



# Medicare Annual Wellness Visit (AWV) Telehealth Component and Billing Guide

## Expanded benefit during the COVID-19 outbreak

During the COVID-19 outbreak providers can perform AWWs via telehealth and file appropriate codes related to these services. Telehealth AWW claims must include HCPCS code G0438 or G0439 (FQHC: G0468). Claims may be billed with Place of Service code 02 (Telehealth), or Place of Service code 11 accompanied by modifiers GT or 95. *Body mass index and blood pressure results for the patient will not be required for telehealth AWW claims. Weight, blood pressure, or other routine measurements can be self-reported or deferred. Note that member reported blood pressure readings will only close HEDIS care gaps if they are collected using a digital device and are documented in the medical record.*

- Providers should already have an established relationship with the patient in order to do a wellness visit via telehealth.
- The patient must virtually consent to using telehealth for a wellness visit and the consent must be documented within the medical record prior to the visit.
- Visits are covered once per calendar year.
- Additional E and M codes can be added with no copay for patients with PacificSource Medicare Advantage.

## Acceptable non-compliant platforms to conduct AWWs

During this time, acceptable non-HIPAA-compliant, non-public platforms to conduct AWWs include, but are not limited to:

- Apple FaceTime
- Skype
- Facebook Messenger video chat
- Google Hangouts video
- Standard telephone visit if video platforms are not available or accessible to the patient. Telephone-only visits aren't considered Risk-Adjustable by CMS, but will be covered by PacificSource Medicare.

### Contact our Customer Service team

#### Oct. 1 – Mar. 31:

8:00 a.m. – 8:00 p.m.,  
seven days a week

#### Apr. 1 – Sept. 30:

8:00 a.m. – 5:00 p.m.,  
Monday – Friday

### Phone

**Toll-free** (888) 863-3637

**TTY:** (800) 735-2900

**En Español:** (866) 281-1464

### Email:

MedicareCS

@pacificsource.com

[www.Medicare.PacificSource.com](http://www.Medicare.PacificSource.com)



## HIPAA-compliant platforms to conduct AWVs

AWVs can also be conducted through the following HIPAA-compliant platforms:

- Skype for Business
- Updox
- VSee
- Zoom for Healthcare
- Doxy.me
- Google G Suite Hangouts Meet



### Things to remember

- Ask the patient to gather all prescribed and over-the-counter medications and supplements prior to the visit.
- Ask the patient to have a pen or pencil and paper ready for the visit if completing a Mini-Cog to assess cognitive impairment.

Components of the Telehealth Annual Wellness Visit	Component Description	Notes
<b>1. Perform a Health Risk Assessment (HRA).</b>	Self-reported information from the member includes demographics, self-assessment on health status, psychosocial risks, behavioral risks, ADLs, and SDoH.  (If you haven't already created this, we can provide resources.)	<ul style="list-style-type: none"> <li>• Can be completed by a medical assistant or other staff member and reviewed by the provider during the visit if preferred.</li> <li>• Add self-reported height and weight.</li> </ul>
<b>2. Establish the beneficiary's medical and family history.</b>	Review past medical and surgical history, recent ED or hospital stays, operations/procedures, allergies, injuries, and treatments.	<ul style="list-style-type: none"> <li>• Can be added to the HRA and reviewed during the visit.</li> </ul>
<b>3. Establish a list of current providers and suppliers.</b>	Include current beneficiary providers and suppliers that regularly provide medical care.	<ul style="list-style-type: none"> <li>• Can be added to the HRA and reviewed during the visit.</li> </ul>
<b>4. Review current medications.</b>	Document patient's current medications, including drug name, dosage, frequency, and route.	<ul style="list-style-type: none"> <li>• Can be included in HRA and reviewed during the visit.</li> <li>• Add CPT code 1111F—bill with \$10 amount for PacificSource for reimbursement.</li> </ul>
<b>5. Detect any cognitive impairment the beneficiary may have.</b>	Assess the beneficiary's cognitive function by direct observation, while considering information from beneficiary reports and concerns raised by family members, friends, caregivers, and others.	<ul style="list-style-type: none"> <li>• Consider the Mini-Cog test to assess cognitive impairment.</li> <li>• <a href="https://mini-cog.com/mini-cog-instrument/standardized-mini-cog-instrument/">https://mini-cog.com/mini-cog-instrument/standardized-mini-cog-instrument/</a> or</li> <li>• <a href="https://patient.info/doctor/six-item-cognitive-impairment-test-6cit">https://patient.info/doctor/six-item-cognitive-impairment-test-6cit</a></li> </ul>

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<p><b>6. Review the beneficiary’s potential risk factors for depression, including current or past experiences with depression or other mood disorders.</b></p>	<p>Use any appropriate screening instrument. You may select from various available standardized screening tests designed for this purpose.</p>	<ul style="list-style-type: none"> <li>• Consider the PHQ2 or PHQ9 screening tests.</li> </ul>
<p><b>7. Review the beneficiary’s functional ability and level of safety.</b></p>	<p>Select appropriate questions from various available screening questionnaires, or use standardized questionnaires recognized by national professional medical organizations to perform ADLs and assess (at minimum):</p> <ul style="list-style-type: none"> <li>• Fall risk</li> <li>• Hearing impairment</li> <li>• Home safety</li> </ul>	<ul style="list-style-type: none"> <li>• Topics can be added to the HRA and reviewed during the visit.</li> <li>• Fall-risk resources: <a href="https://www.cdc.gov/steady/materials.html">https://www.cdc.gov/steady/materials.html</a></li> </ul>
<p><b>8. Establish a list of beneficiary risk factors and conditions for which primary, secondary, or tertiary interventions are recommended or underway.</b></p>	<p>Include the following:</p> <ul style="list-style-type: none"> <li>• Mental health conditions including depression, substance use disorder, and cognitive impairment</li> <li>• Treatment options and their associated risks and benefits</li> </ul>	
<p><b>9. Provide a personalized care plan to the patient.</b></p>	<p>Provide a care plan to the patient with recommended follow-up care, referrals for disease management programs, preventive screenings needed, community-based lifestyle interventions, and other necessary services.</p>	<ul style="list-style-type: none"> <li>• Base written screening schedule on recommendations from the USPSTF and the ACIP.</li> <li>• Plan can be provided via your Electronic Health Record (EHR) portal or snail mail.</li> </ul>
<p><b>10. Optional</b> <b>At the patient’s discretion, provide Advanced Care Planning services.</b></p>	<p>Include discussions about:</p> <ul style="list-style-type: none"> <li>• Future care decisions that may need to be made</li> <li>• How the beneficiary can let others know about care preferences</li> <li>• Caregiver identification</li> <li>• Explanation of advance directives, which may involve the completion of standard forms</li> </ul>	<p>99497 and 99498</p>

# AWV HCPCS Codes and Descriptors

Add place of service code 02 – telehealth – to the appropriate code below for billing telehealth AWWs.

AWV HCPCS Codes	Billing Code Descriptors
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
G0468*	Federally Qualified Health Center (FQHC) visit, IPPE or AWW; a FQHC visit that includes an initial preventive physical examination (IPPE) or annual wellness visit (AWV) and includes a customary bundle of Medicare-covered services that would be furnished per diem to a patient receiving an IPPE or AWW



## Documenting Preventive Screenings

### Breast Cancer Screenings

Discussion of last screening, recommendations for next screening and documentation of patient exclusions due to bilateral mastectomy

- **CPT codes**

**Z-codes:** Z90.13 Bilateral Mastectomy, Z12.3 Encounter for malignant neoplasm of breast

### Colorectal Cancer Screenings

Documentation of patient exclusions due to total colectomy or colorectal cancer diagnosis.

(Documentation of patient reported screening that includes month and year of colon screening closes the HEDIS care gap.)

- **CPT codes:** 3017F Colorectal cancer screening results documented and reviewed

**Z-codes:** Z12.11 Encounter for screening for malignant neoplasm of colon



## PacificSource Additional Resources

Commercial: [www.pacificsource.com/providers/medical](http://www.pacificsource.com/providers/medical)

Medicaid: [www.communitysolutions.pacificsource.com/Providers/Notices](http://www.communitysolutions.pacificsource.com/Providers/Notices)

Medicare Advantage: [www.medicare.pacificsource.com/Providers](http://www.medicare.pacificsource.com/Providers)



## Other Resources

Your patients may be eligible for a free or reduced-cost smartphone and monthly service through a nationwide program called Lifeline.

Montana residents: <https://accessmontana.com/lifeline>

Idaho, Oregon, and Washington residents: [www.assurancewireless.com](http://www.assurancewireless.com)

Oregon Residents: <https://www.oregon.gov/puc/Pages/Oregon-Lifeline.aspx>