

Annual Wellness Visit Billing/Coding comparison between BCI MA plan (True Blue) and Pacific Source MA Plan

Element	Description	MSSP	True Blue (BCI MA)	Pacific Source MA
G0402	Welcome to Medicare Exam, once-in-a-lifetime benefit covered within the first 12 months of patient's Medicare Part B enrollment: also known as IPPE	YES	YES	YES
G0438	Annual Wellness visit: first visit: one-in-a-lifetime benefit. 2 nd year on Medicare Part B	YES	YES	YES
G0439	Annual Wellness visit; subsequent visit	YES	YES	YES
You can bill these codes in addition to the AWV (G0438 and G0439) with the Modifier "25" documentation must be separate from the AWV documentation.				
99385-99387	New Patient annual preventive medicine exam, as appropriate by patient's age	NO	YES	NO
99395-99397	Established Patient annual preventive medicine exam, as appropriate by patient's age	NO	YES	NO
99202-99205	New Patient Evaluation and Management (E/M) as appropriate	YES	YES	YES
99211-99215	Established Patient Evaluation and Management (E/M) as appropriate	YES	YES	YES
Timing Requirements for billing the AWV				
365 +1 Rule	Medicare Rule – Must have 365+1 days between each AWV billing	YES	NO	YES
No Limits	There are no limits or restrictions to the timing of when an AWV can be performed. Example, if a MA member received their AWV on Oct. 1, they could have another AWV on Jan. 2, if they desired. The 365+1 rule does not apply	NO	YES	YES
Other Common separately billable services and recommended interventions that may be ordered as a result of performing the AWV.				
G0444	Annual Depression Screening 15 min – only use with the G0439	YES	YES	YES
G0442	Annual alcohol misuse screening, -15 min	YES	YES	YES
G0443	Brief Alcohol misuse counseling, -15 min	YES	YES	YES
G0446	Intensive Behavior for Cardiovascular -15 min.	YES	YES	YES
G0447	Behavior counseling Obesity – 15 Min	YES	YES	YES
99497 33	Advance Care Planning, first -30 Min (add modifier 33 if part of the AWV)	YES	YES	YES
G0008	Administration for Flu	YES	YES	YES
G0009	Administration for Pneumonia	YES	YES	YES



Element	Diagnosis Codes and the Sequencing for billing of the AWV.	MSSP	True Blue (BCI MA)	Pacific Source MA
Z00.00	Encounter for general adult medical examinations without abnormal findings	YES	YES	YES
Z00.01	Encounter for general adult medical examinations with abnormal findings	YES	YES	YES
Z01.411	Encounter for gynecological examination (general/routine) with abnormal findings	NO	YES	NO
Z01.419	Encounter for gynecological examination (general/routine) without abnormal findings	NO	YES	NO
DX Coding Tip	1. Sequence the appropriate Z code from above as the primary diagnosis code. Code ALL additional acute and chronic conditions, diseases status and disease history diagnoses that exist at the time of the AWV.			
	2. Report category II codes. These are supplemental tracking CPT codes that can be used to report performance measures and indicate clinical components that may be included in E/M or clinical services.			
	3. Don't forget about status codes, such as amputation, transplant or ostomy status. These conditions must be reported at least once a year for the hierarchical condition category (HCC) to be captured and calculated towards a patient's risk score or risk adjustment factor (RAF).			
	4. Social Determinants of Health Codes (Z55-Z65). These are ICD-10-CM codes that describe persons with potential health hazards related to social economic and psychosocial circumstances. Code assignment may be based on the medical record documentation information from social workers, community health workers, case managers or nurses, or self-reported by the patient, that is incorporated into the medical record by the clinician or provider			