

A successful Annual Wellness Visit will:

• Identify patients who need disease management or intervention.

- Improve meaningful data exchanges between the health plan and providers.
- Improve the quality of care provided and patient health outcomes.

The medical record must support all diagnoses and all services billed on the claim. It must:

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

Annual Wellness Visits

Welcome to Medicare					
Exam					
G0402					
(Once-in-a-lifetime					
benefit)					

Initial Annual Wellness Visit G0438 (Once-in-a-lifetime

benefit)

Subsequent Annual Wellness Visit G0439 (All subsequent visits)

The Annual Wellness Visit (AWV) includes personalized prevention plan services(PPPS) that focus on disability and disease prevention. This service is covered once per calendar year. Refer to the Medicare Claims Processing Manual for other services covered at the time of an IPPE or AWV.

	Annual Wellness Visits					
	Exam Type	Initial	Subsequent	Annual Physical Exams include an appropriate history/exam with risk counseling and/or quality intervention. The extent and focus of the exam depends on the age and biological sex of the patient. This service is covered once per calendar year. Refer to the CPT code book for further guidance, and to view other service covered at the same time of a preventive medicine exam.		
	Ages 18-39	99385	00000			
	Ages 40-64	99386	l			
F	Ages 60+	99387	99397			

NOTE: Follow ICD-10-CM/CPT/HCPCS guidelines for coding and reporting at cms.gov. HEDIS® measures can be found at ncga.org.



Separate Evaluation and Management (E/M)¹

- Provider may perform separately identifiable services 99202–99215, 99385–99387, 99395–99397, G0402, G0438–G0439 on the same day.
- A separately identifiable E/M service may be reported if prompted by symptoms or chronic conditions assessed during the AWV/Physical. Select the appropriate level of E/M services based on the following:
 - The level of the medical decision making as defined for each service; or
 - 2. The total time for E/M services performed on the date of the encounter.

- The components of both the AWV and the Physical Exam must be met and documented.
- Report E/M and routine Physical with modifier -25 when performed on the same date.
- If the provider's time is spent in the supervision of clinical staff who perform the face-to-face services of the encounter, use code 99211.

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.

¹ https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf



Required Components:

Annual Wellness Visit	Welcome to Medicare Exam	Annual Physical Exam
Establish/Review or Update:	Review:	Exam focused on modifiable risk factors and
· Health Risk Assessment (HRA), if needed.	· Medical and social history.	disease prevention.
· Medical, social, and family history. List current	· Risk factors for depression and mood	No chief complaint
providers.	disorders.	Not due to present illness
· Risk Factor Screenings:	· Functional ability and level of safety.	· Comprehensive history and physical exam
 Depression and mood disorders 	Examine:	findings.
 Functional ability 	· Height, weight, and BMI.	· Complete systems review
 Level of safety 	· Blood pressure.	· Past medical, social, and family history
· Written preventive screening schedule.	· Visual acuity screen.	Pertinent risk factors
 Risk factors/conditions that need and/or 	· Any other factors based on patient's medical	Description and status of chronic conditions
receive intervention.	and social history.	that are not significant enough to require
 Treatment options with associated risks/ 	Include:	additional work-up.
benefits	• End of life planning — patient may decline.	Description and care plan for minor problems
Personalized health advice/referrals provided	· Education, counseling, and referral as	that do not require additional work-up.
to patient.	appropriate.	Risk factor and age-appropriate counseling,
· Health education/counseling/preventive	 Based on review and exam assessment 	screening labs, tests, and vaccines including
services:	· To obtain screenings and other preventive	orders and/or referrals.
Weight loss Smoking cessation	services	Document and code any abnormalities found,
Physical activity Fall prevention	• Brief written plan — provided to the patient.	regardless of whether the finding requires an
Nutrition		additionally reported service.



Separate Services Covered in Addition to the AWV

Refer to the Medicare Claims Processing Manual

Preventive Services:

- · Diabetes outpatient self-management training
- · Medical nutrition therapy for diabetes or renal disease
- · Bone mass measurement
- Electrocardiogram
- · Ultrasound for abdominal aortic aneurysms

Screenings:

Colorectal cancer Cardiovascular
Pap smear Pelvic exam
Prostate cancer Glaucoma
Mammography Diabetes

Vaccines and Administration:

Pneumococcal Influenza Hepatitis B

Covered in Addition to the Annual PhysicalRefer to the current CPT manual

Screenings:

- Vision
- Hearing
- Developmental

Vaccines:

- Toxoid administration
- · Risk/benefit counseling

Ancillary Studies:

- Laboratory
- Radiology
- Other

Included with Exam:

- Preventive medicine counseling individual
- Alcohol/substance abuse screening and intervention
- · Smoking/tobacco cessation
- · Other

Who Can Perform the AWV?

Physician: Doctor of medicine or osteopathy

Qualified non-physician: Physician assistant, nurse practitioner, or clinical nurse specialist

Medical professional: Health educator, registered dietitian, nutrition professional, or other licensed practitioner. Clinical staff or a team of such medical professionals working under the direct supervision of a physician or qualified non-physician. Clinical staff includes registered nurses, licensed practical nurses, and medical assistants.

Non-authorized medical professionals and clinical staff are not permitted to perform any part of the AWV that requires the exercise of independent clinical judgment or the making of clinical assessments, evaluations, or interpretations.



HEDIS® Measures						
General Measures	Scheduled Screenings	Diabetes	Medication Management			
Blood Pressure Control	Colorectal Cancer	HbA1c Testing and Control	ACE/ARB			
Medication Reconciliation	Breast Cancer	Nephropathy Screening	Statins			
Cognitive Function	nitive Function Osteoporosis		Diabetee Madiestics			
Depression	Diabetic Eye Exam	Kidney Health Evaluation	Diabetes Medication			

For additional resources, contact our provider services team at Providers@ARHealthWellness.com.