



Annual Wellness Visits



Medicare Annual Wellness Visits (AWVs) and related visit types

What's new?

We have a **new fax number for 2019**. Fax all chart notes for the AWV, Welcome to Medicare visit, or the Comprehensive Preventive Medicine to **844-442-1077**

Welcome to Medicare visits, Annual Wellness Visits (AWVs) and related visit types

- There are no member cost shares for the Welcome to Medicare visits (G0402) or the AWVs (G0438/G0439). The visits are an opportunity to:
 - Document the patient’s current chronic conditions and ongoing treatment plans
 - Conduct screenings for conditions such as incontinence, fall risk, high blood pressure, and depression
 - Review medications
 - Schedule preventive tests: colonoscopy, mammography, diabetic eye exam, etc.
 - Complete non-preventive lab work as necessary

Billing for Welcome to Medicare visits, AWWs and related visit types

- Bill the AWW, Welcome to Medicare visit, and the Comprehensive Preventive Medicine visit with one of the following appropriate primary diagnosis codes:
 - Z00.00 – Encounter for general adult medical examination without abnormal findings
 - Z00.01 – Encounter for general adult medical examination with abnormal findings
- When active but stable conditions are addressed and documented during any of these visits, add the diagnosis codes for these conditions subsequent to Z00.00/Z00.01 on the claim.
- Premera follows Medicare's payment policies, which can be viewed at [CMS.gov](https://www.cms.gov).

Billing for services added to the Welcome to Medicare visit, AWW and related visits

- If a condition addressed during the AWW, Welcome to Medicare visit, or the Comprehensive Preventive Medicine visit is significant enough to require additional work:
 - Consider adding an evaluation and management (E&M) code with a modifier 25 (following CPT guidelines) to indicate a “significant, separately identifiable service.”
 - Don’t include elements of the primary visit type in the determination of the level of E&M service.
 - Add all managed and documented diagnoses subsequent to Z00.00/Z00.01 on the claim.
 - Be sure to discuss member cost share with the patient prior to delivering care.
- All chart notes for the AWW, Welcome to Medicare visit, or the Comprehensive Preventive Medicine fax to [844-442-1077](tel:844-442-1077) (*this is a new fax number for 2019*). We use these chart notes to close care and coding gaps when you’re not able to send that information on a claim. If you prefer, you can submit supplemental data instead; contact ProviderClinicalConsulting@Premera.com for data specifications and process.

Welcome to Medicare and AWW comparison guide

HCPCS/CPT	G0402	G0438	G0439	99397	99213, 99214, 99215
Visit Type	Welcome to Medicare visit (IPPE = Initial Preventive Physical Exam)	Annual Wellness Visit (AWV), initial (includes Personalized Prevention Plan Services = PPPS)	AWV, subsequent	Comprehensive Preventive Medicine visit, established (65 years and older)	Office/outpatient visit, established
Frequency	<ul style="list-style-type: none"> Limited to new beneficiary during the first 12 months of Medicare enrollment 	<ul style="list-style-type: none"> Allowed once per lifetime Allowed only after member has had Part B for a full 12 months 	<ul style="list-style-type: none"> Allowed once per calendar year 	<ul style="list-style-type: none"> Allowed once per calendar year 	<ul style="list-style-type: none"> No limit on frequency Can be billed with IPPE, AWW or 99397 when a condition required additional work to perform the key components of these services
Cost share	No cost share				Member may incur cost share
Documentation Criteria	<p>Requirements:</p> <ol style="list-style-type: none"> Review of the individual's medical and social history with attention to modifiable risk factors for disease detection Review of the individual's potential (risk factors) for depression or other mood disorders Review of the individual's functional ability and level of safety An examination to include measurement of the individual's height, weight, body mass index, blood pressure, a visual acuity screen, and other factors as deemed appropriate, based on the beneficiary's medical and social history End-of-life planning, upon agreement of the individual Education, counseling, and referral, as deemed appropriate, based on the results of the review and evaluation services described in the previous 5 elements Education, counseling, and referral including a brief written plan (e.g., a checklist or alternative) provided to the individual for obtaining the appropriate screening and other preventive services, which are separately covered under Medicare Part B. A once-in-a-lifetime screening electrocardiogram (EKG/ECG) may be performed, as appropriate, with a referral 	<p>Includes the Health Risk Assessment (HRA):</p> <ul style="list-style-type: none"> Demographic data Self-assessment of health status Psychosocial & behavioral risks Activities of Daily Living (ADLs) Current providers involved in care <p>Patient's medical and family history:</p> <ul style="list-style-type: none"> Past medical and surgical history, use of, or exposed to, medications and supplements Medical events with parents, siblings, and children including hereditary diseases that may increase risk <p>Risk factors for depression or other mood disorders:</p> <ul style="list-style-type: none"> Screening test to diagnose or treat depression Functional ability and level of safety review Ability to perform ADLs Fall risks and home safety Hearing impairment <p>Assessment:</p> <ul style="list-style-type: none"> Height, weight, BMI, blood pressure Cognitive function <p>Counseling:</p> <ul style="list-style-type: none"> Preventive services that Medicare covers Immunizations Treatment options and their associated risks and benefits Fall prevention & physical activity Nutrition and weight loss Tobacco-use cessation 	<p>Update HRA:</p> <ul style="list-style-type: none"> Demographic data, health status, psychosocial risks, behavioral risks, ADLs Update list of current providers Update patient's medical/family history <p>Assessment:</p> <ul style="list-style-type: none"> Weight, blood pressure and other routine measurements appropriate based on medical and family history Cognitive function <p>Counseling:</p> <ul style="list-style-type: none"> Update screening schedule Update the list of risk factors or identified conditions Fall prevention Nutrition Physical activity Tobacco-use cessation Weight loss 	<p>Standard physical typically includes:</p> <ul style="list-style-type: none"> Age and gender-appropriate history Age and gender appropriate physical examination Counseling or anticipatory guidance Risk factor reduction interventions Ordering of laboratory / diagnostic procedures 	<p>Each level of service requires 2 of 3 components:</p> <p>99213:</p> <ul style="list-style-type: none"> Expanded problem focused history Expanded problem focused examination MDM low complexity (Typically 15 minutes face-to-face) <p>99214:</p> <ul style="list-style-type: none"> Detailed history Detail examination MDM moderate complexity (Typically 25 minutes face-to-face) <p>99215:</p> <ul style="list-style-type: none"> Comprehensive history Comprehensive examination MDM high complexity (Typically 40 minutes face-to-face) <p>Billing with Welcome to Medicare visit or AWW:</p> <ul style="list-style-type: none"> Append modifier 25 to E&M service to indicate "significant, separately identifiable service" Some elements of E&M service may be a part of the Welcome to Medicare visit/AWW/Comprehensive Preventive Medicine visit and should not be included in determining the level of E&M service
Note	Active but stable conditions that require no or little additional work should be submitted on these claims if supported by sufficient documentation.				
	NEW FAX! Please fax a copy of a signed chart note to 844-442-1077.				
Total 2019 RVU	4.69	4.84	3.28	3.85	2.09-4.10, depending on level of service

Thank You
