

Annual Physical Exam Guide

Annual Physical Exams include an appropriate history/exam with risk counseling and/or quality intervention.

Extent of exam depends on the age and gender of the patient. This service is covered once per calendar year.

A successful Annual Wellness Visit will:

Identify patients who need disease management or intervention.

Improve meaningful data exchanges between health plan and providers.

Improve quality of care provided and patient health outcomes.

The medical record **must** support all diagnoses and all services billed on the claim

- Address all conditions that require or affect patient care, treatment or management
- Thoroughly document the specific diagnoses and care plan
- Code to the highest specificity using ICD-10 Guidelines
- Consider including CPT II® codes to provide additional details
- Submit claim/encounter data for each service rendered
- Ensure all claim/encounter data is accurate and submitted in a timely manner

Coding & Documentation		
Exam Type	Initial CPT®	Subsequent CPT®
Age 18-39	99385	99395
Age 40-64	99386	99396
Age 60+	99387	99397
Separate Evaluation and Management		
<ul style="list-style-type: none"> • Provider may perform separately identifiable services 99201 - 99215, 99385 - 99387, 99395 - 99397, G0402, G0438 - G0439 on the same day. • Documentation must satisfy medical necessity for a problem oriented E/M separately from the components of the AWV and the Routine Physical Exam. 		<ul style="list-style-type: none"> • The components of both the AWV and the Routine Physical Exam must be met and documented. • Report E/M and routine physical with modifier -25 when performed on the same date.

- Focused on modifiable risk factors and disease prevention
No chief complaint/Not due to present illness
Complete systems review,
Past medical, social, and family history,
Pertinent risk factors
Risk factor and age appropriate counseling, screening labs, tests, and vaccines
- Documentation should include
 - Status of chronic conditions that are not significant enough to require additional work-up
 - Description and care plan for minor problems that do not require additional work-up
- Orders and/or referrals

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Additional Services Refer to the current CPT Coding Manual	
Included with Exam	Covered Separately
Preventive Medicine Counseling, Individual	Screenings Vision Hearing Developmental
Smoking / Tobacco Cessation	Vaccines Toxoid Administration Risk/benefit counseling
Alcohol / Substance abuse Screening and Intervention	Ancillary Studies Laboratory Radiology Other procedures
Other additional preventive services	

ICD-10: Encounter for general adult medical exam
Report the documented reason for the encounter as the primary diagnosis code and assign additional diagnosis codes if applicable. Follow the current year's Official ICD-10-CM Guidelines for Coding and Reporting.
...with normal findings, Z00.00 Use when conditions are stable or improving Report additional codes for chronic conditions
...with abnormal findings, Z00.01 Use when any abnormality is found during the visit Report additional codes for all existing conditions
Report the documented reason for the encounter as the primary diagnosis code and assign additional diagnosis codes if applicable. Follow the current year's Official ICD-10-CM Guidelines for Coding and Reporting.

HEDIS® Measures		
General Measures	Screenings	Diabetes
BMI Assessment	Colorectal Cancer	HbA1c Testing & Control
Blood Pressure Control	Breast Cancer	Diabetic Eye Exam
Medication Reconciliation	Depression	Nephropathy Screening
	Cognitive Function	

For additional resources, contact our Provider Relations team at Providers@ARHealthWellness.com

NOTE: Follow ICD-10-CM/CPT/HCPS Guidelines for Coding and Reporting at <https://www.cms.gov>. HEDIS measures can be found at <https://www.ncqa.org>