of functional ability and level of safety.
- » Detection of any cognitive impairment the patient may have.
- » Establishment of a written screening schedule, such as a checklist.
- » Establishment of a list of risk factors.
- » Provision of personalized health advice and referral to appropriate health education or other preventive services.

**Subsequent AWVs coded as G0439 or G0468 for FQHC, include the following elements:**

- » Review of updated HRA.
- » Update medical and family history. As mentioned above, Medicare would like to include opioid use in the 'Review of Medical and Family History' element of the AWV. Providers are encouraged to pay close attention to opioid use during this element of the AWV. If a patient is using opioids, assess the benefit from other, non-opioid pain therapies instead, even if the patient does not have OUD but is possibly at risk.
- » Update of list of current providers and suppliers.
- » Measurement of weight and blood pressure.
- » Detection of cognitive impairment the patient may have.
- » Update of the written screening schedule, such as a checklist.
- » Update of the list of risk factors.
- » Provision of personalized health advice and referral to appropriate health education or other preventive services.

When reviewing the patient's medical history prior to or during these visits, please capture all applicable HCC's in your documentation.

Note: Medicare doesn't cover a routine physical 99386-99387, 99396-99397 (it's prohibited by statute), but the IPPE, AWV or other Medicare benefits cover certain routine physical elements.

## **Coding Annual Wellness Visits**

G0468\* – IPPE or AWV, First or Subsequent, in a FQHC (Non-FQHC's use G0402 initial, G0438 first, and G0439 subsequent).

99497 – Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate.

99498 – Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure).

99497 and 99498:

- » No copayment, coinsurance, or deductible for advance care planning (ACP) when provided as an optional AWV element.
- » Bill using modifier –33 (Preventive Service) on the same AWV claim. Must be delivered on the same day by the same AWV provider.

Advance Care Planning (ACP) is an optional preventive service when provided with an AWV:

- » You may deliver ACP outside the AWV multiple times in a year. You must document a patient's health change for each additional ACP service in a year.
- » Deductible and coinsurance apply when delivering ACP outside an AWV.
- » The Medicare Wellness Visits educational tool has more information.

Note: The above codes can be used in conjunction with any other screening codes performed or ordered during the IPPE/AWV, visit AWV Screenings link below.

## Annual Wellness Visit Diagnosis Codes

You must report a diagnosis code when submitting IPPE and AWV claims. You are not required to use a specific IPPE/AWV diagnosis code, so you may choose any diagnosis code consistent with the patient's exam, including any HCC codes.

For example, Z00.00, Z00.01, Z01.411, Z01.419 include HCC's

Part B covers an IPPE/AWV when performed by a:

- » Physician (Doctor of Medicine or Osteopathy)
- » Qualified Non-Physician Practitioner (NPP) – Physician Assistant (PA), Nurse Practitioner (NP) or Certified Clinical Nurse Specialist (CCNS)

## Office Visit With IPPE/AWV

When you provide an IPPE/AWV and a significant, separately identifiable, medically necessary Evaluation and Management (E/M) service, Medicare may pay for the additional service. Report the additional CPT code (99202–99205 and 99211–99215) with modifier –25. That portion of the visit must be medically necessary and reasonable to treat the patient's illness or injury or to improve the functioning of a malformed body part.

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## Helpful Links

- » Required elements for the IPPE/AWV: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE18004.pdf#:~:text=This%20MLN%20Matters%C2%AE%20Special%20Edition%20%28SE%29%20article%2018004,for%20Medicare%20patients%20that%20meet%20certain%20eligibility%20requirements%3A>
- » MLN Educational Tool FAQ's -MLN6775421: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html>
- » YouTube Video: <https://www.youtube.com/watch?v=r7yOUaMJyJU>
- » AWV Screenings: <https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html>
- » CDC Framework for Patient-Centered Health Risk Assessments: <https://www.cdc.gov/policy/opaph/hra/FrameworkForHRA.pdf>
- » Section 60.2 of Medicare Claims Processing Manual, Chapter 9 has more information on how to bill HCPCS code G0468: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c09.pdf#page=15>