

Comparing Annual Health Review and Other Visit Types

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