Annual Wellness Visit Q&A

Q: What's an Annual Wellness Visit?

A: An Annual Wellness Visit is a yearly benefit starting after 12 months of your patient's enrollment in Part B Medicare or a Medicare Advantage (Part C) plan and can be completed every 12 months. There's no coinsurance, copayment or deductible payment for the services provided during the visit.

Q: Can the Annual Wellness Visit be performed on patients new to Medicare?

A: No. When your patient begins with Medicare Part B or Medicare Advantage (Part C) coverage, your patient is eligible for an initial prevention physical exam also known as the Welcome to Medicare preventive visit, that must be done during a face-to-face office visit (E/M code G0402).

Q: Can the Annual Wellness Visit be performed via telehealth?

A: Yes. The Annual Wellness Visit can be done through telehealth but must include real-time audio and video. Telephone-only services aren't billable under current CMS regulations.

Q: What services are included in the Annual Wellness Visit?

A:
- A Health Risk Assessment
- Up-to-date medical history
- Complete medication reconciliation
- Record of height, weight, body mass index (BMI), blood pressure, and other vital signs
- Screening for cognitive impairment
- Screening for depression
- Screening for balance, gait, and fall risk
- Screening for alcohol misuse, tobacco use, and substance use disorders, including opioids
- A Personalized Prevention Plan (PPP) with referrals to health education or preventive services
- Advanced Care Planning (ACP) services at the patient's discretion

Q: What E/M codes correlate with the Annual Wellness Visit?

A:

Visit type	Evaluation and Management (E/M) code
Annual Wellness Visit, includes a Personalized	G0438 – initial visit
Prevention Plan	G0439 – subsequent visit

Q: How frequently can my patient have the Annual Wellness Visit?

A: Patients with Blue Cross and Blue Shield of Kansas are allowed one Annual Wellness Visit per calendar year or one Annual Wellness Visit with 365 +1 between each visit. Check with your patient's health plan to determine his or her coverage.

BlueCross BlueShield Kansas

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Q: Does the Advanced Care Planning need to be included in the Annual Wellness Visit?

A: Advance care planning can be included in the Annual Wellness Visit at the patient's discretion. If discussions about advance care planning occur during the Annual Wellness Visit, these services can be billed with the visit without copay.

Visit type	Evaluation and Management (E/M) code
Advanced Care Planning (optional) can be billed with the Annual Wellness Visit without a co-pay	99497 – ACP, first 30 minutes 99498 – ACP, add'l 30 minutes
Chronic Hypercapneic Respiratory Failure	PaCO2 > 45 mmHg

Q: Does a second office visit need to be scheduled if the patient requires active management of an acute condition or if there is a change in the status of the chronic condition that requires active management?

A: The provider can address acute conditions or actively manage chronic conditions in addition to the services provided during an Annual Wellness Visit. If additional services are required, patients may be charged a coinsurance, copayment, or deductible payment. You should notify the patient of a potential charge prior to the visit.

Visit type	Evaluation and Management (E/M) code
Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: • History • Physical examination • Medical Decision Making	99212 99213 99214 99215 Append modifier – 25 to the medically necessary E/M service for both services to be considered for payment

Q: Should the provider use the Clinical Documentation Improvement Alert and document any of the patient's active conditions during the Annual Wellness Visit?

A: Yes. The provider can use the CDI Alert during the Annual Wellness Visit. The alert should be submitted with the patient's office visit notes and any additional documentation regarding the monitoring, evaluation, assessment, or treatment, or (MEAT), of that condition.

Active management of a patient's condition listed on the CDI Alert that is beyond the scope of the Annual Wellness Visit can be done during the visit.

ICD-10-CM diagnoses codes are ICD-10-CM Official Guidelines for Coding and Reporting are subject to change. It's the responsibility of the provider to ensure that current ICD-10-CM diagnosis codes and the current ICD-10-CM Official Coding Guidelines for Coding and Reporting are reviewed prior to the submission of claims.

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BlueCross BlueShield Kansas

1133 SW Topeka Blvd, Topeka, KS 66629