

Select Health Medicare Comprehensive Evaluation Visit

FREQUENTLY ASKED QUESTIONS

WHAT IS A COMPREHENSIVE EVALUATION VISIT?

A comprehensive evaluation is a combined Medicare annual wellness visit (AWV) and preventive visit that occurs on the same date of service.

During this visit, all elements of the Medicare AWV and all chronic conditions should be documented and coded.

WHY IS A COMPREHENSIVE EVALUATION VISIT IMPORTANT?

A comprehensive visit helps providers:

- Improve clinical care
- Focus patients on preventive care
- Identify and address developing problems before they become urgent or emergent conditions
- Identify and/or review chronic conditions that have not been recently addressed
- Support population clinical outcome measures, which depend on accurate identification and documentation of patients' chronic conditions

HOW DO PATIENTS BENEFIT?

Patients benefit from:

- Opportunities to review their chronic medical conditions and discuss preventive care issues with their provider
- Additional cost-saving measures Select Health can offer based on accurate chronic condition documentation (e.g., lower or no copays for visits, assistance with transportation to medical appointment, and free gym memberships)



HOW DO PROVIDERS BENEFIT?

Comprehensive visits help providers accurately capture patient population complexity, thereby making comparative outcome data more relevant and actionable. Providers also 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

* Work relative value units (WRVUs) based on CMS 2023 fee schedule (subject to change)

Other benefits of thorough reviews and documentation for chronic conditions for providers include:

- Enhanced coordination with secondary care providers
- Better computer decision support
- Additional revenue associated with chronic condition documentation helps pay for the cost of team-based care (e.g., care managers, health advocates, mental health providers)

HOW DOES THIS SUPPORT SHARED ACCOUNTABILITY?

Comprehensive visits with appropriate chronic condition documentation more accurately report patients' health. Since national benchmark data on quality and cost is publicly reported, these visits help improve rankings and reputation.

Appropriately documenting and coding chronic conditions during these visits may impact revenue from the Centers for Medicare and Medicaid Services (CMS) to:

- **Select Health** because it more accurately reflects the true medical expenses of the Select Health Medicare patient population; and
- **Providers** because, 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.

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

Patient copays and coinsurance depend on the type of 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.

NOTE: Additional patient cost sharing may apply if non-preventive labs or tests are completed, as defined by CMS.

WHAT ARE COMPREHENSIVE EVALUATION VISIT REQUIREMENTS?

There are five CMS requirements:

1. All elements within an AWV, including a health risk assessment and preventive screenings as defined by [CMS](#)
2. A physical examination
3. 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 (see last page).
- Access additional materials from your Provider Relations representative, or via [these reports](#).

HOW FREQUENTLY IS A COMPREHENSIVE EVALUATION VISIT 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 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.

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

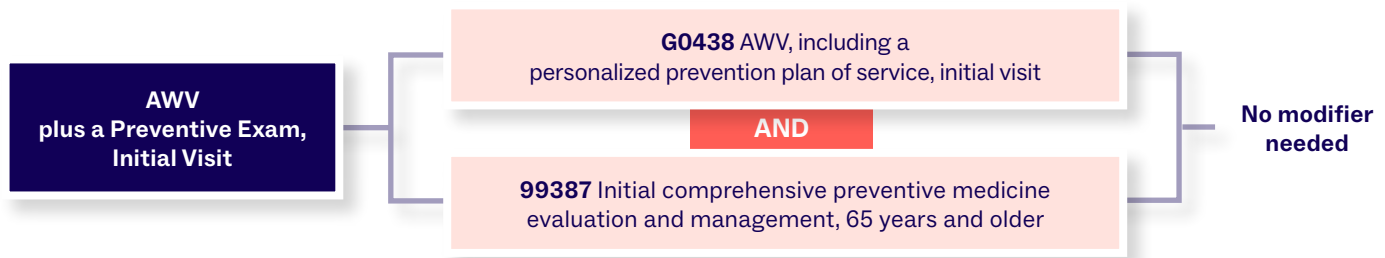
Coding Comprehensive Evaluation Visits

for Select Health Medicare Members

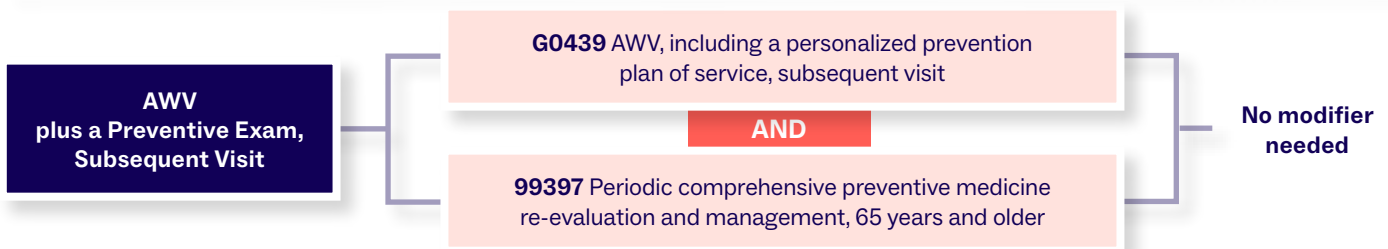
To encourage members to receive an annual comprehensive medical exam, we cover combination visits—a preventive exam or E&M visit—on the same date of service as an AWW. Documentation must include the following elements:

- 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

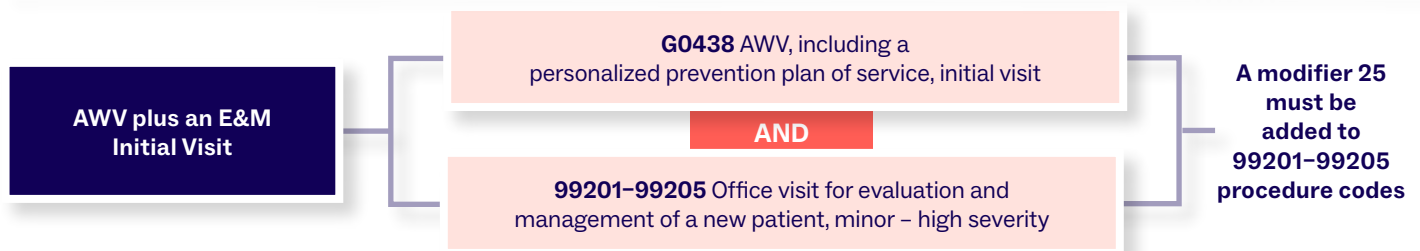
The code combinations illustrated below help identify the services rendered for the comprehensive exam.



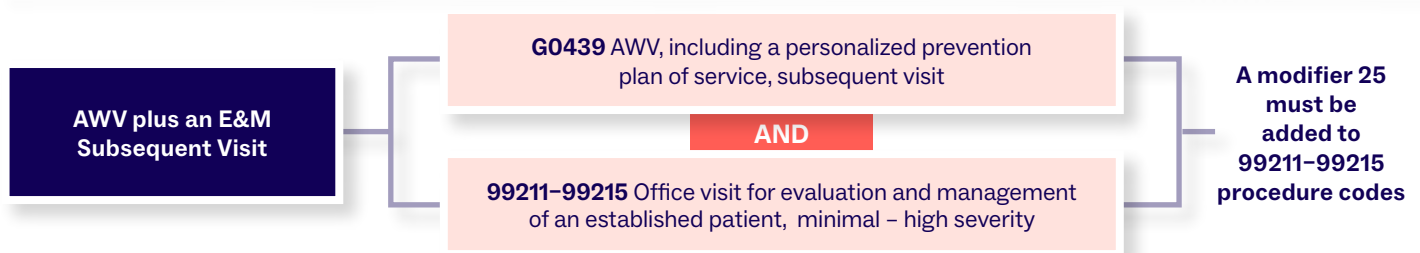
No copay applies for AWW or comprehensive preventive exam.
Additional cost sharing may apply for non-preventive labs or tests, as defined by CMS.



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