Annual Wellness Visits

044505 (12-29-2023)

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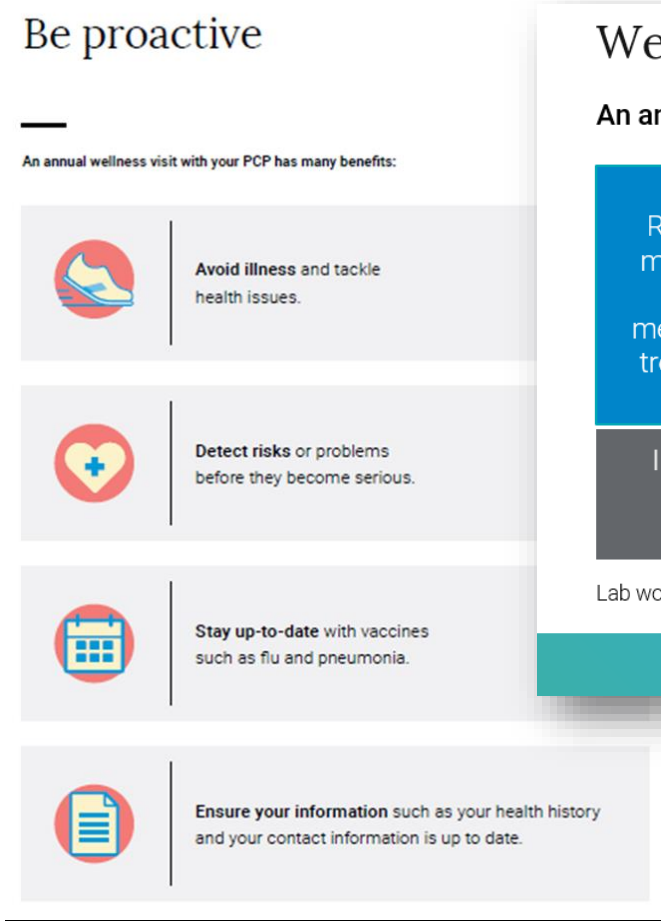
Welcome to Medicare visits, Annual Wellness Visits (AWVs) and related visit types

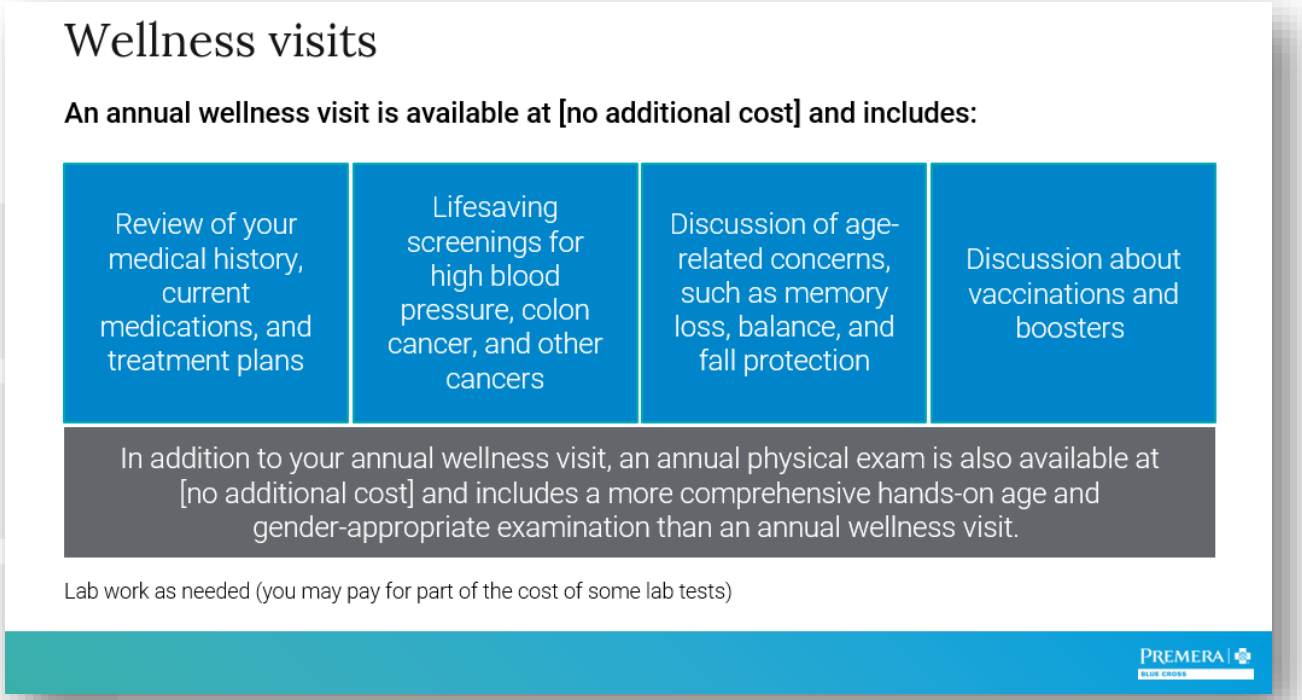
There are no member cost shares for the Welcome to Medicare visits (G0402) or the AWVs (G0438/G0439). The visits are an opportunity to:

- Document the patient's current chronic conditions and ongoing treatment plans.
- Conduct assessments and screenings for physical activity, ADLs, mobility, pain, fall risk, urinary incontinence, depression, and anxiety.
- Review medications.
- Schedule preventive tests: colonoscopy, mammography, diabetic eye exam, etc.
- Complete non-preventive lab work as necessary.

Welcome to Medicare visits and Annual Wellness Visits (AWVs): Member communications

Through various member marketing campaigns, Premera encourages members to schedule the Welcome to Medicare or Annual Wellness visit with their primary care provider.





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

- Bill the AWV, 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.

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

If a condition addressed during the AWV, 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.

We know that some aspects of care, such as blood pressure readings and test results, aren’t transmitted through claims, but are important for supporting performance on Star Ratings. You can submit a supplemental data feed or medical records to inform Premera. Contact ProviderClinicalConsulting@Premera.com for details.

Comparison Guide: Welcome to Medicare, Annual Wellness Visit, Preventive Exam, and E/M Visits

HCPCS/CPT	G0402	G0438	G0439	99397	99212, 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)	Annual Wellness Visit (AWV), Subsequent	Comprehensive Preventive Medicine Visit, Established (65 years and older)	Office/outpatient visit, established
Frequency	Limited to new beneficiary during the first 12 months of Medicare enrollment	Allowed once per lifetime, only after member has had Part B for a full 12 months	Allowed once per calendar year	Allowed once per calendar year	No limit on frequency
Condition Management and Billing	Active but stable conditions that require no or little additional work should always be submitted on claims when supported in documentation.				Can be billed with Welcome to Medicare visit, AWV or 99397 when a condition requires additional work to perform the key components of these services*.
Cost Share	No cost share				Member may incur cost share
Telehealth Delivery	Not allowed	Allowed	Allowed	Not allowed	Allowed
Documentation Criteria	**Requirements:** 1. Review of the individual's medical and social history 2. Review of the individual's potential (risk factors) for depression or other mood disorders 3. Review of the individual's functional ability and level of safety 4. 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 5. End-of-life planning, upon agreement of the individual 6. Education, counseling, and referral, as deemed appropriate, based on the results of the review and evaluation services described in the previous 5 elements 7. 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 8. Review current opioid prescriptions 9. Screen for potential substance abuse disorders (SUDs)	**Includes the Health Risk Assessment (HRA):** • Demographic data • Self-assessment of health status • Psychosocial & behavioral risks • Activities of Daily Living (ADLs) • Current providers involved in care **Patient's medical and family history** **Risk factors for depression or other mood disorders:** • Screening test to diagnose or treat depression **Review patient's functional ability and level of safety** • Functional ability and level of safety • Ability to perform ADLs • Fall risks and home safety • Hearing impairment **Assessment:** • Height, weight, BMI, blood pressure • Cognitive function **Counseling:** • Establish screening schedule • Establish list of risk factors or conditions and make recommendations for interventions, including treatments • Fall prevention • Physical activity • Nutrition and weight loss • Tobacco-use cessation • Cognition **Provide Advance Care Planning (ACP) services at patient's discretion** **Review current opioid prescriptions/ Screen for potential substance use disorders (SUDs)** **Optional Social Determinants of Health (SDOH) Risk Assessment**	**Update HRA:** • Demographic data, health status, psychosocial risks, behavioral risks, ADLs • Update list of current providers • Update patient's medical/family history **Assessment:** • Weight, blood pressure and other routine measurements appropriate based on medical and family history • Cognitive function **Counseling:** • Update screening schedule • Update list of risk factors or conditions and interventions underway • Fall prevention • Nutrition and weight loss • Physical activity • Tobacco-use cessation • Cognitive function **Provide Advance Care Planning (ACP) services at patient's discretion** **Review current opioid prescriptions/Screen for potential substance use disorders (SUDs)** **Optional Social Determinants of Health (SDOH) Risk Assessment**	**Standard physicals typically includes:** • Age and gender-appropriate history • Age and gender appropriate physical examination • Counseling or anticipatory guidance • Risk factor reduction interventions • Ordering of laboratory/ diagnostic procedures	**Each level of service requires a medically appropriate history and/or examination and 1 of the 2 components:** **99212:** • MDM straightforward complexity • Total time 10-19 minutes per encounter **99213:** • MDM low complexity • Total time 20-29 minutes per encounter **99214:** • MDM moderate complexity • Total time 30-39 minutes per encounter **99215:** • MDM high complexity • Total time 40-54 minutes per encounter ***Billing with Welcome to Medicare visit or AWV:** • 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/AWV/Comprehensive Preventive Medicine visit and should not be included in determining the level of E&M service

Contact information

Call

888-850-8526
For other questions.

Email

ProviderClinicalConsulting@Premera.com
for data specifications and process