Annual Physical & Wellness Visit Coding Tip Sheet

Oakland Physician Network Services

A successful Annual Wellness visit will:

Identify patients who need disease management or intervention

Identify meaningful data exchanges between health plan and providers

Improve quality of care provided and patient health outcomes

The medical record *must* support all diagnoses and all services billed on the claim

- Address all conditions that require or affect patient care, treatment, or management
- Thoroughly document the specific diagnoses and care plan

- Code to the highest specificity using ICD-10 Guidelines
- Consider including CPT II codes to provide additional details

- Submit claim/encounter data for each service rendered
- Ensure all claim or encounter data is accurate and submitted in a timely manner

ICD-10-CM Codes	CPT/HCPS Codes		HEDIS Measures
Z00.00 (Adult) – Z00.129 (Child) "With normal findings" ☐ Use when chronic conditions are stable or improving at the time of the encounter ☐ Report existing chronic conditions in addition	**G0402** **One-Time Benefit**	**"Welcome to Medicare Exam"** **Initial Preventative Physical Exam (IPPE)**	☐ Body Mass Index (BMI) Assessment (BMI and Weight Required) ☐ Colorectal Cancer Screening ☐ Breast Cancer Screening ☐ Controlled Blood Pressure ☐ Diabetes Mellitus - HBA1C Testing - Diabetic Eye Exam - KED eGFR & uACR
	G0438 **One-Time Benefit**	**Initial** **Annual Wellness Visit (AWV)**	
	G0439	**Subsequent** **Annual Wellness Visit (AWV)**	
Z00.01 (Adult) – Z00.121 (Child) "With abnormal findings" ☐ Use when any abnormality is present at the time of the encounter ☐ Report additional codes for all conditions addressed	**99385 – 99387** **99395 - 99397**	**Routine Physical Exam**	☐ Depression Screening ☐ Cognitive Function Screening (mini mental exam) ☐ Medication Reconciliation (1160F)
	☐ Provider may perform separately identifiable services 99201 – 99215, 99385-99387, 99395-99397, G0402, G0438-G0439 on the same day ☐ Documentation must satisfy medical necessity for a problem-oriented E/M separately from the components of the AWV and the Routine Physical Exam ☐ All diagnoses must be properly documented and reported for each encounter ☐ Report E/M and routine physical with modifier -25 when performed on the same date of service		

Coding Guidelines per Health Plan:

Blue Cross Blue Shield and Commercial Health Plans

- Z00.00-Z00.01 as primary diagnosis, any other diagnoses may be included to indicate medical necessity

Medicare Plus Blue

- Z00.00-Z00.01 as primary diagnosis
- Any other testing, include the supporting diagnosis
  - ex: CPT code 81000 - R82.90 (leukocytes in urine) as primary diagnosis

Medicare

- *DO NOT* use Z00.00-Z00.01 for the E/M code for the visit, only for the AWV code.
- Code AWV G code accordingly, including modifiers if applicable.