



Gateway Health Plan *Medicare Assured*® Guide on Annual Wellness Visits

Overview

As of January 1, 2011 preventive services are covered by Medicare and; therefore, are a covered benefit under all *Medicare Assured*® HMO SNP products. We want our *Medicare Assured*® members to take full advantage of the preventive services available to them, especially the Annual Wellness Visit (AWV). The AWV **should not** be confused with or considered a “physical exam”. The AWV **should be** considered as your patient’s personalized prevention plan. The AWV visit includes a review of the member’s medical and social history related to their health and education and counseling about preventive services, including certain screenings, shots, and referrals for other care, if needed. For more information refer to Medicare Learning Network – QUICK REFERENCE INFORMATION: The ABCs of Providing the Annual Wellness Visit.

Patient Eligibility

Medicare Assured® follows Medicare AWV eligibility guidelines which means; all *Medicare Assured*® members are eligible for an initial and subsequent AWV as long as they have been a Medicare beneficiary for at least 12 months or longer. **(Tip – Ask the patient if he or she has ever had an AWV at the time the appointment is scheduled.)**

- ✓ The initial AWV cannot take place within 12 months of the beneficiary’s Initial Preventive Physical Examination (IPPE), which is also known as the “Welcome to Medicare” visit.
- ✓ *Medicare Assured*® members are eligible for only one initial AWV per lifetime even if the patient is new to your practice.
- ✓ You may conduct and bill for a subsequent AWV if patient has already received an initial AWV.
- ✓ Subsequent AWVs are covered once every 12 months.

Member Out-of-Pocket Expense

Deductibles and coinsurances do not apply to initial and subsequent AWVs. However, if a member receives care for a medical condition during the AWV deductibles and coinsurances may be applicable. A *Medicare Assured*[®] member's out-of-pocket expense or cost sharing will vary depending upon the level of assistance they may be receiving from the State, Medicare, as well as which *Medicare Assured*[®] plan they have chosen to join. **(Tip – The Summary of Benefits for all four Medicare Assured[®] plans is available at [www. MedicareAssured.com](http://www.MedicareAssured.com).)**

Coding and Billing

Practitioners must bill according to CMS guidelines for initial and subsequent AWVs.

- ✓ Initial AWV must be billed using procedure code G0438, which is defined as an “annual wellness visit, includes a personalized prevention plan of service **first** visit.” **(Tip – Procedure code G0438 is a once in a lifetime benefit.)**
- ✓ Subsequent AWV must be billed using procedure code G0439, which is defined as an “annual wellness visit, includes a personalized prevention plan of service **subsequent** visit.” **(Tip – There are no limitations to the yearly subsequent AWV.)**
- ✓ Before submitting a claim make sure all components of the AWV visit have been provided and are documented in the patient's medical record. **(Tip – For more information on the required components of an AWV refer to Medicare Learning Network – QUICK REFERENCE INFORMATION: The ABCs of Providing the Annual Wellness Visit.)**
- ✓ In addition to billing AWVs with a preventive diagnosis code it is critical for the member, provider, and Gateway that all documented conditions are reported using the most appropriate diagnosis codes and are submitted for each and every physician visit, including AWVs. Please be sure that you are reporting ALL chronic conditions at least once a year; regardless of the purpose for that visit. Examples of chronic conditions include: amputations; COPD; Heart Failure; MS; Sickle Cell; Diabetes; Osteoporosis; Mastectomy; Blindness; and Deafness. **(Tip – Be sure to use 5th digit ICD-9 coding on all claim submissions.)**
- ✓ Practitioners may perform a yearly physical exam, treat a medical condition and order screening or diagnostic lab studies on the same day of an AWV. Providers must submit the appropriate G code for the AWV and E&M code, with 25 modifier, for the comprehensive annual physical or office visit. Components of the E&M code may overlap with components of the AWV. Practitioners must select the E&M that does not duplicate components already included in the G code. **(Tip – Member out-of-pocket expense may be applicable to E&M and lab services rendered on the same day as the AWV.)**

Auditing Process

- ✓ Gateway will conduct post-payment medical record audits to validate practitioners submitting a claim for an AWV are rendering and documenting all required CMS components of an AWV. In an effort to lessen disruption to selected practices, Gateway will conduct such validation when performing required HEDIS audits for our *Medicare Assured*[®] population.

Medicare covers an Annual Wellness Visit (AWV) providing Personalized Prevention Plan Services (PPPS). The AWV includes a Health Risk Assessment (HRA). A brief summary of the minimum elements included in the HRA is below. Additionally, the Centers for Disease Control and Prevention (CDC) published “A Framework for Patient-Centered Health Risk Assessments: Providing Health Promotion and Disease Prevention Services to Medicare Beneficiaries.” This framework includes sections about the history of HRAs, defining the HRA framework and rationale for its use, HRA use and follow-up interventions that evidence suggests can influence health behaviors, and a suggested set of HRA questions. For more information about HRAs, visit <http://www.cdc.gov/policy/oph/hra/FrameworkForHRA.pdf> on the Internet.

You must provide, or provide and refer, all components of the AWV prior to submitting a claim for the AWV. Medicare covers the AWV for beneficiaries who are no longer in the first 12 months of their first Part B coverage period. We divided this document into two sections: the first explains the elements included in the first AWV a beneficiary receives; and the second explains the elements included in all subsequent AWVs. Please note the AWV is a separate service from the Initial Preventive Physical Examination (IPPE, also known as the “Welcome to Medicare Preventive Visit”).

Elements of the FIRST AWV Providing PPPS

ACQUIRE BENEFICIARY HISTORY	DESCRIPTION
<input type="checkbox"/> Health Risk Assessment	<ul style="list-style-type: none"> ▪ Collects self-reported information known to the beneficiary; ▪ Can be administered by the beneficiary or health professional before, or as part of, the AWV encounter; ▪ Takes no more than 20 minutes to complete; and ▪ At a minimum, addresses the following topics: <ul style="list-style-type: none"> • Demographic data, • Self-assessment of health status, • Psychosocial risks, • Behavioral risks, • Activities of daily living (ADLs), and • Instrumental ADLs.
<input type="checkbox"/> Establishment of the beneficiary’s medical/family history	At a minimum, collect and document the following: <ul style="list-style-type: none"> ▪ Past medical and surgical history, including experiences with illnesses, hospital stays, operations, allergies, injuries, and treatments; ▪ Use of or exposure to medications and supplements, including calcium and vitamins; and ▪ Medical events in the beneficiary’s parents and any siblings and children, including diseases that may be hereditary or place the beneficiary at increased risk.
<input type="checkbox"/> Review of the beneficiary’s potential risk factors for depression, including current or past experiences with depression or other mood disorders	Use any appropriate screening instrument for persons without a current diagnosis of depression, which the health professional may select from various available standardized screening tests designed for this purpose and recognized by national professional medical organizations.
<input type="checkbox"/> Review of the beneficiary’s functional ability and level of safety	Use direct observation of the beneficiary, or any appropriate screening questions or a screening questionnaire, which the health professional may select from various available screening questions or standardized questionnaires designed for this purpose and recognized by national professional medical organizations to assess, at a minimum, the following topics: <ul style="list-style-type: none"> ▪ Hearing impairment, ▪ Ability to successfully perform ADLs, ▪ Fall risk, and ▪ Home safety.

Elements of the FIRST AWV Providing PPPS (cont.)

BEGIN ASSESSMENT	DESCRIPTION
<input type="checkbox"/> An assessment	Obtain the following measurements: <ul style="list-style-type: none"> ▪ Height, weight, body mass index (or waist circumference, if appropriate), and blood pressure; and ▪ Other routine measurements as deemed appropriate, based on medical and family history.
<input type="checkbox"/> Establishment of a list of current providers and suppliers	Include current providers and suppliers that are regularly involved in providing medical care to the beneficiary.
<input type="checkbox"/> Detection of any cognitive impairment that the beneficiary may have	Assess the beneficiary's cognitive function by direct observation, with due consideration of information obtained by way of patient reports and concerns raised by family members, friends, caretakers, or others.
COUNSEL BENEFICIARY	DESCRIPTION
<input type="checkbox"/> Establishment of a written screening schedule for the beneficiary, such as a checklist for the next 5 – 10 years, as appropriate	Base written screening schedule on: <ul style="list-style-type: none"> ▪ Recommendations from the United States Preventive Services Task Force (USPSTF) and the Advisory Committee on Immunization Practices (ACIP), ▪ The beneficiary's health status and screening history, and ▪ Age-appropriate preventive services covered by Medicare.
<input type="checkbox"/> Establishment of a list of risk factors and conditions for which the primary, secondary, or tertiary interventions are recommended or underway for the beneficiary	Include the following: <ul style="list-style-type: none"> ▪ Any mental health conditions or any such risk factors or conditions identified through an IPPE, and ▪ A list of treatment options and their associated risks and benefits.
<input type="checkbox"/> Furnishing of personalized health advice to the beneficiary and a referral, as appropriate, to health education or preventive counseling services	Includes referrals to programs aimed at: <ul style="list-style-type: none"> ▪ Community-based lifestyle interventions to reduce health risks and promote self-management and wellness, ▪ Weight loss, ▪ Physical activity, ▪ Tobacco-use cessation, ▪ Fall prevention, and ▪ Nutrition.

Elements of SUBSEQUENT AWVs Providing PPPS

ACQUIRE UPDATE OF BENEFICIARY HISTORY	DESCRIPTION
<input type="checkbox"/> Update of health risk assessment	<ul style="list-style-type: none"> ▪ Collects self-reported information known to the beneficiary; ▪ Can be administered by the beneficiary or health professional before, or as part of, the AWV encounter; ▪ Takes no more than 20 minutes to complete; and ▪ At a minimum, addresses the following topics: <ul style="list-style-type: none"> • Demographic data, • Self-assessment of health status, • Psychosocial risks, • Behavioral risks, • ADLs, and • Instrumental ADLs.
<input type="checkbox"/> An update of the beneficiary's medical/family history	At a minimum, update and document the following: <ul style="list-style-type: none"> ▪ Past medical and surgical history, including experiences with illnesses, hospital stays, operations, allergies, injuries, and treatments; ▪ Use of or exposure to medications and supplements, including calcium and vitamins; and ▪ Medical events in the beneficiary's parents and any siblings and children, including diseases that may be hereditary or place the beneficiary at increased risk.

Elements of SUBSEQUENT AWWs Providing PPPS (cont.)

BEGIN ASSESSMENT	DESCRIPTION
<input type="checkbox"/> An assessment	Obtain the following measurements: <ul style="list-style-type: none"> ▪ Weight (or waist circumference, if appropriate) and blood pressure; and ▪ Other routine measurements as deemed appropriate, based on medical and family history.
<input type="checkbox"/> An update of the list of current providers and suppliers, as that list was developed for the first AWW providing PPPS or previous subsequent AWW providing PPPS	Include current providers and suppliers that are regularly involved in providing medical care to the beneficiary.
<input type="checkbox"/> Detection of any cognitive impairment that the beneficiary may have	Assess the beneficiary's cognitive function by direct observation, with due consideration of information obtained by way of patient reports and concerns raised by family members, friends, caretakers, or others.
COUNSEL BENEFICIARY	DESCRIPTION
<input type="checkbox"/> Update of the written screening schedule for the beneficiary, as that schedule was developed at the first AWW providing PPPS or previous subsequent AWW providing PPPS	Base written screening schedule on: <ul style="list-style-type: none"> ▪ Recommendations from the USPSTF and the ACIP, ▪ The beneficiary's health status and screening history, and ▪ Age-appropriate preventive services covered by Medicare.
<input type="checkbox"/> Update of the list of risk factors and conditions for which the primary, secondary, or tertiary interventions are recommended or underway for the beneficiary, as that list was developed at the first AWW providing PPPS or previous subsequent AWW providing PPPS	Include any such risk factors or conditions identified.
<input type="checkbox"/> Furnishing of personalized health advice to the beneficiary and a referral, as appropriate, to health education or preventive counseling services or programs	Includes referrals to programs aimed at: <ul style="list-style-type: none"> ▪ Community-based lifestyle interventions to reduce health risks and promote self-management and wellness, ▪ Weight loss, ▪ Physical activity, ▪ Tobacco-use cessation, ▪ Fall prevention, and ▪ Nutrition.

MEDICARE PART B PREVENTIVE SERVICES

Initial Preventive Physical Examination (IPPE) NOTE: A beneficiary who is eligible for an AWW is no longer eligible for an IPPE.	Intensive Behavioral Therapy (IBT) for Obesity (effective November 29, 2011)
Bone Mass Measurements	Medical Nutrition Therapy (MNT)
Cardiovascular Screening Blood Tests	Prostate Cancer Screening
Colorectal Cancer Screening	Seasonal Influenza, Pneumococcal, and Hepatitis B Vaccinations and their Administration
Counseling to Prevent Tobacco Use for Asymptomatic Patients	Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse (effective October 14, 2011)
Diabetes Screening Tests	Screening for Depression in Adults (effective October 14, 2011)
Diabetes Self-Management Training (DSMT)	Screening Mammography
Glaucoma Screening	Screening Pap Tests and Pelvic Examination
Human Immunodeficiency Virus (HIV) Screening	Sexually Transmitted Infections (STIs) Screening and High Intensity Behavioral Counseling (HIBC) to Prevent STIs (effective November 8, 2011)
IBT for Cardiovascular Disease (effective November 8, 2011)	Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)



Notes on Medicare Part B Preventive Services

For additional information on Medicare preventive services, visit <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/PreventiveServices.html> or http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MLNProducts_listserv.pdf on the Centers for Medicare & Medicaid Services (CMS) website.

Use the following Healthcare Common Procedure Coding System (HCPCS) codes, listed in the table below, when filing claims for the AWW.

AWV HCPCS CODES	BILLING CODE DESCRIPTIONS
G0438	Annual wellness visit; includes a Personalized Prevention Plan of Service (PPPS), initial visit
G0439	Annual wellness visit, includes a Personalized Prevention Plan of Service (PPPS), subsequent visit

Frequently Asked Questions

Who may perform the AWW?

A health professional, meaning a physician (a doctor of medicine or osteopathy), a qualified non-physician practitioner (a physician assistant, nurse practitioner, or certified clinical nurse specialist), or a medical professional (including a health educator, registered dietitian, nutrition professional, or other licensed practitioner), or a team of such medical professionals who are working under the direct supervision of a physician, must furnish the AWW.

Is the AWW the same as a beneficiary's yearly physical?

No, the AWW is a preventive wellness visit and is not a "routine physical checkup" that some seniors may receive every year or two from their physician or other qualified non-physician practitioner. Medicare does not cover routine physical examinations.

Are clinical laboratory tests part of the AWW?

No, the AWW does not include any clinical laboratory tests, but you may want to make referrals for such tests as part of the AWW, if appropriate.

Who Is Eligible to Receive the AWW?

Medicare covers an AWW for a beneficiary who is no longer within 12 months after the effective date of his or her first Medicare Part B coverage period and who has not received either an IPPE or an AWW providing PPPS within the past 12 months (i.e., at least 11 months have passed following the month in which the IPPE or the last AWW was performed). Medicare pays for only one **first** AWW per beneficiary per lifetime, and pays for one **subsequent** AWW per year thereafter.

Preparing Eligible Medicare Beneficiaries for the AWW

Providers can help eligible Medicare beneficiaries get ready for their AWW by encouraging them to come prepared with the following information:

- Medical records, including immunization records;
- Family health history, in as much detail as possible;
- A full list of medications and supplements, including calcium and vitamins – how often and how much of each is taken; and
- A full list of current providers and suppliers involved in providing care.

Do deductible or coinsurance/copayment apply for the AWW?

No, coverage for the AWW is provided as a Medicare Part B benefit. Medicare waives both the coinsurance or copayment and the Medicare Part B deductible for the AWW.

Can I bill a separate Evaluation and Management (E/M) service at the same visit as the AWW?

Medicare may pay for a significant, separately identifiable, medically necessary E/M service (Current Procedural Terminology [CPT] codes 99201 – 99215) billed at the same visit as the AWW when billed 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.

Which diagnosis code should I use for the AWW?

You must report a diagnosis code; however, CMS does not require a specific diagnosis code for the AWW. Therefore, you may choose any appropriate diagnosis code.

Can I bill an electrocardiogram (EKG) and the AWW on the same date of service?

Generally, you may provide other medically necessary services on the same date of service as an AWW. The deductible and coinsurance/copayment apply for these other medically necessary services.

How do I know if a beneficiary already received his/her first AWW from another provider and know whether to bill for a subsequent AWW even though this is the first AWW I provided to this beneficiary?

You have different options for accessing AWW eligibility information depending on the jurisdiction in which you practice. CMS suggests you check with your Medicare Administrative Contractor (MAC) to see what options are available to check eligibility for the AWW as well as other preventive services.

If a beneficiary has never had an IPPE, does Medicare cover an Ultrasound Screening for AAA ordered based on an AWW referral?

No, Medicare does not cover the ultrasound screening for AAA when ordered based on an AWW referral. Medicare coverage for a one-time ultrasound screening for AAA depends on the beneficiary meeting certain eligibility requirements, including receiving a referral as a result of an IPPE.

Resources

RESOURCE	WEBSITE
"The Guide to Medicare Preventive Services"	http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/mps_guide_web-061305.pdf
"Medicare Benefit Policy Manual" – Publication 100-02	Chapter 15 http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf
"Medicare Claims Processing Manual" – Publication 100-04	Chapter 12, Section 30.6.1.1 http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf Chapter 18, Section 140 http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf
Medicare Learning Network® (MLN) Guided Pathways to Medicare Resources	The MLN Educational Web Guides MLN Guided Pathways to Medicare Resources help providers gain knowledge on resources and products related to Medicare and the CMS website. For more information about preventive services, refer to the "Coverage of Preventive Services" section in the "MLN Guided Pathways to Medicare Resources – Basic Curriculum for Health Care Professionals, Suppliers, and Providers" booklet at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Basic_Booklet.pdf on the CMS website. For all other "Guided Pathways" resources, visit http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Guided_Pathways.html on the CMS website.
MLN Matters® Article MM7079, "Annual Wellness Visit (AWV), Including Personalized Prevention Plan Services (PPPS)"	http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM7079.pdf
Preventive Services MLN Page	http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/PreventiveServices.html



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