

### Focus on annual wellness visits

The annual wellness visit (AWV) is a yearly appointment with a Medicare beneficiary's primary care provider (PCP) to create or update personalized prevention plan services (PPPS). This plan may help prevent illness based on current health and risk factors. The Patient Protection and Affordable Care Act (ACA) waives the deductible and coinsurance/copayment for the initial preventive physical exam (IPPE) and the AWV.

- Although Medicare Part B allows the AWV to be completed by an RN, in order for the diagnoses to count for Medicare Advantage risk adjustment, the visit must include a face-to-face encounter (currently, either in-person or via audio and video telehealth) by an acceptable provider type (MD, DO, NP, PA or APRN).
- The AWV is intended to include a listing of any condition for which treatment is underway or for which treatment is planned.
- Additional information regarding the AWV, including a helpful checklist, a sample appointment script, a sample health risk assessment (HRA), templates and more, can be found in the Optum AWV toolbox. Please reach out to your Optum representative to request this informative resource.

### Documentation requirements for annual wellness visits

- Health risk assessment: Obtain/update self-reported information from the patient, including activities of daily living (ADLs), instrumental ADLs (IADLs), psychosocial and behavioral risks and a self-assessment of health status.
- Establish/update medical and family history.
- For a patient with a current opioid prescription: Review their potential opioid use disorder (OUD) risk factors, evaluate their pain severity and current treatment plan, provide information on non-opioid treatment options, and refer to a specialist as appropriate.
- Establish/update current providers and suppliers who regularly provide medical care.
- Measurement of height, weight, BMI, blood pressure and other medically necessary routine measurements.
- Detection of any cognitive impairment via direct observation, while considering information from reports and concerns raised by family members and others. If appropriate, use a brief, validated, structured cognitive assessment tool.
- Review of potential risk factors for depression using any appropriate screening instrument.
- Review of functional ability and level of safety, including fall risk, hearing impairment, home safety and ability to perform ADLs. Use direct observation or select appropriate questions from various screening questionnaires.
- Establish/update a written screening schedule, such as a checklist, for the next 5-10 years. Base screening schedule on recommendations from the USPSTF and ACIP as well as the patient's HRA, health status and screening history.
- Establish/update a list of risk factors and conditions for which interventions are recommended or are underway that include mental health conditions, a list of treatment options and their associated risks and benefits.
- Review the patient's potential risk factors for substance use disorders (SUDs) and, as appropriate, refer them for treatment.
- Furnish personalized health advice and referrals, as appropriate, to health education or preventive counseling services or programs, including community-based lifestyle interventions to reduce identified risk factors and promote self-management and wellness.
- Furnish advance care planning (ACP) services at the discretion of the patient.

## AWV coding tips

- G0402 is only covered within the first 12 months of a patient's Medicare Part B enrollment.
- G0438 and G0439 may not be billed within 12 months of a previous billing of a G0402, G0438 or G0439 for the same patient. Some MA plans allow for calendar year billing in lieu of the 12-month rule.
- If providing advance care planning as an optional element to the AWV, use the additional CPT code of 99497 with modifier 33 for the first 30 minutes and 99498 for each additional 30 minutes. This service is provided at no cost to the patient if completed once per year during their AWV.
- Please note, payment policies regarding the AWVs and the comprehensive preventive exams vary by plan. Please check with your contracted plan for further information prior to billing.

## Social determinants of health (SDOH)

Social determinants of health (SDOH) such as housing, food security and transportation can have an immense impact on the physical and mental health of patients. Capturing SDOH data can help to improve patient outcomes, which may assist patients with barriers related to housing and transportation, social support, health literacy, nutritional support and financial assistance.

By addressing these determinants, providers can identify patients who may need assistance with additional resources potentially available through their health plan and/or local community. It is vital that these determinants are accurately documented and coded, when applicable, to assist in identifying patients who may qualify for needed resources.

SDOH ICD-10-CM codes (Z55.- to Z65.-) are for supplemental reporting purposes and should not be used as primary diagnosis codes. Code assignment may reflect self-reported information by the patient or based on documentation from other clinicians involved in the patient's care, such as social workers, community health workers, case managers or nurses; however, this information must be incorporated into the record by the managing provider. Please consult the ICD-10-CM code book for a complete listing of the codes.

CPT® has codes for the administration of health behavior assessments using standardized instruments (tools). Please reference the CPT codebook and your payer(s) for details and reimbursement criteria.

## Example questions that can be used to collect SDOH information

Problems related to	Prompt/questions
Physical environment, housing, economic circumstances and access to health care	<ul style="list-style-type: none"><li>• Describe your current living and financial situation.</li><li>• Do you have transportation to attend appointments and other necessary activities?</li></ul>
Education and literacy	<ul style="list-style-type: none"><li>• Do you experience language barriers?</li></ul>
Employment and unemployment	<ul style="list-style-type: none"><li>• Do you need/want help finding or keeping work or a job?</li></ul>
Social environment and lifestyle	<ul style="list-style-type: none"><li>• Do you have family and/or community support with day-to day activities, such as preparing meals, shopping, bathing, managing finances, etc.?</li><li>• Do you feel lonely or isolated? In the last month, how many times have you consumed alcoholic drinks or used tobacco products?</li><li>• How often have you felt down, depressed or hopeless?</li><li>• Are you able to exercise regularly?</li></ul>
Other problems related to primary support group, including family circumstances	<ul style="list-style-type: none"><li>• Do you feel safe at home?</li><li>• Do you feel regularly under stress at home?</li></ul>

## Helpful resources

- [Findhelp.org](https://www.findhelp.org): Identifies local community programs based on specific needs such as food assistance and other free or reduced-cost programs based on ZIP code.
- [Eldercare.acl.gov](https://www.eldercare.acl.gov): Website hosted by the U.S. Administration on Aging that connects older adults and their families to local services by entering their ZIP code.
- [Nachc.org/research-and-data/prapare/](https://www.nachc.org/research-and-data/prapare/): The National Association of Community Health Centers provides an assessment tool for responding to and assessing patients' assets, risks and experiences in an effort to better understand and act on their patients' social determinants of health.

Please click the links for additional information on [annual wellness visits](#) and [social determinants of health](#).

## Training opportunities

Optum offers a variety of documentation and coding courses for Medicare Advantage (MA) and the Affordable Care Act (ACA). Some sessions offer continuing education units (CEUs) and can be used for continuing medical education (CME) credits, depending on your credentialing organization.

**National trainings:** Please speak with your Optum representative for a schedule of virtual trainings on documenting and coding prevalent chronic conditions.

If you are not sure who your Optum representative is, please contact the Optum Provider Support Center at 1-877-751-9207 between 8 a.m. and 7 p.m. ET, Monday–Friday.

\* HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

1. Optum360 ICD-10-CM: Professional for Physicians 2022. Salt Lake City, UT: 2021.
2. Medicare Learning Network. [Medicare Wellness Visits](#). Accessed December 9, 2022

This guidance is to be used for easy reference; however, the current ICD-10-CM code classification and the Official Guidelines for Coding and Reporting are the authoritative references for accurate and complete coding. The information presented herein is for general informational purposes only. Neither Optum nor its affiliates warrant or represent that the information contained herein is complete, accurate or free from defects. Specific documentation is reflective of the "thought process" of the provider when treating patients. All conditions affecting the care, treatment or management of the patient should be documented with their status and treatment and coded to the highest level of specificity. Enhanced precision and accuracy in the codes selected is the ultimate goal. This presentation supplies general information regarding HEDIS and the Five-Star Quality Rating System, but NCQA administers HEDIS and CMS administers the Five-Star Quality Rating System, and you should consult the NCQA and CMS websites for further information. Lastly, on April 4, 2022, the Centers for Medicare & Medicaid Services (CMS) announced that 2022 dates of service for the 2023 payment year model are based on the Centers for Medicare & Medicaid Services Announcement. [cms.gov/files/document/2023-announcement.pdf](https://www.cms.gov/files/document/2023-announcement.pdf).

For the Affordable Care Act (ACA): The Department of Health & Human Services Hierarchical Condition Category (HHS-HCC) model applies in the health exchange risk adjustment program under the Affordable Care Act. This model differs significantly from the CMS-HCC model, which applies in the Medicare Advantage risk adjustment program. For more information, please visit: [cms.gov/cciiio/Resources/Regulations-and-Guidance/index.html#Premium%20Stabilization%20Programs](https://www.cms.gov/cciiio/Resources/Regulations-and-Guidance/index.html#Premium%20Stabilization%20Programs). HHS also issues an annual notice of benefit and payment parameters, which may contain additional guidance on risk adjustment coding and other related issues under the Affordable Care Act.

For more information on Optum and the products and services we offer, contact us at 1-877-751-9207 or email [providersupport@optum.com](mailto:providersupport@optum.com). If you have questions or wish to be removed from this email, please contact your Optum representative.



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