



Annual Wellness Visit Makes Its Debut

By Jackie Miller, RHIA, CCS-P, CPC, PCS

The Medicare program's slow expansion into preventive services took a giant leap forward with the new **Annual Wellness Visit (AWV) benefit, established by the Affordable Care Act of 2010. Until now, Medicare has covered only the Initial Preventive Physical Examination (IPPE), also known as the "Welcome to Medicare" exam. This is a one-time benefit and has to occur during the patient's first 12 months of Medicare coverage. Although Medicare covers certain screening tests (such as mammograms) on an ongoing basis, there was previously no coverage for routine physical exams other than the IPPE.**

Under the new coverage, which became effective on January 1, 2011, Medicare covers both the IPPE and also an AWV. In

Initial Wellness Visit

There are different coverage requirements and billing guidelines for initial wellness visits (IWW) and subsequent wellness visits. Like the IPPE, the IWW is a once-in-a-lifetime benefit. It includes a variety of services above and beyond the history and physical, such as establishing a list of all the healthcare providers currently involved in the patient's care, evaluating the patient for cognitive impairment, identifying any risk factors for depression, etc. You can find a complete list of the required AWV elements in Transmittals 134 and 2109 (Change Request 7079). At the time this column was written, there was concern in Congress regarding the requirement for "voluntary advance care planning," so this element may be modified or dropped in the future.

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order to qualify for the AWV, the patient must have been enrolled in Medicare for more than 12 months and must not have had an IPPE within the past 12 months. For example, if a patient enrolled in Medicare in November, 2010, and had his IPPE on February 5, 2011, he will not qualify for an AWV until February, 2012.

The IPPE and the AWV can be performed by a physician, nurse practitioner, physician assistant, or clinical nurse specialist. Additionally, CMS states that the AWV can be performed by a "medical professional" or a team of such professionals working under a physician's direct supervision. As examples of "medical professionals," CMS lists health educators, registered dietitians, nutrition professionals, and other licensed practitioners. Note that this policy applies only to the AWV; the IPPE must still be performed by a physician or non-physician practitioner.

or practitioner must create a written schedule of screening tests that are recommended for the patient based on his history and health status. If appropriate, the physician or practitioner must also refer the patient to health education or preventive counseling programs for reducing risk factors and promoting wellness.

The IWW is reported with HCPCS code **G0438** [Annual Wellness Visit; includes a personalized prevention plan of service (PPPS), initial visit].

Subsequent Wellness Visit

As mentioned, Medicare covers only one IWW per beneficiary. However, a beneficiary can qualify for a **subsequent wellness visit** as long as it has been 12 months since his last AWV or IPPE. For example, if a patient has his IPPE on February 5, 2011, and his IWW on March 15, 2012, the patient can



schedule a subsequent wellness visit for March of 2013. Even if the patient switches physicians, any wellness visits after the initial visit must be billed as subsequent wellness visits, since Medicare will pay for only one IWV per beneficiary.

The subsequent wellness visit includes updating the information and plans established during the IWV. For example, the physician or practitioner must update the patient's written screening schedule and must re-evaluate the patient for cognitive impairment and other risk factors.

The subsequent wellness visit is reported with HCPCS code **G0439** [Annual Wellness Visit; includes a personalized prevention plan of service (PPPS), subsequent visit].

Other Coverage Information

Under the Affordable Care Act, there is no Medicare deductible or coinsurance for either the IPPE or the initial or subsequent AWV.

As with the IPPE, the AWV can be billed together with an office/outpatient visit CPT[®] code if the physician or practitioner provides a "significant, separately identifiable medically

necessary E/M service in addition to the IPPE or an AWV." However, CMS cautions that some portions of the E/M service may have been performed as part of the IPPE or AWV and should not be counted again when determining the E/M level of service for the "sick visit."

Finally, like the IPPE, the AWV falls under the primary care exception of the Medicare teaching physician rules.

Conclusion

Professionals who bill for primary care providers should watch closely for further guidance from CMS and the local Medicare contractor about the AWV. In particular, there will likely be more detailed guidance forthcoming about the specific documentation elements for the initial and subsequent AWV. Additionally, CMS is in the process of updating all of its preventive care educational materials, so be aware that the materials currently on the CMS website may not accurately reflect the new benefits. ■