

The Physician Edition

E&M Coding Education Questions?

BHMG Physician Practice Coding Education Department

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PRIMARY CARE BHMGEandMcoding@baptisthealth.net OTHER PREVENTIVE WELLNESS CARE SERVICES

Traditional Medicare Preventive Services

Medicare preventive wellness visits fall into three categories; the Welcome to Medicare Visit, also known as the Initial Preventive Physical Exam (IPPE) (G0402), the initial Annual Wellness Visit (G0438), and subsequent Annual Wellness Visits (G0439). Each has its own CPT code that must be used in the right circumstances and proper order.

Documentation is key for Preventive Services.

A separate note within your encounter must support any additional services outside of the traditional preventive visit (G0402, G0438 and G0439).

The additional services outside of the traditional preventive codes, supports extra reimbursement and further cognitive labor of the provider. In many cases, these services also align with HCC codes and risk adjustment outcomes.



- During the first 12 months a patient is enrolled in Medicare, they are eligible for the Welcome to Medicare Visit. This visit must be coded using CPT **G0402**.
- If they completed an IPPE, the patient is eligible for the initial AWV on the first day of the same calendar month the following year. This initial AWV must be coded using **G0438**.
- CPT **G0439** is used to code all subsequent Annual Wellness Visits that occur after the initial Annual Wellness Visit.

Additional Preventive Service Codes

In addition to the primary visit codes (G0402, G0438, and G0439), a select list of other codes may be billed for services performed during a Welcome to Medicare Visit or Annual Wellness Visit. When using any of these codes, a separate note is required to support each rendered service. It is important to note that many of these codes have specific guidelines that require them only to be used with specific visits after meeting certain criteria.

Depression Screening

CPT G0444, which supports a 15 minute annual depression screening, may only be included with subsequent wellness visits - G0439.

Abdominal Aortic Aneurysm Screening

An Abdominal Aortic Aneurysm (AAA) screening, coded as G0389, may only be performed with the IPPE code G0402.



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Advanced Care Planning

Advance Care Planning (99497) is considered an optional element of the Annual Wellness Visit, which includes a discussion with the patient about their advance care wishes and advance directive.

Alcohol Screening and Counseling

G0442 and G0443 are additional codes that must be used in conjunction with each other to be valid.

- G0442 is used for an Annual Alcohol Screening, which should take approximately fifteen minutes.
 - o Annual benefit for screening.
- G0443 is for fifteen-minute sessions of alcohol counseling. As per CMS, the screening service must take place before a counseling service is approved.
 - o For those patients who screen positive, this service is available 4 times a year

Obesity Counseling

Fifteen-minute obesity counseling sessions may be billed in conjunction with IPPE visits or Annual Wellness Visits using CPT G0447. The patient must have a body mass index of thirty or above to qualify.

Prevent Tobacco Use Counseling

- CPT code- 99406 cessation counseling visit, greater than 3 minutes and up to 10 minutes
- CPT- 99407, greater than 10 minutes

Prolonged Preventive Service

There is also a set of add-on codes you can utilize if the wellness visit takes a particularly long time. G0513 and G0514 are prolonged preventive service codes that can be used when a service takes 30 minutes (G0513) or 60+ minutes (G0514) past the typical duration of the service.

Documenting Time

In general, if the service within the CPT includes a time (e.g., alcohol misuse screening and counseling, 15 minutes), Medicare requires that the time must be met or exceeded to report the service. You must document either start and stop times or total time spent providing the individual timed service.



REMEMBER: The "burden of proof" remains with the provider to substantiate services and/or supplies billed to Medicare or any payer.