

Internal Medicine Coding Alert

You Be the Coder: Tactful Coding When Reporting E/M Service With AWW Codes

Question: Our internal medicine specialist recently performed an evaluation and management service during an annual wellness visit. Can E/M codes be reported with the wellness visit and if so, is it necessary to use a modifier such as 25 with the annual wellness visit code? The patient is a Medicare patient.

New Orleans Subscriber

Answer: When your internist performs a Medicare annual wellness visit (AWV), depending on whether or not the patient has had a previous annual wellness visit, you report one of the following codes:

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

The annual wellness visit is distinct from the initial preventive physical examination (IPPE) (also known as the "Welcome to Medicare" visit) that Medicare also covers. The IPPE is coded using G0402 (Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment). So, if the patient is new to Medicare, you typically report the IPPE code G0402. For the AWV in the following year, you report G0438, and for all the subsequent years, you report G0439.

According to CMS guidelines noted in the Federal Register, they do not expect to see many problem-oriented E/M services billed on the same date of service as the AWV because of the time involved with performing the AWV. However, if your clinician addressed other issues in the same visit as an AWV, you can capture these services with the appropriate E/M visit code.

However, you should take note of Correct Coding Initiative (CCI) edits, because you face bundling when reporting an E/M service code in addition to an AWV or IPPE code. Since the modifier indicator to this code bundle is '1,' you can unbundle the codes with an appropriate modifier.

But, you cannot append the modifier to the AWV HCPCS codes, G0438 or G0439. Instead, you will have to append the modifier 25 (Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service) to the E/M code to unbundle the codes and allow reimbursement for both the codes.