

# Closing Gaps & Meeting Metrics

## Coding Tips and Best Practices

April 2020

## Annual Wellness Visit

### Are You Providing an Annual Wellness Visit to Your Medicare Advantage Patients?

Under the Affordable Care Act, Medicare beneficiaries receive coverage for an annual wellness visit (AWV).

AWV is a yearly office visit focusing on preventive health. You'll review a patient's history and risk factors for diseases, ensure the patient's medication list is up to date, and provide personalized health advice and counseling. AWV also allows you to create or update a written personalized prevention plan.

This benefit provides an ongoing focus on prevention that can be adapted as a member's health needs change. Help keep your patients as healthy as possible by encouraging them to have an AWV.

Medicare also provides coverage for the initial preventive physical examination (IPPE), commonly known as the



*Welcome to Medicare* visit. The IPPE is a one-time service to newly enrolled beneficiaries. It is an introduction to Medicare and its covered benefits, with a focus on health promotion and disease detection. The IPPE must be performed within the first 12 months after the beneficiary's effective date of their Medicare Part B coverage. Our member will pay nothing for the AWV and the IPPE; these benefits have no coinsurance, copayment or Medicare Part B deductible when documented and billed correctly.

You can find details for each type of visit at [cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/mln-publications-items/cms1246474.html](https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/mln-publications-items/cms1246474.html).

See [medicare.gov/coverage/preventive-screening-services](https://www.medicare.gov/coverage/preventive-screening-services) for a complete list and information on other Medicare Part B preventive services.

For all visits, remember to check member eligibility and benefits electronically through [availity.com](https://www.availity.com)<sup>1</sup>.

### Coding

Use the following Healthcare Common Procedure Coding System (HCPCS) codes to file claims for Florida Blue members' annual wellness visits:

- **G0438:** Annual wellness visit; includes a personalized prevention plan of service (PPS), *initial* visit
- **G0439:** Annual wellness visit, includes a personalized prevention plan of service (PPS), *subsequent* visit

**Note:** The Centers for Medicare & Medicaid Service (CMS) use the calendar year, January through December.

### Diagnosis

You must report a diagnosis code when submitting a claim for the AWV. A diagnosis code of Z00.00 indicates there are no abnormal findings while Z00.01 is for encounters with abnormal findings. In addition to the routine ICD-10 codes Z00.00 or Z00.01 for AWV services, if clinical conditions are assessed and documented as part of the annual wellness visit, submit **all** clinically warranted ICD-10 codes. (Remember, Florida Blue can accept up to twelve ICD-10 codes per claim.) When billing for annual wellness services, Florida Blue will not apply a member co-pay for submitted clinical ICD-10 codes.

<sup>1</sup>Availity LLC is a multi-payer joint venture company. For more information or to register, go to [availity.com](https://www.availity.com).

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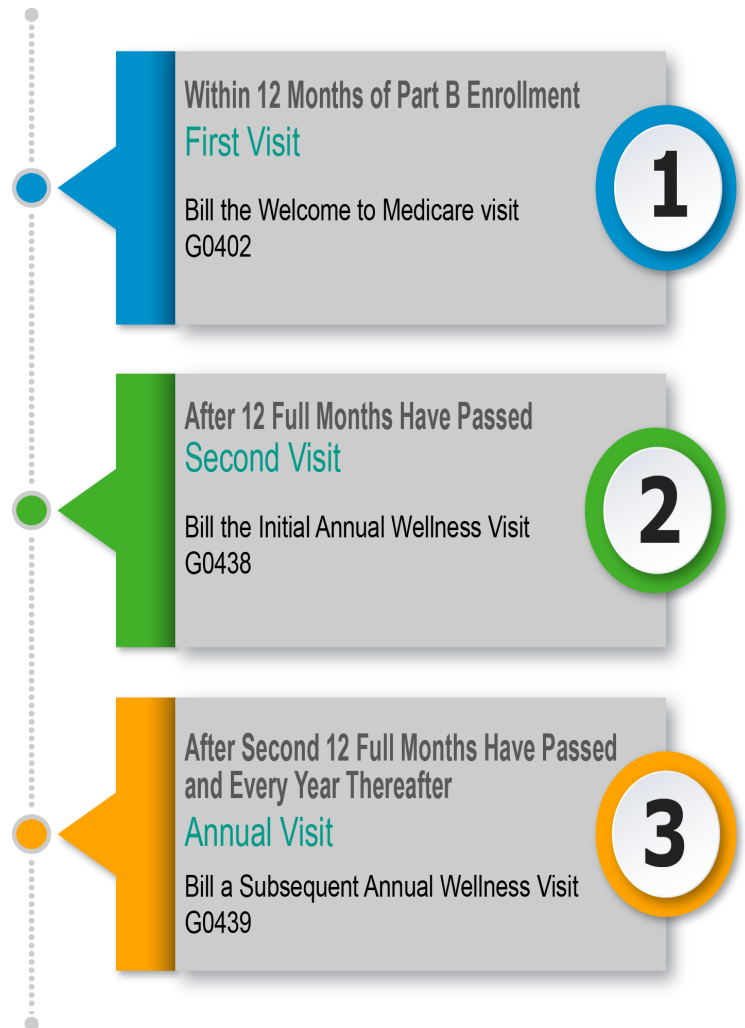
## Billing

Medicare Part B covers an AWW if performed by one of the following:

- Physician (a doctor of medicine or osteopathy)
- Qualified non-physician practitioner (a physician assistant, nurse practitioner or certified clinical nurse specialist)
- Medical professional (including a health educator, registered dietitian, nutrition professional or other licensed practitioner) or a team of medical professionals directly supervised by a physician
- When you furnish a significant, separately identifiable, medically necessary Evaluation and Management (E/M) service along with the AWW, Medicare may pay for the additional service. Report the additional Current Procedural Terminology (CPT) code with modifier 25. That portion of the visit must be medically necessary to treat the beneficiary's illness or injury, or to improve the functioning of a malformed body member

## Sequence of Visits and Billing

When a claim is submitted for the *Welcome to Medicare* visit in the first year the member is enrolled in Medicare and then billed a subsequent wellness visit the next year, the initial annual wellness visit is missed. The correct sequence is shown to the right.



## 2020 Coding Webinars

Our educators have created coding webinars to provide detail on how to support diagnoses of eight common chronic conditions per guidelines from the CMS and U.S. Department of Health and Human Services.

Webinar registration is fast and easy. Register today at [availity.com](http://availity.com) > *Florida Blue Learning and Development*.

## References

- [cms.gov/medicare/prevention/prevntionngenInfo/medicare-preventive-services/mps-quickreferencechart-1.html#aww](https://www.cms.gov/medicare/prevention/prevntionngenInfo/medicare-preventive-services/mps-quickreferencechart-1.html#aww)
- [cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/aww-chart-icn905706textonly.pdf](https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/aww-chart-icn905706textonly.pdf)
- [cms.gov/outreach-and-education/outreach/ffsprovpartprog/provider-partnership-email-archive-items/2015-06-25-enews.html#\\_toc422891546](https://www.cms.gov/outreach-and-education/outreach/ffsprovpartprog/provider-partnership-email-archive-items/2015-06-25-enews.html#_toc422891546)



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