

# Closing Gaps & Meeting Metrics

## Coding Tips & Best Practices

January 2021

### Annual Wellness Visit

The Annual Wellness Visit (AWV) allows health professionals and members to review all chronic medical conditions together and plan for needed health services in the upcoming year. The goal of the AWV is to engage members in being part of their own healthcare plans while also promoting communication between the member and provider.

The AWV:

- Is an opportunity for the provider to review quality measures and counsel the member to ensure he or she is taking advantage of all available services and screenings
- Is a structured opportunity for primary care providers to perform coordination-of-care activities
- Covers preventive services, therefore members are not responsible for a copayment or deductible



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### Coding and Documentation Requirements for AWV

#### Initial Preventive Physical Examination (IPPE) – G0402

- Limited to a new Medicare member during the first 12 months of Medicare enrollment
- Used once in a lifetime

#### Initial AWV – G0438

- Limited to a Medicare member after the first 12 months of Medicare enrollment, including new or established patients
- Used once in a lifetime

#### Subsequent AWV – G0439

- Used the following calendar year after any wellness visit (IPPE, initial AWV or subsequent AWV)

As part of the review, providers should assess the status of all active conditions in the problem list during the visit with the patient. An assessment should include the status of each condition as stable, improved, unstable, worsening, active or resolved. Once this has been done, the provider can accurately list in the final diagnostic statement all coexisting conditions on that encounter that require or affect patient care, treatment or management.

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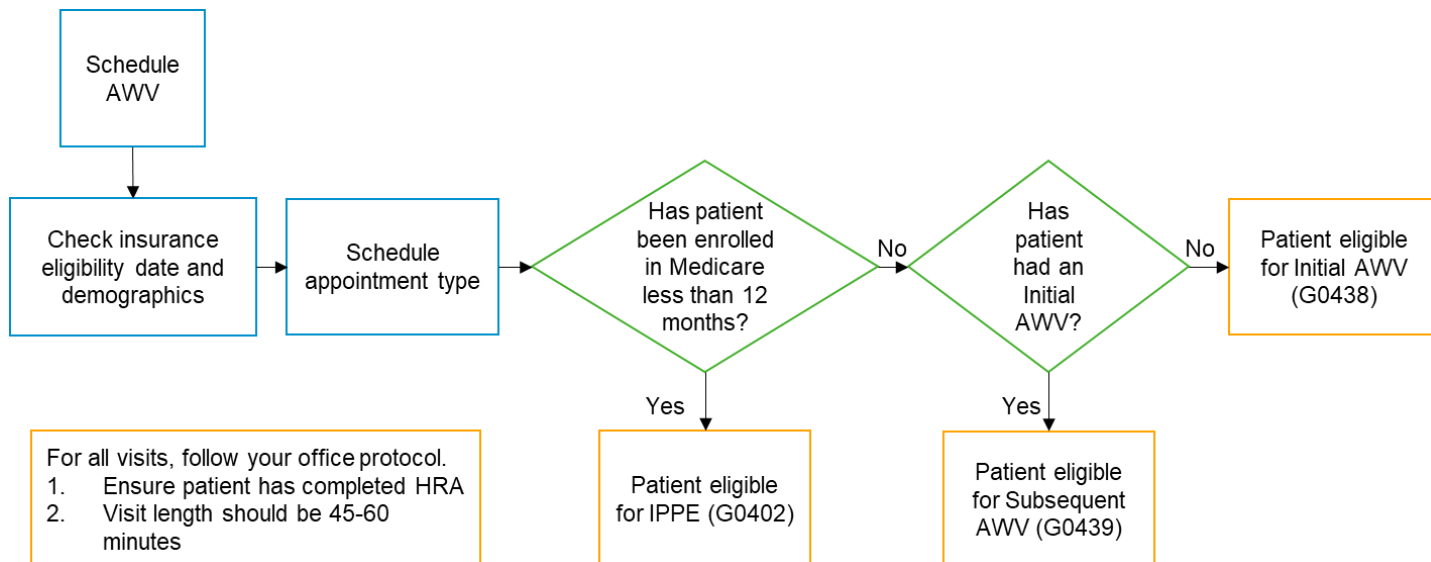
## Assessments

The table below shows the assessments done during each type of visit.

Component	Initial Preventive Physical Examination (IPPE) (G0402)	Initial Annual Wellness Visit (G0438)	Subsequent Annual Wellness Visit (G0439)
History, health risk assessment (HRA)	Gather medical, family and social history with attention to modifiable risk factors for disease  Review functional ability and level of safety	Gather medical, family and social history  Review functional ability and level of safety  Conduct a HRA, self-reported information known to the beneficiary  Detect any cognitive impairment	Update of medical/family history  Update HRA
Measurements	Assess height, weight, body mass index, blood pressure, visual acuity*, other routine measurements	Assess blood pressure, height, weight and other routine measurements	Assess blood pressure, weight and other routine measurements
Depression Risk Assessment	Assess risk factors for depression or anxiety with screening instrument like the PHQ-9 or GAD-7; this includes current or past experiences with depression or other mood disorders	Review potential risk factors for depression, functional ability and level of safety	Update potential risk factors for depression, functional ability and level of safety
Providers		Gather list of current providers/suppliers	Update of list of current providers/suppliers
End-of-Life Planning	Discuss end-of-life planning, verbal or written information regarding desires	Furnish advance care planning services, at member's discretion, to discuss	Update or change as appropriate
Health Education and Preventive Counseling	Provide education, counseling, and referral to the individual for obtaining the appropriate screenings	Provide personalized health advice and referrals for health education and preventive counseling	Provide personalized health advice and referrals for health education and preventive counseling
Screening Schedule and Recommended Interventions		Establish the following: <ul style="list-style-type: none"> <li>• Written screening schedule (such as a checklist) for the next 5-10 years</li> <li>• List of risk factors and conditions where interventions recommended</li> </ul>	Update: <ul style="list-style-type: none"> <li>• Written screening schedule</li> <li>• List of risk factors and conditions where interventions are recommended</li> </ul>

\*Visual acuity is included only in IPPE.

## Annual Wellness Visit Best Practices Workflow



**Note:** Effective January 2021, an initial and subsequent AWW can be completed each calendar year

## General Documentation and Coding Requirements

- Patient's name must appear on each page of the medical record
- All entries must be dated
- Ensure documentation follows hierarchical condition category (HCC) coding by documentation **M.E.A.T.**
  - **Monitoring** signs, symptoms, disease progression, disease regression
  - **Evaluating** results of tests, medication effectiveness, response to treatment
  - **Assessing** by ordering tests, discussion with the member, reviewing records, counseling
  - **Treating** with medications, therapies, other interventions
- Document and code **all chronic** conditions that require or affect treatment or management on this visit
- Submit claim with ICD-10, CPT and CPT II quality codes
- Document whenever a screening is not indicated, contraindicated or patient refuses or is noncompliant to explain why the quality measure was not met
- Include physician's signature and credentials on each patient encounter; an electronic signature requires authentication by the responsible provider

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## Claims Submission Tips

Once the provider signs the AWW the documentation should be reviewed for completion and accuracy.

The audit should:

- Validate the HRA form is completed
- Substantiate the documentation supports the diagnoses the provider documented
- Confirm diagnosis codes are in correct sequencing order
- Confirm the CPT/HCPCS codes are accurate
- Assess which coding modifiers and place of service codes should be submitted on the claim
- Query the provider if additional information is required or clarification is essential

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## Coding for Other Evaluation and Management Services

If you need to request an evaluation and management (E/M) service (e.g., 99213), including lab tests or other diagnostic services, in addition to a preventive service (G0402, G0438 or G0439):

- Inform member of their potential responsibility to pay for the deductible/copy for the E/M portion of the service
- Submit the CPT code with modifier-25 along with the “G” code as part of the claims encounter submission (e.g., G0438 and 99213-25)

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## Earn CEUs through Coding Webinars

We offer on-demand webinars that provide details about how to support diagnoses per the Centers for Medicare & Medicaid Services and U.S. Department of Health and Human Services guidelines. These courses are updated for 2020-21 and are eligible for 1.5 continuing education unit credits each.

Topics include:

- Atrial fibrillation
- Major depression
- Diabetes
- Mental health
- Cancer
- Rheumatoid arthritis
- Chronic kidney disease



Register today at [availity.com](https://www.availity.com)<sup>1</sup>.

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## References

- [cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/index](https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/index)
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