COMPLIANCE ALERT

TO: Compliance Alert Distribution List

FROM: Maryann C. Palmeter, CPC, CENTC
       Director, Office of Physician Billing Compliance

SUBJECT: New Medicare Benefit — Annual Wellness Visit

DATE: December 27, 2010

I. Background

Section 4103 of the Patient Protection and Affordable Care Act of 2010 (Public Law 111-148) amended Medicare regulations to allow for coverage of an Annual Wellness Visit (AWV), including Personalized Prevention Plan Services (PPPS), when specified criteria have been met.

The AWV with PPPS is effective for services furnished on or after January 1, 2011.

II. Who May Provide this Service

- Physicians (MDs and DOs), Physician Assistants, Nurse Practitioners (not including CNMs)

- Health Educators, Nutrition Professionals, Registered Dieticians, or a team of such medical professionals working under the direct supervision of a physician.

Keep in mind, UFPJPI cannot bill for Health Educators, Nutrition Professionals or Registered Dieticians who are not employed by the practice plan.

III. Eligible Patients

- Patients no longer within the 12 month period after the effective date of their first Medicare Part B coverage period; and

- Those patients who have not yet received either an Initial Preventive Physical Examination (IPPE or "Welcome to Medicare" visit) or an AWV within the past 12 months.
IV. Key Elements Included in the First AWV with PPPS and the Subsequent AWV with PPPS

Refer to the attached “Medicare Annual Wellness Visit with PPPS Key Elements Chart” for documentation specifications.

V. Billing Information

A. Procedure Codes and Pricing

G0438 - Annual wellness visit, includes a personalized prevention plan of service (PPPS), first visit

The 2011 Physician Fee Schedule sets the allowed amount at $120.21 for both facility and non-facility settings.

G0439 - Annual wellness visit, includes a personalized prevention plan of service (PPPS), subsequent visit

The 2011 Physician Fee Schedule sets the allowed amount at $79.29 for both facility and non-facility settings.

B. Deductible and Co-insurance

Medicare co-insurance Part B deductibles do not apply.

C. Medically Necessary E/M Service with AWV

When a significant, separately identifiable medically necessary E/M service is provided in addition to the AWV, visit codes 99201-99215 may be reported depending on the clinical appropriateness of the circumstances. CPT modifier “-25” shall be appended to the medically necessary E/M service identifying this service as a significant, separately identifiable service from the AWV code reported.

Keep in mind that some of the components of a medically necessary E/M service (e.g., a portion of history or physical exam) may have been part of the AWV and should not be included when determining the most appropriate level of E/M service to be billed for the medically necessary, separately identifiable E/M service.
Also, because the AWV has its own benefit category, it is not subject to the incident to rules and may be billed as a physician service if a physician provides direct supervision of the health professionals providing the AWV service.

Medically necessary E/M services are subject to the incident to rules; when performed by service providers other than physicians or non-physician practitioners (specifically ARNPs and PAs), billing is limited to procedure code 99211.

Attachment: Medicare Annual Wellness Visit with PPSP - Key Elements Chart

Cc: Robert C. Nuss, M.D.
<table>
<thead>
<tr>
<th>REQUIREMENT</th>
<th>FIRST AWV</th>
<th>SUBSEQUENT AWV</th>
<th>REQUIREMENT</th>
<th>FIRST AWV</th>
<th>SUBSEQUENT AWV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obtain patient's medical/family history</td>
<td>YES</td>
<td>UPDATE</td>
<td>.screening schedule for the patient, such as a checklist for the next 5 to 10 years, as appropriate, based on recommendations of the United States Preventive Services Task Force (USPSTF) and Advisory Committee of Immunizations Practices (ACIP), the patient's health status, screening history, and age-appropriate preventive services covered by Medicare</td>
<td>YES</td>
<td>UPDATE</td>
</tr>
<tr>
<td>List current providers and suppliers that are regularly involved in providing medical care to the patient</td>
<td>YES</td>
<td>UPDATE</td>
<td>List of risk factors and conditions of which primary, secondary, or tertiary interventions are recommended or underway for the patient, including any mental health conditions or any such risk factors or conditions that have been identified through an Initial Preventive Physical Examination (IPPE—Welcome to Medicare Visit), and a list of treatment options and their associated risks and benefits</td>
<td>YES</td>
<td>UPDATE</td>
</tr>
<tr>
<td>Measure patient's height, weight, BMI (or waist circumference, if appropriate), BP, and other routine measurements as deemed appropriate, based on the patient's medical/family history</td>
<td>YES</td>
<td>DO AGAIN</td>
<td>Provide personalized health advice to the patient and a referral, as appropriate, to health education or preventive counseling services or programs aimed at reducing identified risk factors and improving self-management or community-based lifestyle interventions to reduce health risks and promote self-management and wellness, including weight loss, physical activity, smoking cessation, fall prevention, and nutrition</td>
<td>YES</td>
<td>DO AGAIN</td>
</tr>
<tr>
<td>Assess cognitive function and/or detect cognitive impairment by direct observation, with due consideration of information obtained by way of patient reports, concerns raised by family members, friends, caretake</td>
<td>YES</td>
<td>DO AGAIN</td>
<td>Voluntary advance care planning upon agreement with the patient which means, for the purposes of this section: verbal or written information provided to the patient regarding 1) the patient's ability to prepare an advance directive in the case where an injury or illness causes the patient to be unable to make health care decisions; and 2) whether or not the physician is willing to follow the patient's wishes as expressed in an advance directive</td>
<td>YES</td>
<td>DO AGAIN</td>
</tr>
<tr>
<td>Review patient's potential risk factors for depression, including current or past experiences with depression or other mood disorders, based on the use of an appropriate screening instrument for persons without a current diagnosis of depression. The health care professional may select from various available standardized screening tests designed for this purpose and which are recognized by national professional medical organizations</td>
<td>YES</td>
<td>NOT REQUIRED</td>
<td>Review patient's functional ability and level of safety, based on direct observation of the patient, or the use of appropriate screening questions or a screening questionnaire, which the health professional may select from various available screening questions or standardized questionnaires designed for this purpose and recognized by national professional medical organizations</td>
<td>YES</td>
<td>NOT REQUIRED</td>
</tr>
</tbody>
</table>

Eligible Patients

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Those patients who have not yet received either an Initial Preventive Physical Examination (IPPE or "Welcome to Medicare" visit) or an AWV within the past 12 months.