

## Comparing Annual Health Review and Other Visit Types

	<b>Annual Health Review (Enrollee Health Assessment Program)</b>	<b>Preventive Services (Routine annual checkup or physical)</b>	<b>Problem-Focused Visits (Acute or chronic)</b>
<b>Population</b>	Premera’s Member Outreach Report identifies eligible patients	Any plan or age	Any plan or age
<b>Frequency</b>	Once per calendar year	Once every 12 months	No limit
<b>Intent of Visit</b>	<ul style="list-style-type: none"> <li>Evaluation and management (E&amp;M) of chronic and complex conditions</li> <li>Review Premera’s Health History Summary</li> </ul>	Primary and secondary prevention and disease management	Evaluation and management (E&M) of acute or chronic conditions
<b>Patient Cost Share</b>	<ul style="list-style-type: none"> <li>No cost share for visit</li> <li>Labs, imaging, etc., are subject to plan’s copay, deductible, and co-insurance</li> </ul>	Visit, labs, imaging, etc., are subject to plan’s copay, deductible, and co-insurance	Visit, labs, imaging, etc., are subject to plan’s copay, deductible, and co-insurance
<b>CPT/HCPCS Codes</b>	<ul style="list-style-type: none"> <li>G0438—initial visit</li> <li>G0439—subsequent visits</li> <li>Add modifier 25 if combined with an evaluation and management visit</li> </ul>	99381—99397	99201—99215
<b>Diagnosis Codes</b>	<ul style="list-style-type: none"> <li>Any chronic or complex conditions evaluated during the visit</li> </ul>	Preventive codes such as Z00.00 or Z00.01 as primary diagnosis and any additional conditions evaluated during the visit	Any conditions evaluated during the visit
<b>Documentation Submission</b>	Chart notes faxed to 855-332-4527	None required	None required
<b>Claims Submission</b>	Normal claims submission process	Normal claims submission process	Normal claims submission process
<b>You can incorporate HEDIS (Healthcare Effectiveness Data and Information Set) screenings into any of these three visit types.</b>			