Closing Gaps & Meeting Metrics

Coding Tips & Best Practices

March 2024

The Annual Wellness Visit

The Annual Wellness Visit (AWV) is a preventive service focused on the overall health and well-being of the patient. During this visit, the healthcare provider will review the patient's medical history, assess current health, and develop a customized plan to address any health risks. The AWV presents an opportunity to discuss preventive screenings, vaccinations, and any health goals the patient may have. Complete documentation not only ensures a full picture of the patient's health, but also plays an essential role in creating a personalized care plan designed for the patient's unique needs.

This month's newsletter reviews specifics of the AWV.

Who is Eligible for the Annual Wellness Visit (AWV)?

- Patients who have had Medicare Part B coverage for longer than 12 months
- Patients who did not have an Initial Preventive Physical Exam (IPPE) or AWV within the past 12 months.

Know the Difference

Type	Description
IPPE – also known as "Welcome to Medicare"	Involves an evaluation of the patient's medical and social history Includes education on preventive services
AWV	Involves an evaluation of the patient's individualized prevention plan of services Includes a health risk assessment
Preventive Medicine Services Routine Physical Exam	Evaluation and management of the patient Extent and focus depend on the patient's age and gender

The Initial Preventive Physical Exam (IPPE)

Components

Component	Assessments
Medical and social history	• Past medical and surgical history • Current medications • Family history • Diet • Physical activities • Social activities and engagement • Alcohol, tobacco, and illegal drug use history
Identification of possible depression risk factors	• Current or past experiences with depression • Other mood disorders
Functional ability and safety level	• Ability to perform activities of daily living (ADLs) • Fall risk • Hearing impairment • Home and community safety, including driving when appropriate
Exam	• Height, weight, body mass index (BMI) (or waist circumference, if appropriate), blood pressure, balance, and gait • Visual acuity screen • Other factors considered appropriate based on medical and social history, and current clinical standards
End-of-life planning, with patient consent	Verbal or written information can be offered to the patient about: • Advance directive for situations where injury or illness may prevent the ability to make their own health care decisions. • If you agree to follow their advance directive • Psychiatric advance directives are included
Evaluate current opioid prescriptions.	Patient receiving current opioid treatment/prescription • Evaluate any possible opioid use disorder (OUD) risk factors • Assess pain severity and current treatment plan • Present information regarding non-opioid treatment options • Consult specialist as necessary
Monitor for possible substance use disorder (SUDs).	Assess possible SUD risk factors. Refer the patient for treatment, as necessary. Screening tools may be used but are not required.
Provide education, counseling, and referrals based on previous components.	Offer education, counseling, and referrals, based on the outcomes of the review from previous components.
Provide education, counseling, and referrals for other preventive services.	Concise written plan: • One per lifetime screening electrocardiogram (ECG), as necessary • Applicable screenings and other covered preventive services Examples: • Flu shot and administration • Pneumococcal shot and administration • Ultrasound Abdominal Aortic Aneurysm (AAA) Screening • Lung Cancer Screening with Low Dose Computed Tomography (LDCT) • Colorectal cancer screening tests

Diagnosis

A specific diagnosis code is not required when submitting IPPE claims. Choose a diagnosis code addressed during the visit or use a code from Z00-Z99.

Examples

- Z00.00 Encounter for general adult medical examination without abnormal findings
- Z00.01 Encounter for general adult medical examination with abnormal findings

HCPCS Codes

G0402 Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment

G0403 Electrocardiogram, routine ECG with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report

G0404 Electrocardiogram, routine ECG with 12 leads; tracing only, without interpretation and report, performed as a screening for the initial preventive physical examination

G0405 Electrocardiogram, routine ECG with 12 leads; interpretation and report only, performed as a screening for the initial preventive physical examination

G0468 Federally qualified health center (FQHC) visit, initial preventive physical exam (IPPE) or annual wellness visit (AWV) – Applies to federally qualified health center (FQHC) only

Billing

The IPPE is covered when performed by one of the following:

- Physician (doctor of medicine or osteopathy)
- Physician assistant
- Nurse practitioner
- Clinical nurse specialist
- Medical professional (including a health educator, a registered dietitian, nutrition professional, or other licensed practitioner) or a team of such medical professionals working under the direct supervision of a physician (doctor of medicine or osteopathy)

When an IPPE is provided and a significant, separately identifiable, medically necessary evaluation and management (E/M) service is also administered, report the additional CPT code with modifier -25. The documentation must satisfy medical necessity for a problem-oriented E/M separately from the components of the initial preventive physical exam.

IPPE Coding Example[1]

Scenario

During the adult IPPE exam (all elements and components documented), the physician identifies that the patient has difficulty breathing, and upon auscultation, the patient is diagnosed with rhonchi and crackles, bilaterally. The patient has long history of chronic obstructive pulmonary disease (COPD). A prior CT scan of the chest 10/2022 showed diffuse lobular lucencies with hyperexpansion in both lungs, negative for lung nodules. Results reviewed with patient. Prescribed 40 mg prednisone for 5 days, ordered chest X-ray, follow up, 1 week. Final assessment COPD with acute exacerbation.

Codes

- G0402 Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment.
- 99214 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded – **with modifier -25.**

First Annual Wellness Visit

Components

Component	Assessments
Complete Health Risk Assessment (HRA).	Patient self-reported information: • Demographic data • Health status self-assessment • Psychosocial risks, such as life satisfaction, stress, pain, suicidality, fatigue, depression, etc. • Behavioral risk, such as tobacco use, physical activity, alcohol consumption, and home safety, etc. • Activities of daily living (ADLs), such as dressing, feeding, toileting, and grooming, etc. • Instrumental ADLs (IADLs), such as using the phone, laundry, transportation, managing medications, handling finances, etc. The provider or the patient can update the HRA before or during the encounter (AWV). Consider best ways to communicate with underserved populations (different languages, patients with disabilities, etc.).
Medical and family history	• Medical events of the patient's parents, siblings, or children, including hereditary disease that place them at increased risk • Past medical and surgical history (hospital stays, allergies, injuries, and treatments, etc.) • Use of, exposure to, medications, supplements, etc.
Current providers and suppliers list	• Providers and suppliers that regularly provide medical care, including behavioral health care
Measurements	• Height, weight, body mass index (BMI) (or waist circumference, if appropriate), and blood pressure • Other routine measurements deemed appropriate based on medical and family history
Identify signs of cognitive impairments.	Check for cognitive impairment as part of the first AWV. • Evaluate cognitive function by direct observation or reported observations from the patient, family, friends, caregivers, etc. • Consider using brief cognitive tests, health disparities, chronic conditions, and other factors that contribute to increased cognitive impairment risk.
Identify possible depression risk factors.	• Current or past experiences with depression • Other mood disorders
Functional ability and safety level	• Ability to perform activities of daily living (ADLs) • Fall risk • Hearing impairment • Home and community safety, including driving when appropriate

Component	Assessments
Create an appropriate patient written screening schedule.	Base the written screening schedule on the following: • Checklist for the next 5-10 years • United States Preventive Services Task Force and Advisory Committee on Immunization Practices (ACIP) recommendations • The patient's HRA, health status and screening history, and age-appropriate preventive services Examples: • Flu shot and administration • Pneumococcal shot and administration • Ultrasound Abdominal Aortic Aneurysm (AAA) Screening • Lung Cancer Screening with Low Dose Computed Tomography (LDCT) • Colorectal cancer screening tests
Create the list of risk factors and conditions.	Include: • Recommendations for primary, secondary, or tertiary interventions and report their current status • Mental health conditions, including depression, substance use disorders, suicidality, and cognitive impairments • IPPE risk factors or identified conditions • Treatment options, considering associated risks and benefits
Create individualized health advice and appropriate referrals to health education or preventive counseling services or programs.	Include referrals to educational and counseling programs pointed at interventions to reduce health risk and encourage self-management and wellness. • Fall prevention • Nutrition • Physical activity • Weight loss • Cognition
Provide advance care planning (ACP) services, according to the patient's preference.	Discuss with the patient: • Advance directive for situations where injury or illness may prevent the ability to make their own health care decisions • Caregiver identification • How they can communicate their care preferences to others • Advance directive elements, including completing standard forms if applicable
Evaluate current opioid prescriptions.	For patients receiving current opioid treatment and/or prescription: • Evaluate any possible opioid use disorder (OUD) risk factors. • Assess pain severity and current treatment plan. • Present information regarding non-opioid treatment options. • Consult specialist, as necessary.
Monitor for possible substance use disorder (SUDs).	Assess possible SUD risk factors. Refer the patient for treatment, as necessary. Screening tools may be used but are not required.

Component	Assessments
Social determinants of health (SDOH)	Starting 2024, Medicare includes an optional SDOH Risk Assessment as part of the AWV. The assessment must adhere to standardized, evidence-based practices and warrant best ways to communicate with the patient's educational, developmental, and health literacy level, as well as being culturally and linguistically applicable.

Diagnosis

A specific diagnosis code is not required when submitting the first AWV claims. Choose a diagnosis code addressed during the visit or use a code from Z00-Z99.

Examples

- Z00.00 Encounter for general adult medical examination without abnormal findings
- Z00.01 Encounter for general adult medical examination with abnormal findings.

HCPCS Codes

G0438 Annual wellness visit includes a personalized prevention plan of service (PPS), initial visit

G0468 Federally qualified health center (FQHC) visit, initial preventive physical exam (IPPE), or annual wellness visit (AWV) – Applies to federally qualified health center (FQHC) only

Billing

The first AWV is covered when performed by one of the following:

- Physician (doctor of medicine or osteopathy)
- Physician assistant
- Nurse practitioner
- Clinical nurse specialist
- Medical professional (including a health educator, a registered dietitian, nutrition professional, or other licensed practitioner) or a team of such medical professionals working under the direct supervision of a physician (doctor of medicine or osteopathy)

When an AWV is provided and a significant, separately identifiable, medically necessary evaluation and management (E/M) service is also administered, report the additional CPT code with modifier -25. The documentation must satisfy medical necessity for a problem-oriented E/M separately from the components of the annual wellness visit.

Initial AWV Coding Example[1]

Scenario

During the adult AWV exam (all elements/components documented), the physician identifies that the patient has difficulty breathing, and upon auscultation, the patient is diagnosed with rhonchi and crackles, bilaterally. The patient has long history of chronic obstructive pulmonary disease (COPD). A prior CT scan of the chest 10/2022 showed diffuse lobular lucencies with hyperexpansion in both lungs, negative for lung nodules. Results reviewed with patient, 40 mg prednisone for 5 days prescribed, chest X-ray ordered, follow up, 1 week. Final assessment COPD with acute exacerbation.

Codes

- G0438 Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit
- 99214 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded – **with modifier -25**.

Subsequent Annual Wellness Visit

Components

Component	Assessment
Review and update Health Risk Assessment (HRA).	Patient self-reported information: • Demographic data • Health status self-assessment • Psychosocial risks, such as life satisfaction, stress, pain, suicidality, fatigue, depression, etc. • Behavioral risk, such as tobacco use, physical activity, alcohol consumption, and home safety, etc. • Activities of daily living (ADLs), such as including dressing, feeding, toileting, and grooming, etc. • Instrumental ADLs (IADLs), such as using the phone, laundry, transportation, managing medications, handling finances, etc. The provider or the patient can update the HRA before or during the encounter (AWV). Consider best ways to communicate with underserved populations (different languages, patients with disabilities, etc.).
Update medical and family history.	• Medical events of the patient's parents, siblings, or children, including hereditary disease that place them at increased risk • Past medical and surgical history (hospital stays, allergies, injuries, and treatments, etc.) • Use of, exposure to, medications, supplements, etc.
Update providers and suppliers list.	• Providers and suppliers that regularly provide medical care, including behavioral health care
Measurements	• Height, weight, body mass index (BMI) (or waist circumference, if appropriate), and blood pressure • Other routine measurements deemed appropriate based on medical and family history
Identify signs of cognitive impairments.	Check for cognitive impairment as part of the first AWV. • Evaluate cognitive function by direct observation or reported observations from the patient, family, friends, caregivers, etc. • Consider using brief cognitive tests, health disparities, chronic conditions, and other factors that contribute to increased cognitive impairment risk.
Update the patient's written screening schedule.	Base the written screening schedule on the following: • Checklist for the next 5-10 years • United States Preventive Services Task Force and Advisory Committee on Immunization Practices (ACIP) recommendations • The patient's HRA, health status and screening history, and age-appropriate preventive services

Component	Assessment
Update the patient's written screening schedule. *(Continued from previous page)*	Examples: • Flu shot and administration • Pneumococcal shot and administration • Ultrasound Abdominal Aortic Aneurysm (AAA) Screening • Lung Cancer Screening with Low Dose Computed Tomography (LDCT) • Colorectal cancer screening tests
Update the list of risk factors and conditions.	Include: • Recommendations for primary, secondary, or tertiary interventions and report their current status. • Mental health conditions, including depression, substance use disorders, suicidality, and cognitive impairments • IPPE risk factors or identified conditions • Treatment options, considering associated risks and benefits
As necessary, provide and update patient PPPS, individualized health advice and appropriate referrals to health education or preventive counseling services or programs.	Include referrals to educational and counseling programs pointed at interventions to reduce health risk and encourage self-management and wellness. • Fall prevention • Nutrition • Physical activity • Weight loss • Cognition
Provide advance care planning (ACP) services, according to the patient's preference.	Discuss with the patient: • Advance directive for situations where injury or illness may prevent the ability to make their own health care decisions • Caregiver identification • How they can communicate their care preferences to others. • Advance directive elements, including completing standard forms if applicable
Evaluate current opioid prescriptions.	For patients receiving current opioid treatment and/or prescription: • Evaluate any possible opioid use disorder (OUD) risk factors. • Assess pain severity and current treatment plan. • Present information regarding non-opioid treatment options. • Consult specialist, as necessary.
Monitor for possible substance use disorder (SUDs).	• Assess possible SUD risk factors. As necessary, refer the patient to treatment. Screening tools may be used but are not required.
Social determinants of health (SDOH)	Starting 2024, Medicare includes an optional SDOH Risk Assessment as part of the AWV. The assessment must adhere to standardized, evidence-based practices and warrant best ways to communicate with the patient's educational, developmental, and health literacy level, as well as being culturally and linguistically applicable.

HCPCS Codes

G0439 Annual wellness visit Includes a personalized prevention plan of service (PPS), subsequent visit

G0468 Federally qualified health center (FQHC) visit, initial preventive physical exam (IPPE), or annual wellness visit (AWV) – Applies to federally qualified health center (FQHC) only

Billing

The subsequent AWV is covered when performed by one of the following:

- Physician (doctor of medicine or osteopathy)
- Physician assistant
- Nurse practitioner
- Clinical nurse specialist
- Medical professional (including a health educator, a registered dietitian, nutrition professional, or other licensed practitioner) or a team of such medical professionals working under the direct supervision of a physician (doctor of medicine or osteopathy)

When an AWV is provided and a significant, separately identifiable, medically necessary evaluation and management (E/M) service is also administered, report the additional CPT code with modifier 25. The documentation must satisfy medical necessity for a problem-oriented E/M separately from the components of the AWV.

Subsequent AWV Coding Example[1]

Scenario

During the adult AWV exam (all elements/components documented), the physician identifies that the patient has difficulty breathing, and upon auscultation, the patient is diagnosed with rhonchi and crackles, bilaterally. The patient has long history of chronic obstructive pulmonary disease (COPD), prior CT scan of the chest 10/2022 showed diffuse lobular lucencies with hyperexpansion in both lungs, negative for lung nodules. Results reviewed with patient, 40 mg prednisone for 5 days prescribed, chest X-ray ordered, follow up, 1 week. Final assessment COPD with acute exacerbation.

Codes

- G0439 Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit
- 99214 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded – **with modifier -25**.

Preventive Medicine Services Routine Physical Exam

Components/Elements

1. History
2. Examination
3. Counseling
4. Anticipatory guidance
5. Risk factor reduction intervention
6. Ordering of laboratory/diagnostic procedures

CPT Codes

Age Group	CPT Code Initial (New Patient)	CPT Code Subsequent (Established Patient)
18-39 years	99385 Initial comprehensive preventive medicine evaluation and management of an individual, including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years	99395 Periodic comprehensive preventive medicine reevaluation and management of an individual, including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years
40-64 years	99386 Initial comprehensive preventive medicine evaluation and management of an individual, including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years	99396 Periodic comprehensive preventive medicine reevaluation and management of an individual, including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years
65 years and older	99387 Initial comprehensive preventive medicine evaluation and management of an individual, including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older	99397 Periodic comprehensive preventive medicine reevaluation and management of an individual, including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older

Billing

A routine physical exam is covered when performed by one of the following:

- Physician (doctor of medicine or osteopathy)
- Health care professionals (physician assistant (PA), advanced registered nurse practitioners (ARNP)

When a routine physical exam (initial/subsequent) is provided and a significant, separately identifiable, medically necessary evaluation and management (E/M) service it is also administered, report the additional CPT code with modifier 25. The documentation must satisfy medical necessity for a problem-oriented E/M separately from the components of the routine physical exam.

Routine Physical Exam Coding Example[1]

Scenario

During the adult routine physical exam (all elements/components documented), the physician identifies that the patient has difficulty breathing, and upon auscultation, the patient is diagnosed with rhonchi and crackles, bilaterally. The patient has long history of chronic obstructive pulmonary disease (COPD). Prior CT scan of the chest 10/2022 showed diffuse lobular lucencies with hyperexpansion in both lungs, negative for lung nodules. Results reviewed with patient, 40 mg prednisone for 5 days prescribed, chest X-ray ordered, follow up, 1 week. Final assessment COPD with acute exacerbation.

Codes

- 99214 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded. – **with modifier -25.**
- The appropriate routine physical exam code (depending on patient's age and whether a new or established patient)
  - Initial (new patient): 99385, 99386, 99387
  - Subsequent (established patient): 99395, 99396, 99397

References

- CMS.gov/Training-Education/Medicare-Learning-Network/Newsletter/2024-01-11-mlnc#_Toc155704668
- CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Preventive-Services/Medicare-Wellness-Visits.html#IPPE
- AMA-Assn.org/Practice-Management/CPT/Can-Physicians-Bill-Both-Preventive-and-EM-Services-Same-Visit
- CPT 2024 Professional Edition

[1] The examples provided in this document are intended solely for educational and informational purposes. Physicians are responsible for independently assessing each patient and providing a diagnosis based on individual medical circumstances.