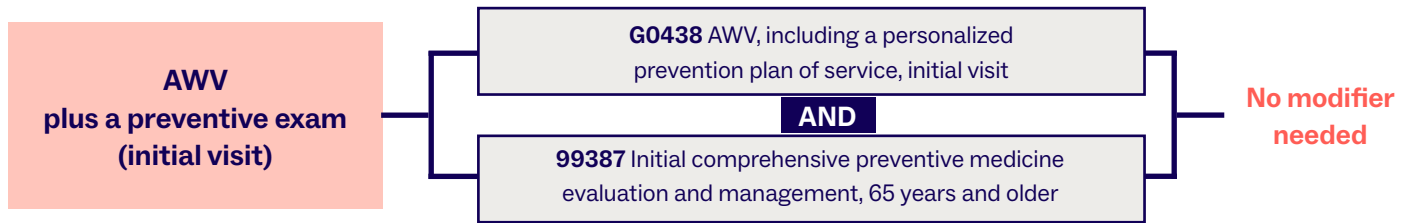


Combination Visits for Select Health Medicare Members

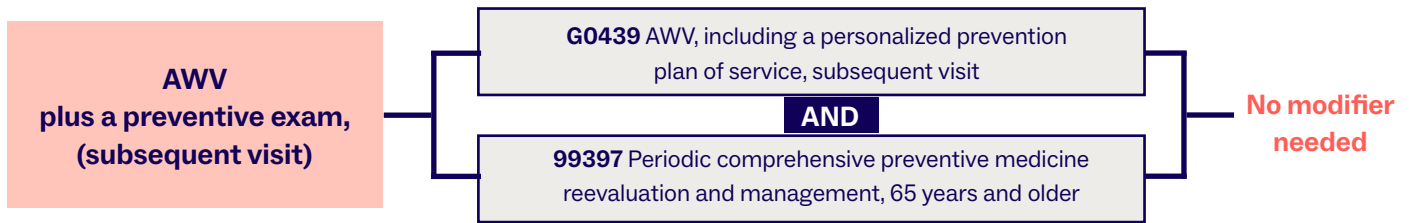
To encourage members to receive an annual comprehensive medical exam, we cover combination visits—a preventive exam or E&M visit—on the same date of service as an AWV. Documentation must include the following elements:

- Support for both codes
- Evaluation and assessment of chronic medical conditions
- Current treatment plan for each condition
- Accurate, specific ICD-10 codes for medical conditions

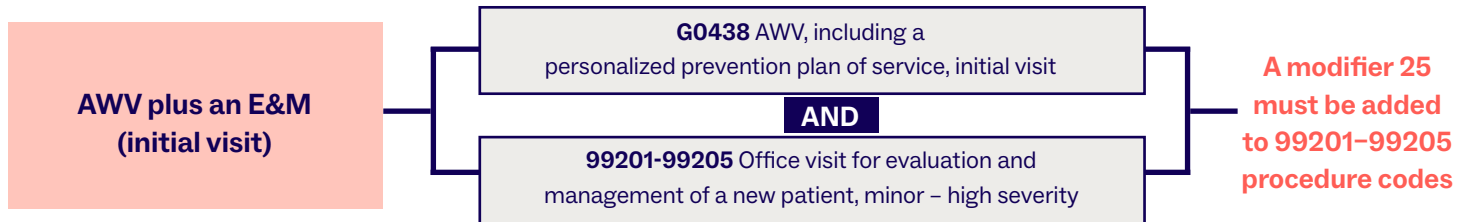
The code combinations illustrated below help identify the services rendered for the comprehensive exam.



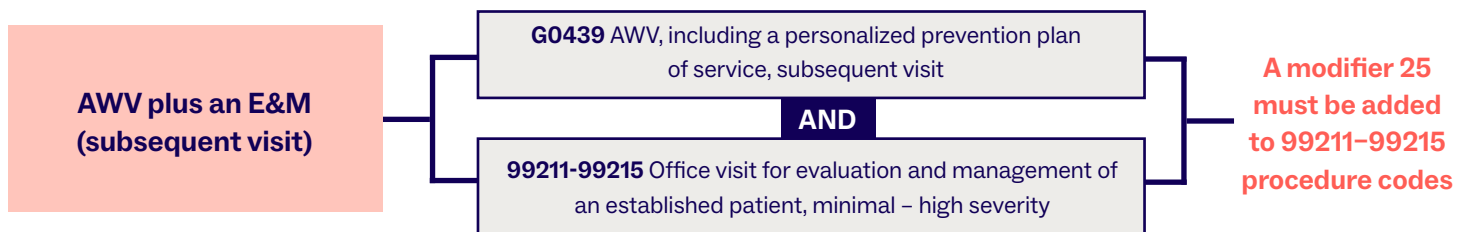
No copay applies for AWV or comprehensive preventive exam.
Additional cost sharing may apply for non-preventive labs or tests, as defined by CMS.



No copay applies for AWV or comprehensive preventive exam.
Additional cost sharing may apply for non-preventive labs or tests, as defined by CMS.



Member copay applies to E&M service per his or her Member Payment Summary (MPS).
Additional cost sharing may apply for non-preventive labs or tests, as defined by CMS.



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Medicare Comprehensive Evaluation Visit — FAQ and Coding Examples

WHAT IS A COMPREHENSIVE EVALUATION VISIT?

- It is a combined Medicare annual wellness visit (AWV) and preventive visit that occurs on the same date of service.
- All elements of the Medicare AWV and all chronic conditions should be documented and coded during this visit.

WHY IS A COMPREHENSIVE EVALUATION VISIT IMPORTANT?

- Comprehensive visits help improve clinical care.
- Comprehensive visits help providers and patients focus on preventive care.
- A comprehensive visit is an opportunity to identify and address developing problems before they become urgent or emergent conditions.
- Comprehensive visits are an opportunity for providers to identify and/or review chronic conditions that have not been recently addressed.
- Understanding clinical outcome measures for a population depends on the accurate identification and documentation of a patient's chronic conditions.

HOW DO PATIENTS BENEFIT?

- Patients value an opportunity to review their chronic medical conditions and discuss preventive care issues with their provider.
- Accurate documentation of chronic conditions gives Select Health Medicare members additional benefits, such as lower or no copays for visits, assistance with transportation to medical appointments, and free gym memberships.

HOW DO PROVIDERS BENEFIT?

- Comprehensive visits help providers accurately capture the complexity of their patient population, thereby making comparative outcome data more relevant and actionable.
- A thorough review of the patient's chronic conditions helps the primary care provider better coordinate care with secondary care providers.

- Appropriate documentation of chronic conditions allows for better computer decision support.
- The additional revenue associated with documentation of all patient chronic conditions helps pay for the cost of team-based care (e.g., care managers, health advocates, mental health providers).
- Providers receive compensation for the additional time required to complete a comprehensive visit.

Visit	WRVU
Annual Wellness Visit + Preventive Care (Initial)	5.10
Annual Wellness Visit + Preventive Care (Est.)	3.92
Annual Wellness Visit + 99213	3.22
Annual Wellness Visit + 99214	3.84

Based on CMS 2023 fee schedule (subject to change)

HOW DOES THIS SUPPORT SHARED ACCOUNTABILITY?

- Comprehensive visits with appropriate chronic condition documentation help accurately report patients' health.
- National benchmark data on quality and cost is publicly reported. Comprehensive visits help improve rankings and reputation.
- When all chronic conditions are documented and coded appropriately during a comprehensive evaluation visit, the revenue to Select Health from the Centers for Medicare and Medicaid Services (CMS) more accurately reflects the true medical expenses of the Select Health Medicare patient population. Under shared accountability, this revenue may affect the amount providers are paid.
- Comprehensive visits should be completed as part of the Select Health Quality Provider Program.

WHICH PATIENTS NEED A COMPREHENSIVE VISIT?

- All Select Health Medicare patients need a comprehensive evaluation visit annually. Clinics may request a quarterly list of Select Health Medicare patients who need this visit.



Medicare Comprehensive Evaluation Visit — FAQ and Coding Examples

DO PATIENTS PAY A COPAY OR COINSURANCE FOR A COMPREHENSIVE VISIT?

- If the AWV is billed with a preventive exam, no copay will apply.
- If the AWV is billed with an E&M visit, a copay does apply. Your patient may need an explanation from you to understand why a copay applies.
- Additional cost sharing for your patient may apply if non-preventive labs or tests are completed, as defined by CMS.

WHAT ARE THE FIVE REQUIREMENTS FOR A COMPREHENSIVE EVALUATION VISIT?

1. All elements within an AWV, including a health risk assessment and preventive screenings (see <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html>)
2. A physical examination
3. All active chronic diagnoses and conditions documented and monitored, evaluated, assessed, or treated
4. The patient's preventive care screenings performed or scheduled
5. Complete, accurate coding of the specific chronic diagnoses and conditions

WHAT TOOLS WILL HELP ME COMPLETE THESE VISITS?

- Use electronic medical records (EMR) templates to help you complete the comprehensive evaluation visit.
- Familiarize yourself with AWVs.
- Follow ICD-10 and CPT coding guidelines.
- Access additional materials from your Provider Relations representative, or via these reports (https://tableau.intermountain.net/?iid=1#/views/MH_HUB/HUB?iid=1).

HOW FREQUENTLY WILL A COMPREHENSIVE EVALUATION VISIT BE COVERED BY SELECT HEALTH MEDICARE?

We will cover a comprehensive evaluation visit for Select Health Medicare members once per calendar year. This time frame may change from year to year, so check the evaluation and management (E&M) benefits prior to completing a comprehensive evaluation visit. Sign on to <https://selecthealth.org/pbt/login> to verify eligibility and benefits.

WHAT CODES DO I USE TO SUBMIT A CLAIM FOR PAYMENT FOR BOTH THE AWV AND PREVENTIVE EXAM?

Claims should include codes for an AWV (G0438 or G0439) and a preventive exam (99387 or 99397) if documentation supports that both services were rendered. No additional modifiers are required.

HOW WILL I KNOW THAT I AM PERFORMING THIS TYPE OF VISIT CORRECTLY, AND WHOM SHOULD I CONTACT IF I HAVE QUESTIONS?

Our team of medical coders will review clinical documentation upon request, at no financial risk to the provider. Once complete, we'll provide you feedback and education. In addition, Avalon tools available for providers help validate correct coding if for laboratory utilization (see <https://selecthealth.org/providers/resources/tools>).

If you have questions, contact your Provider Relations representative at **800-538-5054**.

