

Coding Policy Policy and Procedure		
SUBJECT: Coding Policy 87.0 Wellness Visits for Medicare Advantage	DEPARTMENT: Risk Adjustment	
ORIGINAL EFFECTIVE DATE: 01/2011	DATE(S) REVIEWED/REVISED: 01/11- 01/17, 01/18, 05/18, 01/19, 04/19, 07/19, 11/19, 01/20, 01/21, 01/22	
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SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

Providence Medicare Advantage Lines of Business

POLICY:

Company must ensure the quality of data submitted to CMS (Centers for Medicare and Medicaid Services) to support chronic disease validation, Healthcare Effectiveness Data and Information Set (HEDIS), and to participate in Health Outcome Survey (HOS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS). Company is responsible for data submission, accuracy and content. Company will encourage an initial and annual comprehensive health risk assessment for all eligible participants in an effort to ensure quality care and documentation and data integrity.

PROCEDURE:

Note: Chart notes are required for both the Annual Wellness Visit (AWV) and the Enhanced Annual Wellness Visit (eAWV). See instructions under “Billing.”

- Providence Health Plan AWV is an annual (once per calendar year) appointment with a primary care provider to create or update a personalized prevention plan and perform a health risk assessment.
- Providence Health Plan eAWV is an annual (once per calendar year) appointment with a primary care provider for a comprehensive preventive medicine service. **No other preventive medicine visits (CPT codes 99381 – 99397) may be billed for the member during the same calendar year as a Providence Health Plan eAWV.**

ELEMENTS INCLUDED IN PROVIDENCE HEALTH PLAN AWV:

History: Review of the patient’s past medical and social history.

- Medical history to include illnesses, injuries, treatments, and medications including vitamins.
- Social history to include, at a minimum, history of tobacco, alcohol and illicit drug use, diet, and physical activities.

Examination: Measurement of the individual’s height, weight, body mass index (or waist circumference, if appropriate), blood pressure, and other routine measurements as deemed appropriate, based on the individual’s medical and family history.

Assessment of chronic conditions: Thorough review of all chronic conditions for the current year, including supporting documentation for labs, procedures, radiology or specialty consults. It is expected that the physician will include treatment plans.

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Preventive measures: In addition to the above, the following preventive measures must be addressed and documented in the patient’s medical record, including referral for services if necessary:

- Establishment of a list of current providers and suppliers that are regularly involved in providing medical care to the individual
- Detection of any cognitive impairment that the individual may have
- Review of an individual’s potential risk factors for depression, including current or past experiences with depression or other mood disorders, based on the use of an 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
- Review of the individual’s functional ability and level of safety, based on direct observation of the individual, or the use of 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
- Establishment of a written screening schedule for the individual, such as a checklist for the next 5 to 10 years, as appropriate, based on recommendations of the USPSTF and Advisory Committee of Immunizations Practices (ACIP), the individual’s health status, screening history, and age-appropriate preventive services covered by Company.
- Establishment of a list of risk factors and conditions of which primary, secondary, or tertiary interventions are recommended or underway for the individual, including any mental health conditions or any such risk factors or conditions that have been identified at previous visits, and a list of treatment options and their associated risks and benefits
- Provision of personalized health advice to the individual and a referral, as appropriate, to health education or preventive counseling services or programs aimed at reducing identified risk factors and improving self-management or community-based lifestyle interventions to reduce health risks and promote self-management and wellness, including weight loss, physical activity, smoking cessation, fall prevention, and nutrition

ELEMENTS INCLUDED IN PROVIDENCE HEALTH PLAN eAWV

Additional reimbursement is available for an Enhanced Annual Wellness Visit (eAWV) if the provider (MD, DO, NP, or PA only) documents assessment and/or care of two or more chronic conditions and the elements listed below in addition to performing the components of a traditional Annual Wellness Visit as defined above.

Additional requirements for Providence Health Plan eAWV:

- All components of a traditional Annual Wellness Visit as defined in this policy.
- Assess, address, and document all chronic conditions being treated by primary care physician or specialist, including complications, treatment plans, and follow-up instructions.
- Assess, address and document all status conditions such as paraplegia, hemiplegia, ostomy status, amputation, organ transplant, respiratory dependence, and renal dialysis. Document the following exclusions to preventive services if they apply: bilateral mastectomy, total colectomy.

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- **Perform a physical exam pertinent to patient’s chronic condition(s) and document all findings.** Review risk for depression, mood disorders, dementia, etc. If depression is a current condition, perform PHQ9 and document whether or not the patient needs treatment, or if patient is on treatment, document response to treatment.
- Reconcile prescription medications. Schedule appropriate follow-up visit to monitor these medications.
- Discuss bladder control and treatment as necessary.
- Administer influenza and pneumonia vaccines as needed.
- Provide personalized health advice and discuss possible referral and follow-up for other covered preventive services for the next five to ten years, as recommended by USPSTF.
 - Cardiovascular care: If patient has confirmed atherosclerotic cardiovascular disease, appropriate treatment with high intensity statin (age 21-75) or moderate to high intensity statin (age > 76).
 - Diabetes care (if diabetes mellitus is confirmed):
 - HbA1C testing; if HbA1C level is > 9.0%, show plan to improve blood sugar control
 - Appropriate treatment with high intensity statin (age 40-75);
 - Retinal eye exam performed annually;
 - Diabetic (e.g., Carville) foot exam performed annually;
 - Kidney function; urine microalbumin test, or document that patient received medical attention for nephropathy.

BILLING:

The following codes are used for billing:

ICD-10-CM codes:

Illness diagnoses as appropriate and/or one of the following:

- Z00.00 Encounter for general adult medical examination without abnormal findings
- Z00.01 Encounter for general adult medical examination with abnormal findings
- Z00.8 Encounter for other general examination

CPT/HCPCS CODES:

PROVIDENCE HEALTH PLAN AWV:

- **G0438** Annual Wellness visit: includes a personalized prevention plan of service (PPS) initial visit **OR**
- **G0439** Annual Wellness visit: includes a personalized prevention plan of service (PPS) subsequent visit

PROVIDENCE HEALTH PLAN eAWV:

- **G0438** Annual Wellness visit: includes a personalized prevention plan of service (PPS) initial visit **OR**
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AND ONE of the following codes:

- **S0250:** Comprehensive geriatric assessment and treatment planning performed by assessment team **OR**

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- **Age-appropriate code from the range 99391-99397 with modifier 52 appended:** 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 **OR**
- **Appropriate code from the range 99211-99215 with modifier 25 appended:** Office or other outpatient visit for the evaluation and management of an established patient

NOTE:

- **Member cost share/copay will apply if this option is used.**
- This option is available only for dates of service on or after 01/01/2019.

Company allows HCPCS codes G0101 (Cervical or vaginal cancer screening; pelvic and clinical breast examination) and Q0091 (Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory) to be billed in conjunction with HCPCS codes G0438 and G0439 when pelvic and breast examination and/or screening Papanicolaou smear are performed at the same time as the AWV.

Company allows an additional E&M visit if the patient is physically unable to travel to the physician's office to complete the visit. These visits are allowed up to level III in each category:

- 99307-99309-** Subsequent Nursing Facility care
- 99324-99326-** Domiciliary Care, Rest Home, Assisted Living visits for a new patient
- 99334-99336-** Domiciliary Care, Rest Home, Assisted Living visits for an established patient
- 99341-99343-** Home visit for a new patient
- 99347-99349-** Home visit for an established patient.

The member's benefits allow one preventive visit each calendar year. The Providence Health Plan eAWV (G0438 or G0439 plus S0250 or E&M option) represents a comprehensive preventive service that encompasses all components of the CPT codes for preventive services (99381-99397), as well as the other measures for the AWV. **No other preventive medicine visits (CPT codes 99381-99397) will be paid within the same calendar year as the Providence Health Plan eAWV.**

**Chart notes are required for both the Annual Wellness Visit and the Enhanced Annual Wellness Visit.
Fax notes to 503-574-8153, Attention: Providence Health Plan Enhanced Annual Wellness Visit**

HCPCS CODE G0402 IS NOT RECOGNIZED BY COMPANY

HCPCS code G0402 was created by CMS to allow Medicare members one preventive medicine service per lifetime. Because Company pays annual preventive medicine services for its Medicare members, Company does not recognize code G0402. CPT codes for preventive services may be used to bill these services, or the codes listed on this policy may be used if criteria for wellness visits are met.

Claims submitted with G0402 will be denied with instructions to resubmit using alternate codes.

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Medicare Health Plan Quality and Performance Ratings 2011 Part C