Health Partners Plans

February 10, 2021

RE: Capture Accurate ICD-10, HCPCS, CPT Coding at Annual Wellness Visit

Dear Provider,

Health Partners Plans (HPP) wants to address health risks faced by older populations and encourage our Medicare members to take charge of their health.

The Annual Wellness Visit (AWV), added to the Medicare benefits by the Centers for Medicare & Medicaid Services (CMS) in 2011, is intended to help Medicare beneficiaries maintain good health by catching signs of disease early and taking a preventive approach to health care. HPP believes an AWV is a great way for you to stay up-to-date on your patients' health, and is an opportunity to offer actionable advice that helps patients maintain or improve their health throughout the coming year.

Appropriate use of the HCPCS code and specific ICD-10 coding, supported by your medical record documentation in an AWV, will capture the member's active medical conditions, personal and family health history, medication review, socioeconomic status, immunization record, and advance directive status. Please see the boxes below for applicable HCPCS codes.

Please submit the appropriate "G" HCPCS code necessary for the AWV. You can submit claims for the AWV and another medically necessary service (CPT) performed at the same visit. Important elements of the AWV should not be replicated in the other medically necessary service. Physicians must append modifier -25 to the medically necessary E/M service (e.g., 9923-25).

HCPCS Codes

| Code	Description
G0402	Initial preventive physicial examination; face to face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment
G0438	Annual Wellness Visit; includes a personalized prevention plan of service, initial visit
G0439	Annual Wellness Visit; includes a personalized prevention plan of service, subsequent visit

ICD-10-CM

Code	Description
Z00.XX	ICD-10 Code, Encounter for general examination

Completion of an AWV is beneficial for the patient, provider and HPP. It assures that you and HPP have a complete and accurate picture of the health status of the patient. The AWV can also capture elements of the QCP measure Care for Older Adult (COA). Please consult HPP's QCP Manual for coding for COA measure; contact your Network Account Manager to learn more about the QCP Manual. Accurate submission of ICD-10, CPT and HCPCS coding through claims will help improve members' risk scores and quality measures.

HPP will be providing a new report on NaviNet that will allow all providers to view previous HCC diagnosis codes submitted on claims in 2020. Please review and use this report to recapture those diagnoses that are present in 2021. Remember to code to the highest level of specificity with your medical record documentation supporting your submitted claims.
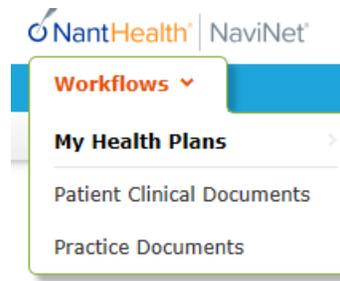
If you have any questions regarding appropriate coding and documentation, or would like education, please contact Christina Rock, Clinical Education Supervisor, at 215-965-7127 or via email at crock@hpplans.com.

Thank you for your continued support while improving the health outcomes of our members.

Sincerely,

Christina Rock

Christina Rock, BSN, RN, CPC
Supervisor, Clinical Education

Information provided are guidelines for coding and reporting using the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) that CMS and NCHS provide. Organizations that make up ICD-10-CM: AHA, AHIMA, CMS and NCHS. HCPCS and CPT codes are supported by the HCPCS and CPT Coding Procedure guidelines and principles from CMS.