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Guidelines for Coding a Wellness Visit and Sick Visit Occurring on the Same Day

Medicare Advantage covers wellness visits on an annual basis. There is the Initial Preventive Physical Exam (IPPE), code G0402, covered within the first twelve months of Medicare coverage. It is also known as the “welcome to Medicare” visit and must be provided in-person. The initial annual wellness visit (AWV) (code G0438) is covered one time, while the subsequent AWV (code G0439) is covered every twelve months after the initial visit. During the public health emergency (PHE), the AWV was permitted to be covered using telehealth with use of audio and video. To date, the US Congress has not extended that past 12/31/2024.

The Medicare wellness visits require several components to meet the service code definitions. For example, a Health Risk Assessment (HRA) is required to provide demographic data, patient self-assessment of health, psychosocial and behavioral risks, activities of daily living (ADL) and instrumental activities of daily living (ADL). If any of these elements are missing, the HRA is incomplete.

For the visits themselves, history is thorough and includes items such as diet, physical activity, social activities, and a current list of providers and suppliers. While the visits require minimal physical exam elements, the evaluation includes an assessment of cognitive function, fall risk, hearing impairment, depression risk factors, home safety, and the ability to perform ADLs. Additional components include review of current opioid prescriptions, screening for substance use disorders, and advance care planning (at patient’s discretion), with education, counseling, and referrals based on the visit. The final addition is a personalized plan for screening services covering the next 5-10 years.

Services related to the wellness visit include depression screening (G0444 – may be billed separately from G0439 only), advance care planning (99497-99498), and risk assessment of the social determinants of health (SDOH) (G0136). When provided, these services may be billed in addition to the wellness visit and covered at no cost to the patient (if provider accepts assignment) when performed on the same day by the same provider and reported on the same claim. Please note that all of these are time-based services and should be documented accordingly.

For full details and guidance, please visit CMS guidelines at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html>.

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Sometimes, the member presenting for their annual wellness visit will require attention to an acute problem or other work that is over and above what is expected in an AWV. In that case, the problem-



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oriented visit code (99202-99215) may be billed in addition to the AWW; however, modifier 25 must be added to the problem-oriented visit code. Modifier 25 should not be added to the AWW, or other wellness codes provided on the same day, including vaccines.

As a reminder, modifier 25 indicates a service that is significant and separate from the service into which it would normally be bundled. Thus, documentation should show the additional work and support the need for the visit. Trivial problems or abnormalities would not qualify for use of modifier 25, nor should it be used routinely or automatically. Patients should be made aware at the time of service that an added service is being billed.

For further education for providers regarding risk adjustment coding of Medicare Advantage wellness visits, please contact your provider contracting manager.