

The Medicare Annual Wellness Exam

A guide to performing, documenting, and billing for Medicare Preventive/Wellness Visits
January 2019

AWE Comparison with Other Common Codes:

CPT	Description	RVU Value
99203	Office/Outpatient Visit New	1.4
99204	Office/Outpatient Visit New	2.4
99205	Office/Outpatient Visit New	3.17
99213	Office/Outpatient Visit Established	0.97
99214	Office/Outpatient Visit Established	1.5
99215	Office/Outpatient Visit Established	2.1
G0402	Medicare Initial Preventive Physical Exam (IPPE)	2.4
G0438	Medicare Annual Wellness Exam, Initial Visit	2.45
G0439	Medicare Annual Wellness Exam, Return Visit	1.5
99495	TCM (Face-to-Face 14 days post D/C)	2.11
99496	TCM (Face-to-Face 7 days post D/C)	3.05
99397	Preventive Annual Physical, established, >65 yo	2.0
99497	Advance Care Planning - Initial 30 min	1.5

Which Patients Require Medicare Annual Wellness Visits?

Patients with:

Traditional Medicare *will only be covered* for the IPPE/AWE physical exams – G0402, G0438, G0439

Medicare Advantage Plan patients (Humana Medicare, Aetna Medicare, Cigna Healthspring, United Healthcare Medicare, etc.) are covered for G-code physicals above OR for traditional >65 annual physicals (99397 for est patient)

Remember some patients over 65 still have private/commercial insurance and are usually covered for traditional >65 physical (99397)

How to Select the Correct Medicare Preventive/Wellness Visit Code

There are three types of Medicare Preventive/Wellness Visits, each with different codes and (*slightly*) different documentation requirements.

- **Initial Preventive Physical Exam** (“Welcome to Medicare”) – G0402
 - Must occur within 12 months of Medicare enrollment (once in a lifetime)
- **Annual Wellness Visit, Initial** – G0438
 - The first preventive exam after the Initial Preventive Exam above, but not covered until 12 months after enrollment or 12 months after the IPPE (once in a lifetime)
- **Annual Wellness Visit, Subsequent** – G0439
 - Covered Annually, but not until 12 months after the Initial Annual Wellness Visit

**No Medicare copay or deductible applies for the wellness visit billed; however, if you order other services/test as a result of your discussion with the patient, the patient should be made aware those services may have a portion that is due from the patient.*

**Can be performed by residents with the GE (primary care exception) modifier if all documentation requirements met.*

Different Medicare Wellness Exam Codes have slightly different but overlapping requirements:

Required element	IPPE	AWV-Initial	AWV-subseq
PMH*	yes	yes	yes
Soc hx*	yes	no	no
Fam hx	no	yes	yes
ROS	no	no	no
Physical exam,* other parts as appropriate	BP, wt, ht, bmi, Visual acuity	BP, wt, ht, bmi	BP, weight
Depression rev*	yes	yes	yes
Func/safety rev*	yes	yes	yes
Cognitive rev	no	yes	yes
End of Life plan*	Yes (for now)	no	no
List of providers	no	yes	yes
Ed/counseling	yes- brief>(* items above)	yes-risk factors/conditions /Rx	yes- riskfactors/conditi ons/Rx
Written plan	yes-brief/covered preven/screen svcs	yes-PPPS	yes-PPPS

The Visit Note is one of THREE documents required to bill for a Medicare Wellness Exam:

3 Separate Documents required:

1. **The Visit Note** itself: Use the smartphrase template
2. **The Personalized Preventive Plan of Services (PPPS):** Use the smartphrase template PPPSMEDICARE and place this in Patient Instructions in the “Wrap Up” section
3. **Health Risk Assessment:** Paper form that the patient completes and you review and submit to be scanned into the chart

Use the -25 modifier when the patient is here for a Medicare Annual Exam but also has other problems/uncontrolled conditions.

- Did the MD discover, during a preventative visit, an abnormality or pre-existing problem that **needed to be addressed during the current encounter?**
- Did the problem or abnormality **require a significant amount of additional work?**
- Does the part of the note **related only to the problem meet all the key components for a level of E/M service?**

Use the -25 modifier to “split-bill” a Medicare Wellness/Preventive Exam when appropriate:

- The -25 modifier is attached to the additional code when also billing for a problem-based encounter (due to documentation requirements, this is typically no higher than a level 3 visit, such as 99203-25 or 99213-25)
- Used when there are two separate services performed during a single visit
- Bill for Annual Preventative Exam plus bill for the separate encounter with the -25 modifier attached

When split-billing, remember:

- For ESTABLISHED patients, you must meet the documentation elements for BOTH the Annual Physical AND the problem-based E/M visit
- Can NOT count same ROS, PFSH or PE elements for both services
- Recall that only 2/3 (history OR PE, plus decision making) need to apply for problem-based service
- Be aware when choosing to bill the problem-based portion of the visit that the documentation must be present to bill it in addition to the wellness visit, therefore, it is more difficult to meet the criteria for a visit higher than a level 3.

When split-billing, document it clearly:

- Make the additional problem and related work evident in your note. Example:
 - “The Patient is here for his annual PE. Additional problems the pt would like to address today in addition to preventative services include. . .”
- Be sure your annual preventive exam documentation includes immunizations, safety, and health screenings appropriate for the patient’s age
- Be sure you document decision making for problem-based E/M service

EXAMPLE of split-billing documentation

- 55 yo pt for Annual PE
- “Oh, by the way...I’ve been having CP.”
- Document HPI, ROS, PE needed for CP
- Document elements needed for Ann PE
- A/P should include both:
 1. Health Maintenance/annual preventative exam
 2. Chest pain - with the plan documented for eval

This two minute video clarifies and demonstrates how to submit and assign diagnostic codes before submitting your charges when split-billing Medicare Annual Preventive/Wellness visits.

PLEASE TURN THE VOLUME ON AND WATCH:

The screenshot displays a medical software interface with the following sections:

- Header:** VMware Horizon browser window showing the URL `virtual.vumc.org/portal/webclient/index.html#/desktop`. The page title is "Hyperspace - INTERNAL MEDICINE OHO - eStar Production".
- Patient Information:** Patient name: Zzztest, Interfacetwo. Demographics: Male, 38 y.o., 8/7/1979. MRN: 997000048, CSN: 197015095495. Allergies: Egg, Latex, Sulfema... PCP: Pcp Undetermined. Coverage: AETNA.
- Wrap-Up:** Includes "Review" (Allergies, Medications, Problem List), "Patient Instructions (F3 to enlarge)", and "Communication Management".
- E&M (Exam and Management):** A grid of codes (99201-99215, PN 18-39, PE 18-39) and a "Charge Capture" section with "My Favorites" (PR ADVNCD CARE PLAN 30 MIN, PR OFFIC/OUTPAT VISIT E&M EST MOD-HIGH SEVERITY).
- Follow-up:** Includes "Return in:" (4 Weeks, 3 Months, 6 Months, 1 Year), "Return on:" (Days, Weeks, Months, Years), and "For:" (Recheck, Annual physical, Next scheduled follow up).



Thank you