

Coding Policy Policy and Procedure		
SUBJECT: Wellness Visits for Selected Plans	DEPARTMENT: Risk Adjustment	
ORIGINAL EFFECTIVE DATE: 3/16	DATE(S) REVIEWED/REVISED: 03/16, 03/17, 01/18, 01/19, 07/19, 01/20, 01/22	
APPROVED BY: Coding Policy Review Committee	NUMBER: MC 96.0	PAGE: 1 of 3

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

Individual Plans
Small Group Plans

POLICY:

Company must ensure the quality of data submitted to CMS to support chronic disease validation and management. Company is responsible for data submission, accuracy and content. Company will encourage an annual comprehensive care visit for patients who are identified as “high risk” due to historically documented chronic conditions and/or medication management. This outreach is an effort to ensure quality care and supporting documentation.

PROCEDURE:

Chart notes are required for both the Enhanced Annual Wellness Visit. See instructions under “Billing.”

Elements Included in Enhanced Wellness Visit:

History:

- Review of the patient’s past medical and social history.
 - Medical history to include illnesses, injuries, treatments, and medications including vitamins.
 - Social history to include, at a minimum, history of tobacco, alcohol and illicit drug use, diet, and physical activities.

Examination:

- Measurement of the individual’s height, weight, body mass index (or waist circumference, if appropriate), blood pressure, and other routine measurements as deemed appropriate, based on the individual’s medical and family history.

Assessment of chronic conditions:

Thorough review of all chronic conditions for the current year, including supporting documentation for labs, procedures, radiology, or specialty consults. It is expected that the physician will include treatment plans.

- Assess, address, and document all status conditions such as paraplegia, hemiplegia, ostomy status, amputation, organ transplant, respiratory dependence, and renal dialysis. Document exclusions to preventive services if they apply, such as bilateral mastectomy or total colectomy.

Coding Policy Policy and Procedure		
SUBJECT: Wellness Visits for Selected Plans	DEPARTMENT: Risk Adjustment	
ORIGINAL EFFECTIVE DATE: 3/16	DATE(S) REVIEWED/REVISED: 03/16, 03/17, 01/18, 01/19, 07/19, 01/20, 01/22	
APPROVED BY: Coding Policy Review Committee	NUMBER: MC 96.0	PAGE: 2 of 3

- **Perform a physical exam pertinent to the patient’s chronic condition(s) and document all findings.** Review risk for depression, mood disorders. If depression is a current condition, perform PHA9 and document whether or not the patient needs treatment. If patient is on treatment, document response to treatment.
- Reconcile prescription medications. Schedule appropriate follow-up visit to monitor these medications.
- Administer influenza and pneumonia vaccines as needed.
- Provider personalized health advice and discuss possible referral and follow up for other covered preventive services for the next five to ten years as recommended by USPSTF:
 - Cardiovascular care: If the patient has confirmed atherosclerotic cardiovascular disease, appropriate treatment with high intensity statin (age 21-75) or moderate intensity statin (age > 76).
 - Diabetes care if diabetes mellitus is confirmed.
 - HbA1C testing. If hbA1C level is > 9.0%, show plan to improve blood sugar control
 - Appropriate treatment with high intensity statin (age 40-75)
 - Retinal eye exam performed annually
 - Diabetic (e.g., Carville) foot exam performed annually
 - Kidney function by urine microalbumin test, or document that patient received medical attention for nephropathy
- Establishment of a written screening schedule for the individual, such as a checklist for the next 5 to 10 years, as appropriate, based on recommendations of the USPSTF and Advisory Committee of Immunizations Practices (ACIP), the individual’s health status, screening history, and age-appropriate preventive services covered by Company.
- Establishment of a list of risk factors and conditions of which primary, secondary, or tertiary interventions are recommended or underway for the individual, including any mental health conditions or any such risk factors or conditions that have been identified at previous visits, and a list of treatment options and their associated risks and benefits, and
- Provision of personalized health advice to the individual 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.

BILLING:

CPT/HCPCS codes:

- ***G0438:** Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit
- ***G0439:** Annual wellness visit; includes a personalized prevention plan of service (PPS), subsequent visit.

Coding Policy Policy and Procedure		
SUBJECT: Wellness Visits for Selected Plans	DEPARTMENT: Risk Adjustment	
ORIGINAL EFFECTIVE DATE: 3/16	DATE(S) REVIEWED/REVISED: 03/16, 03/17, 01/18, 01/19, 07/19, 01/20, 01/22	
APPROVED BY: Coding Policy Review Committee	NUMBER: MC 96.0	PAGE: 3 of 3

And one of the following codes:

- ***S0250:** Comprehensive geriatric assessment and treatment planning performed by assessment team **OR**
- **99391-52 through 99397-52:** Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient, **OR**
- **Appropriate code from the range 99211-99215 with modifier 25 appended:** Office or other outpatient visit for the evaluation and management of an established patient
 - **NOTE: Member cost share/copay will apply if this option is used.**

*Company acknowledges that G0438 and G0439 are Medicare-specific codes and that S0250 will be used for non-geriatric patients even though the code description says it's for a geriatric assessment. However, in trying to alleviate multiple billing protocols, Company will accept these codes for this line of business (ACA).

ICD-10-CM codes:

- **Z00.00:** Encounter for general adult medical examination without abnormal findings
 - **Z00.01:** Encounter for general adult medical examination with abnormal findings
- AND** appropriate diagnosis code(s) for all chronic conditions assessed and addressed.

Chart notes are required for the Enhanced Wellness Visit either by fax or by permission for direct EMR access:

Fax notes to 503-574-8153, Attention: PHP Wellness Visit

REFERENCE:

Center for Medicare and Medicaid Services