

Documentation and Coding Tips

Guidance for Appropriate Coding for Wellness and Preventive Encounters

Purpose:

The purpose of this guidance is to provide standardization to properly assign coding (CPT, HCPCS, modifiers and ICD-10) when patients present for wellness/preventive services and other specific problems are addressed during the encounter.

Definitions

Initial Preventive Physical Examination (IPPE) HCPCS Code G0402: Also known as the “Welcome to Medicare Preventive Visit”. This visit focuses on health promotion, disease prevention and detection to help beneficiaries stay well. The IPPE service should be provided within the first 12 months of Medicare Part B enrollment and includes but is not limited to the following:

- Review of medical and social history with attention to modifiable risk factors for disease detection;
- Review of potential risk factors for depression or other mood disorders;
- Review of functional ability and level of safety;
- Examination to include specific required elements and other elements as deemed appropriate based on the patient’s medical and social history;
- End-of-life planning if patient consents;
- Review current opioid prescriptions;
- Screen for potential substance use disorders;
- Education, counseling, and referral as deemed appropriate based on the review and evaluation performed;
- Counseling and referral to include a written plan provided to the patient for obtaining appropriate screening and other preventive services

Annual Wellness Visit (AWV) and Subsequent Annual Wellness Visits HCPCS Codes G0438, G0439: A personalized prevention plan visit to promote health and disease detection, along with fostering coordination of screening and other preventive services. It is for beneficiaries who are no longer within the first 12 months after the effective date of their first Medicare Part B coverage period and have not received an IPPE or AWV within the past 12 months. The AWV (initial or subsequent) includes but is not limited to the following:

- Review and administration of a health risk assessment;
- Establish/update medical and family history;
- Establish/update list of current providers involved in providing care to the patient;
- Routine measurements including blood pressure, weight (or waist circumference) and other elements as deemed appropriate based on the patient’s medical and family history;
- Detection of cognitive impairment;
- Review of potential risk factors for depression;
- Review of functional ability and level of safety;
- Establish/update a written screening schedule;
- Establish/update list of risk factors and conditions and recommendations or interventions that are underway or appropriate;
- Furnish personalized health advice and referral for preventive services as appropriate;
- Provide Advance Care Planning services at patient’s discretion;
- Review current opioid prescriptions;
- Screen for potential substance use disorders

Preventive Medicine Evaluation and Management (E/M) Services CPT Codes 99381-99387 (New) or 99391-99397 (Established): Routine evaluation and management preventive services for infants, children, adolescents, and adults. Preventive visits consist of age and gender-appropriate history, examination, counseling, anticipatory guidance, risk factor reduction interventions, and the ordering of laboratory or diagnostic procedures as appropriate.

Problem-Specific Medically Necessary Evaluation and Management (E/M) Services CPT Codes 99202-99205 (New) 99211-99215 (Established): Services provided to patients which can include the following components: history and/or examination, number and complexity of problems addressed at the encounter, medical decision making and total time for the E/M service performed on the date of service, based on the nature of the presenting problem and the patient's and/or family's needs.

Other Preventive Medicine Services: Diagnostic and therapeutic services that are provided to patients in an effort to keep them healthy. These services may have payor-specific requirements such as frequency, and include but are not limited to the following:

- Screening lab tests (cholesterol, lipids, etc.)
- Electrocardiogram
- Age-appropriate vaccines (immunizations, influenza, pneumonia)
- Mammography
- Depression screening
- Pelvic exam and/or Pap test
- Smoking and tobacco use cessation

Coding Guidance

The coding information reported for payment on the claim should represent the services performed and documented, based on the reason(s) the patient presented. When a wellness/preventive service is performed and a significant, separately identifiable medically necessary E/M is also provided, depending on the additional elements performed and documented, it may be appropriate to report both services for payment.

IPPE: If a patient presents for their IPPE only and all of the required elements of the service are performed and documented, assign HCPCS Code G0402. Assign the appropriate wellness diagnosis code(s) and/or all stable or unstable chronic condition diagnosis code(s) if documented by the provider.

AWV: If a patient presents for their AWV only and all the required elements of the service are performed and documented, assign HCPCS Code G0438 or G0439. Assign the appropriate wellness diagnosis code(s) and/or all stable or unstable chronic condition diagnosis codes(s) if documented by the provider.

Preventive Medicine Services: If a patient presents for a wellness/preventive service only and the provider performs and documents an age-appropriate history, examination and provides counseling, anticipatory guidance, risk factor reduction interventions, orders diagnostic services, etc. as appropriate, assign the age-appropriate CPT Code (99381-99397). Assign the appropriate wellness/preventive diagnosis code(s).

IPPE, AWV or Preventive Medicine Service with a Problem-Specific E/M Service: If a patient presents for their IPPE, AWV or Preventive Medicine Service, and also presents with symptom(s) or conditions which require medically necessary history, examination, and medical decision making, assign the appropriate wellness/preventive code (G0402, G0438, G0439 or 99381-99397) in addition to the problem-specific E/M level (99202-99215). Elements considered when selecting the problem-specific E/M level cannot include components of the wellness/preventive service.

Diagnoses: If the patient has a mix of stable and unstable chronic conditions, associate the appropriate wellness diagnosis code and stable chronic condition diagnosis code(s) to the IPPE/AWV/Preventive service. Apply the unstable chronic condition diagnosis code(s) or acute problem-specific diagnosis code(s) to the appropriate level of the problem-specific E/M code.

IPPE or AWW with a Preventive Medicine E/M Service: The required elements of both the IPPE and AWW are similar to the age-appropriate history and risk-factor-reduction components of the Preventive Medicine Service codes. Therefore, reporting both services for one patient encounter could be duplicative. If a comprehensive exam is performed and documented in addition to the IPPE or AWW, the medical necessity should be reflected in the documentation by the nature of the presenting problem(s) and the medical decision making. Performing additional history, exam and listing chronic conditions does not always equate to a separately billable E/M service. The rationale for performing additional elements should be clearly documented in the medical record. In addition, for Medicare beneficiaries there are other separately reportable preventive services, such as Screening Pelvic Examinations (CPT G0101) and Prostate Cancer Digital Rectal Examination (CPT G0102), which would be duplicative of preventive medicine examination components. Therefore, reporting a preventive medicine E/M service in addition to an IPPE or AWW, based solely on the performance of a comprehensive examination, would not be an accurate reflection of the service provided.

Diagnoses: Apply the appropriate wellness diagnosis code and stable chronic condition diagnosis code(s) to the IPPE or AWW CPT Code and the age-appropriate Preventive Medicine CPT Code.

Important Notes

- If payors have specific reporting requirements for coding, those guidelines should be followed. However, payor specific coverage should not influence performing or reporting additional E/M services. The services reported should be based on the reason(s) the patient presented and what was medically necessary for the provider to perform on that particular date of service.
- Documentation for chronic conditions assessed during wellness/preventive visits need to be evaluated to identify what the provider did on the specific date of service to manage/treat the condition(s). Noting conditions to capture risk burden, HCCs etc. does not automatically equate to a reportable problem-specific E/M service.
- If the patient is already under the care of a provider for acute or chronic conditions listed in the documentation, determine what is being done at this specific encounter for management of the condition(s) when considering the appropriate CPT/HCPCS code(s) to report.
- Ensure elements are not counted more than once toward any Evaluation and Management Service. If an element is required for the AWW, it may not also be counted toward a Preventive Medicine Service or a problem-specific E/M service.
- Documentation guidelines for office and other outpatient services, CPT codes 99202-99215, changed as of January 1, 2021.

Documentation Examples

IPPE or AWW with a Problem-Specific E/M Visit:

A patient presents for an IPPE or AWW visit and is being followed for their morbid obesity, depression, hypothyroidism, and type 2 diabetes mellitus. All required elements of the IPPE or AWW have been documented. Labs today show the patient has an elevated blood sugar of 538. Metformin is increased to 1000 mg BID. The patient is morbidly obese with a BMI of 49.64. The patient is encouraged to increase exercise and modify their diet and received a referral to the bariatric clinic. The patient's moderate, recurrent major depression is worse, with decreased concentration and energy, and increased anxiety. Xanax is increased to 1 mg to 3 times daily. Their hypothyroidism is stable, TSH is normal.

CPT Code: IPPE G0402 or AWW G0438/G0439

Diagnosis Code(s): Z00.01-Encounter for general adult medical examination with abnormal findings, E03.9-Hypothyroidism, unspecified.

CPT Code: Problem-specific E/M code with modifier 25 (components used to support E/M may not include elements included in IPPE or AWW)

Diagnosis Code(s): E11.65-Type 2 diabetes mellitus with hyperglycemia, E66.01-Morbid (severe) obesity due to excess calories, Z68.42-Body mass index (BMI) 45.0-49.9 adult, F33.1-Major depressive disorder, recurrent, moderate.

For example, when reporting an AWV or IPPE in addition to a problem-specific 99213 E/M service, the documentation would include a medically appropriate history and/or examination, which is determined by the treating physician or other qualified health professional reporting the service, and low-level medical decision making. If using time for code selection, 20-29 minutes of documented time is required for the 99213 problem-specific E/M service. Time spent performing the AWV or IPPE could not be considered/counted to support the problem-specific E/M code.

Annual Wellness Visit or IPPE Only:

A 65-year-old patient presents for their IPPE or AWV. All required elements of the IPPE/AWV have been performed and documented. Chronic medical problems include knee arthritis, a history of squamous cell cancer of the skin, GERD, and anxiety. The assessment and plan include, “chronic issues are stable” and prescriptions are refilled for Pantoprazole, Sertraline, and Naproxen. The documentation includes questions about falls and counseling regarding sunscreen use with documentation supporting this. This would not warrant a problem-specific E/M service as these conditions were not addressed in sufficient fashion to warrant a separate problem-specific E/M. Falls and sunscreen counselling are components of the IPPE/AWV. Elements considered for a separate, problem-specific E/M must be beyond what would be included in the AWV or IPPE. In this case, medically appropriate history and exam for the chronic conditions were not documented. Only prescription refills were documented, therefore an additional E/M is not supported.

CPT Code: IPPE G0402 or AWV G0438/G0439

Diagnosis Code(s): Z00.00-Encounter for general adult medical exam without abnormal findings, plus stable chronic conditions as appropriate