

Part B Insider (Multispecialty) Coding Alert

Annual Wellness Visits: You Aren't Legally Required to Offer AWVs, One MAC Says

Plus: RNs can perform AWVs even for new patients, as long as they meet state licensing requirements.

If you've decided your practice doesn't have the resources to offer annual wellness visits (AWVs), you aren't legally required to perform them. That's the word from WPS Medicare, a Part B payer in four Midwestern states, which presented an AWV conference on March 24.

WPS Medicare started off the call by reminding providers that the initial AWV (G0438) is a one-time benefit per patient and the subsequent AWV (G0439) can only be reported once a year, so Medicare will deny the claim if you report the code outside of the allowable timeline, and the patient would be responsible for payment.

"You want to be having conversations with your patient concerning whether these services have been provided by someone else," said WPS's **Ellen Berra** during the call. "This provides a protection for your patient in that they won't have to pay for the bill, but also protection for your office in that you won't have to go after the patient for payment of these charges," she said.

The MAC also fielded several frequently-asked questions from medical practices, and WPS's experts shed some light on these issues, as follows:

1. Are Providers Legally Required to Offer AWVs? No, your practice can decide not to offer AWV services. "If the physician chooses not to supply AWVs, there is no legal requirement," said WPS's **Tom Ryan** during the call.

However, if you offer a preventive exam to a patient who has agreed to pay out-of-pocket for that preventive service, you can "carve out" the AWV portion of your preventive exam and bill that to your MAC. "There's no legal requirement that you have to give this particular service," Berra said. "What you could do, though, is what's called 'carve-out.' You'd start with the price of your preventive service and then carve out of that anything that would go along with the annual wellness visit. You would bill the AWV to Medicare, and then the additional amount for the preventive service (the things that are not part of the AWV) you would charge the patient for."

2. Can Registered Nurses (RNs) Perform the AWV? Yes, as long as their state licensure allows it, Ryan said. In addition, the RN would have to report the service under the physician's NPI since Medicare will not credential the RN, he added.

The RN can provide the AWV even for a new patient, Ryan said. "There is no new patient requirement, unlike what we typically think of as incident to criteria," he said. "The criteria does state that they have to be supervised during the time...but an RN actually could perform the full AWV," even for new patients, he said.

3. Can You Bill An AWV Along With the Patient's Pap and Pelvic Exam Using A Modifier? No modifier would be required if you're reporting this combination, Ryan said. "You would bill the two procedure codes--one being the AWV and the other being the pap and pelvic--and they don't have any need for a modifier," he said.