Medicare Advantage Annual Wellness Visit & Preventive Medicine Exam Coding Guidelines

Deductible, coinsurance and copayment are waived for Annual Wellness Visits (AWV) and Annual Preventive Medicine Exams for members of Blue Cross of Idaho Medicare Advantage plans.

CURRENT PROCEDURAL TERMINOLOGY (CPT) PREVENTIVE CODES:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0402</td>
<td>Welcome to Medicare Exam, a once-in-a-lifetime benefit covered within the first 12 months of a patient’s Medicare Part B enrollment; also known as the Initial Preventive Physical Exam.</td>
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<tr>
<td>G0438</td>
<td>Annual wellness visit (AWV) first visit</td>
</tr>
<tr>
<td>G0439</td>
<td>Annual wellness visit subsequent visit</td>
</tr>
<tr>
<td>99385</td>
<td>New patient annual preventive medicine exam patient ages 18-39</td>
</tr>
<tr>
<td>99386</td>
<td>New patient annual preventive medicine exam patient ages 40-64</td>
</tr>
<tr>
<td>99387</td>
<td>New patient annual preventive medicine exam patient ages 65 and older</td>
</tr>
<tr>
<td>99395</td>
<td>Established patient annual preventive medicine exam patient ages 18-39</td>
</tr>
<tr>
<td>99396</td>
<td>Established patient annual preventive medicine exam patient ages 40-64</td>
</tr>
<tr>
<td>99397</td>
<td>Established patient annual preventive medicine exam patient ages 65 and older</td>
</tr>
</tbody>
</table>

DIAGNOSIS CODES

- **Z00.00**: Encounter for general adult medical examination without abnormal findings
- **Z00.01**: Encounter for general adult medical examination with abnormal findings
  Use additional codes to identify abnormal findings
- **Z30.11 – Z30.99**: Encounter for contraception management, as appropriate

Sequence the appropriate Z code from above as the primary diagnosis code. Code all additional existing acute and chronic conditions, disease status and disease history diagnoses that exists at the time of the medical examination. Documenting and coding any new or existing conditions present at the time of an AWV or annual physical exam in addition to the Z codes listed above will not cause your claim to deny or process with a member cost share unless they are linked to an additional evaluation & management (E/M) service for a specific evaluation of a new finding or an existing problem. A patient’s diagnoses should be clearly addressed and documented in the assessment portion of the provider’s note. AWVs and preventive exams are a great opportunity to report all of a member’s health statuses and current conditions to their health plan on a yearly basis.

If, during an AWV and/or preventive exam, a new abnormal finding or a pre-existing problem is significant enough to require additional work that meets the key components of a problem-oriented E/M service, then the appropriate code from 99201-99215 with modifier 25 may also be reported. In this case, provider documentation addressing the new/pre-existing finding must be completely separate and identifiable from the AWV and/or preventive exam documentation. These additional services may be subject to copayment or coinsurance for the member. Refilling ongoing prescriptions or insignificant or trivial problems that don’t require additional work should not be billed separately.

ELEMENTS THAT SHOULD BE INCLUDED IN AN INITIAL AWV:

Health Risk Assessment (HRA) typically include demographic data, self-assessment of health status, psychosocial risks, behavioral risks, and activities of daily living (ADL) such as dressing, bathing, walking, shopping, housekeeping and managing medications.

- Medical, family, and social history including alcohol, tobacco and drug use, diet and physical activities
- List of current medical providers and suppliers
- Body metrics including height, weight, BMI, blood pressure, visual acuity and other appropriate measurements
- Notation of any cognitive impairments and accounts of functional ability and level of safety
- Notation of possible risk factors for depression or other mood disorders
- Establishing a schedule of routine screenings, list of risk factors and recommended interventions that is also provided to the patient*
- Personalized health advice and referrals to health education or counseling services to help reduce risk factors and assist with self-management of the above elements
- End-of-life planning upon agreement of the patient
ELEMENTS THAT SHOULD BE INCLUDED IN A SUBSEQUENT AWV:
• Updates to all the initial AWV elements listed above

*Other common separately billable preventive services and recommended interventions that may be ordered as a result of performing an AWV and/or a preventive exam.

• Abdominal Aortic Aneurysm Screening Ultrasound
• Alcohol Misuse and Behavioral Counseling Interventions
• Bone Mass Measurements
• Cardiovascular Disease Screening
• Colorectal Screening
• Depression Screening
• Diabetes Screening
• HIV/ Sexually Transmitted Infections Screening
• Intensive Behavioral Therapy for Cardiovascular Disease
• High Intensity Behavioral Counseling to prevent STIs
• Medical Nutrition Therapy Services
• Smoking and Tobacco Use Cessation
• Flu, Pneumonia and Hepatitis B Vaccines
• Mammograms
• Pap Smears, Pelvic Exams and Clinical Breast Exams
• Prostate Cancer Screening

Always be sure to check a member’s specific plan benefits for a FULL list of preventive services. All preventive services that are covered at no cost under original Medicare, Blue Cross of Idaho also covers at no cost to the member.

ELECTRONIC MEDICAL RECORDS (EMR) TIPS
• Many EMRs were not built with input from coders and coding guidelines. Always ensure your coding staff verifies an EMR’s recommendations.
• Because EMRs generally allow problem lists to be carried forward from one visit to the next, update a patient’s problem list routinely to make sure condition statuses are accurate.
• Avoid “cloning” and “copy and paste” techniques so documentation reflects each patient’s unique visit.

CODING TIPS
• Don’t forget about “status” codes from Chapter 21 of the ICD-10-CM, such as amputation, transplant or ostomy status. These conditions need to be reported at least once a year for the hierarchical condition category (HCC) to be captured and properly calculated towards a patient’s risk score or risk adjustment factor (RAF).
• Report Category II codes. These are supplemental tracking CPT codes that can be used to report performance measures and indicate clinical components that may be included in E/M or clinical services. Examples include CPT 4000F-Tobacco use cessation intervention and counseling or CPT 3014F-Screening mammography results documented and reviewed.

Frequently Asked Questions (FAQs):

WHO CAN PERFORM THESE TYPES OF EXAMS? MDs, DOs, and non-physician practitioners such as nurse practitioners and physician assistants who are allowed, by law, to perform or assist in the performance of professional medical services.

WITH SO MANY CODE SELECTIONS, WHAT’S THE DIFFERENCE BETWEEN THE G CODES AND THE 99385-99397 CODES? G codes represent an extensive discussion of the elements of the initial AWV. Preventive exam codes reflect a “hands on” physical exam including, but not limited to, evaluating for lumps, bumps, skin lesions and breast/prostate exams.

CAN A PROVIDER BILL BOTH AN AWV AND ANNUAL PREVENTIVE EXAM ON THE SAME DATE OF SERVICE? Yes, Blue Cross of Idaho allows providers to bill an AWV and preventive medicine exam on the same DAY IF BOTH SERVICES ARE DOCUMENTED SEPARATELY. THESE SERVICES MAY ALSO BE REPORTED ON SEPARATE DAYS.

DO MEDICARE ADVANTAGE MEMBERS NEED TO WAIT AT LEAST A YEAR BETWEEN AWV AND/OR PREVENTIVE EXAMS? No, there are no limits or restrictions to the timing of when an AWV can be performed. For example, if a Medicare Advantage member receives their AWV on October 1, 2017, he/she could have another AWV on January 2, 2018 if they desired. The Medicare ‘365 + 1’ rule does not apply to Blue Cross of Idaho Medicare Advantage members.

(Content in this document pertains to Blue Cross of Idaho Medicare Advantage policies only. Traditional Medicare payment policies may differ.)