

## Annual Wellness Visit Frequent Asked Questions (FAQs) – For Providers

|  | Visit Type   | Exam Elements  |
|--|--|--|
| What exam elements are required for the IPPE, Initial AWV and Subsequent AWV?  | IPPE ('Welcome to Medicare Visit')   | <ul style="list-style-type: none"> <li>✓ Height, weight, BMI, blood pressure</li> <li>✓ Visual acuity screen</li> <li>✓ Screening EKG (once in a lifetime)</li> <li>✓ Other factors deemed appropriate based on the patient's medical and social history and current clinical standards</li> </ul> |
|  | Initial (first) AWV  | <ul style="list-style-type: none"> <li>✓ Height, weight, BMI, blood pressure</li> <li>✓ Other routine measurements as deemed appropriate by provider</li> </ul>  |
|  | Subsequent AWV   | <ul style="list-style-type: none"> <li>✓ Weight, blood pressure</li> <li>✓ Other routine measure elements as deemed appropriate</li> <li>✓ ALL OTHER elements are updated from the Initial AWV</li> </ul>  |
| How can I meet the BMI requirement for the iAWV/sAWV when my patient is unable to get on the scale (e.g. wheel chair?) | Performing and documenting the patient's waist circumference will meet the BMI requirement.  |  |
| Does my patient need to complete the HRA questionnaire for each subsequent AWV?  | Yes, however, only elements that require updating need to be completed, addressed and documented.  |  |
| Who can fill out the HRA questionnaire?  | Patient, physicians, physician assistants, nurse practitioners, clinical nurse specialists, health educators, registered dietitians, nutrition professionals, other licensed practitioners, team of such medical professionals working under the supervision of a physician  |  |
| Who can perform an Annual Wellness Visit?  | (AWV only, not IPPE) Medicare part B covers the AWV if it is furnished by a: Physician (MD or DO), physician assistant, nurse practitioner, clinical nurse specialist, medical professional (including a Registered Nurse, health educator, registered dietitian, nutrition professional, or other licensed practitioner) or a team of such medical professionals working <u>under direct supervision of a physician (MD or DO) under 'Incident To' rules.</u>                       |  |
| What are the frequency requirements for an IPPE, Initial and Subsequent AWV?   | <p>IPPE – Once in a lifetime benefit. Performed within the first 12 months of Medicare Part B coverage only</p> <p>Initial AWV – Once in a lifetime benefit. Performed after the first 12 months of enrollment in Medicare coverage <u>AND</u> 12 months after the IPPE (if provided).</p> <p>Subsequent AWV – Once per calendar year/allowed &lt;365 days since last AWV (United HealthCare, Premera, Regence); Once every 366 days since last AWV (Amerigroup, Molina, Humana)</p> |  |
| What are the AWV billing codes? (HCPCS)  | <p>IPPE – G0402</p> <p>Initial AWV – G0438</p> <p>Subsequent AWV – G0439</p>   |  |
| How should I document a visit when an E/M service and an IPPE, Initial or Subsequent AWV is performed?                 | Recommendation: To document each service separately within the patient's medical record  |  |
| Can I report an E/M level in addition to an IPPE, Initial or Subsequent AWV when I review the patient's chronic        | The documentation would need to support both the IPPE/Initial AWV/Subsequent AWV service as well as a significant, separately identifiable E/M service (New Patient E/M level 3 of the 3 components: History/Exam/Medical  |  |

## Annual Wellness Visit Frequent Asked Questions (FAQs) – For Providers

|   |   |
|---|---|
| conditions that are stable and medication refills are given?  | Decision Making; Established Patient E/M level: At least 2 of 3 key components: History/Exam/Medical Decision Making)   |
| Do I need a modifier 25 when reporting both an IPPE/Initial/Subsequent AWV with an E/M level?   | Yes – Modifier 25 would be added to the reported E/M level  |
| Is an additional E/M level supported when the documentation indicates the patient has diabetes and the status of this condition is stable?  | Typically, the documentation Compliance has reviewed in the past would not support a significant, separately identifiable E/M service, supporting at least 2 of the 3 key components (History/Exam/MDM) needed to bill for the E/M level. Therefore, only the preventive service (IPPE/AWV) would be supported.   |
| Is a Breast & Pelvic exam separately billable when performed with an IPPE, Initial AWV or Subsequent AWV?   | Yes, this service is reported separately, when the documentation supports the requirements for the service.<br>Do I need to add a modifier -25 when reporting both the Breast & Pelvic Exam (G0101) with an IPPE/Initial AWV/Subsequent AWV? No; modifier -25 is only appended to E/M codes   |
| I want to see a patient for all his/her chronic conditions at the same time. Does the documentation need to be separate from the AWV? What does Medicare mean by medically necessary? | When billing for the AWV, all components must be met. Any routine medication refills, labs, or updates to the medical condition (no exam) are included in the AWV. If a patient is coming in for his/her condition recheck or new condition where an exam is conducted, an Evaluation and Management (E/M) service can also be billed, as long the requirements of the E/M are met and no part of the E/M is included in any component of the AWV. If an E/M and AWV are conducted at the same visit, the documentation can be within the same notation by the provider. To be medically necessary, documentation must support the requirements of each service billed. |
| I forgot to complete the Visual Acuity Screening during the IPPE and the patient returns later to complete it. Can the IPPE still be billed?  | No. All elements of the IPPE were not met. There must be medical documentation from that visit, same day/time etc. Providers bill the most appropriate E/M code.  |
| For additional Medicare Preventive Services Questions & Answers, you can visit <a href="#">Preventive Services Q&amp;A - Noridian</a>   |   |