NATIONAL ASSOCIATION OF Community Health Centers®

PAYMENT

# Reimbursement Tips:

## FQHC Requirements for Medicare Wellness Visits: Initial Preventive Physical Exam (IPPE) & Annual Wellness Visits (AWV)

*Medicare Wellness Visits include the Initial Preventive Physician Exam (IPPE) and Annual Wellness Visits (AWV) which are reimbursable according to Medicare Part B Program requirements. IPPE and AWV encounters also qualify as Initiating Visits for Centers for Medicaid and Medicare Services (CMS) care management services if conducted within 1 year of the start of care management services.*

## Program Requirements

While encouraged as part of high-quality care, Medicare Wellness Visits are not required to be furnished to Medicare beneficiaries. Medicare Wellness Visit requirements are based upon the beneficiary's enrollment date with Medicare Part B. It's important to have a mechanism in place to capture the Medicare Part B enrollment date for both new and established patients to assist eligibility determination for a Medicare Wellness Visit.

***PHE Exception.*** *With the waiver of geographic and originating sites during the COVID-19 PHE, patients may receive AWV telehealth services in their homes. Patients may self-report vital signs (i.e., weight and blood pressure) to the provider during a visit if they have access to the necessary medical equipment. For patients unable to self-report, it is acceptable to document that body mass index and blood pressure were not able to be obtained. All other visit requirements must still be met. The PHE telehealth flexibilities for AWV will continue through December 31, 2024 after the PHE expires on May 11, 2023.*

## Patient Eligibility & Consent

Individuals who are enrolled in Medicare Part B are eligible to receive Medicare Wellness Visits. Medicare Advantage Organizations are required to cover these services and follow the associated CMS coverage requirements and guidelines. Patient consent for a Medicare Wellness Visit must be documented in the medical record.

**Table 1: Patient Eligibility for Medicare Wellness Visits**

| | IPPE | AWV (Initial) | AWV (Subsequent) |
|---|---|---|---|
| What is it? | "Welcome to Medicare" visit. Promotes good health through disease prevention and detection. | Preventive visit to develop and deliver Personalized Prevention Plan Services (PPPS). Includes a Health Risk Assessment (HRA)<br>Creates a PPPS | Preventive visit to review and update the PPPS and HRA. |

**Table 1 (cont'd) : Patient Eligibility for Medicare Wellness Visits**

| | IPPE | AWV (Initial) | AWV (Subsequent) |
|---|---|---|---|
| When does the patient visit occur? | Within 12 months of first Part B enrollment date | 12 months after IPPE OR >12 months after Part B enrollment and IPPE never performed* | 12 months after the initial AWV* |
| What is the frequency of the visit? | One lifetime benefit. "Use it or lose it" | One lifetime benefit | One subsequent AWV per year |
| What is the cost to the patient? | No coinsurance | No coinsurance | No coinsurance |

** To determine if a patient has previously received a Medicare Wellness Visit, check with your MAC or the HIPAA Eligibility Transaction System (HETS).*

While IPPE and AWV encounters cover some elements of a physical exam they are not a routine physical exam, which is defined by Medicare as "exams performed without relationship to treatment or diagnosis for a specific illness, symptom, complaint, or injury." If additional preventive tests or services are provided during an IPPE or AWV, a patient may be required to pay coinsurance or a Part B deductible. A full list of other Medicare Part B covered preventive services may be found on the CMS Medicare Wellness Visits website under the section entitled IPPE/AWV FAQs.

## Timeframe & Services

Medicare Wellness Visits include the IPPE and AWV. A beneficiary's enrollment date with Medicare Part B is associated with the Medicare Wellness Visit services that are furnished. A patient must first be enrolled with Medicare Part B before a visit can be furnished.

 

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## Table 2: Elements of an IPPE, Initial AWV and Subsequent AWV

| Workflow | CMS Required Visit Elements | Tools & Resource Options+ | IPPE G0402 | Initial AWV G0438 | Subsequent AWV G0439 |
|---|---|---|---|---|---|
| **Screening Questions** | Perform a Health Risk Assessment (HRA): demographics, health status, psychosocial risks, behavioral risks, activities of daily living (ADL) *(includes requirements in all but shaded rows)* | | | X | Update |
| | Review risk factors for depression or other mood disorders | Depression screening | X | X | Update |
| | Screen for Substance Use Disorders (SUDs) | Alcohol use screening<br>Tobacco use screening<br>Substance use screening | X | X | Update |
| **Medical History** | Establish medical and family history:<br>• Medications (including opioids and supplements)<br>• Allergies<br>• Medical history<br>• Surgical history<br>• Hospitalizations<br>• Family medical history | | X | X | Update |
| | Current medications | | X | X | Update |
| | Review current opioid prescriptions:<br>• Pain severity & treatment plan, non-opioid and specialist treatment options | Opioid Use Disorder risk assessment | X | X | Update |
| **List of Current Providers** | Establish current provider list. Include:<br>• Medical specialty providers<br>• Behavioral health providers<br>• Dental providers<br>• Home health providers | | | X | Update |
| **Functional Ability** | Activities of daily living (ADL), fall risk, hearing, home safety | Activities of daily living (ADLs)<br>Falls risk<br>Hearing impairment | X | X | Update |
| **Measurement** | Measure:<br>• Height<br>• Weight<br>• BMI (or waist circumference)<br>• Blood pressure | | X | X | Update |
| | Vision | | X | | |
| | EKG<br>*(If determined by provider to be medically necessary)* | | X | | |
| **Cognitive Function** | Cognitive impairment assessment | Cognitive Test<br>Direct Observation | | X | Update |
| **Written Screening Schedule** | Establish health education and preventive screening schedule (e.g., checklist) for next 5-10 years. See Medicare Services Checklist. Consider:<br>• Colorectal cancer screening<br>• Breast cancer screening<br>• Immunizations | | | X | Update |
| **Personal Plan; Educate and Refer, as Needed** | Personalized Prevention Plan Services: Supply health advice and referrals for lifestyle interventions (i.e., cognition, weight loss, tobacco use cessation, fall prevention) | | | X | Update |
| | Educate/Counsel/Refer on preventive services. Brief, written plan (i.e., checklist) to include any necessary tests, screenings, and preventive services. | | X | | |
| **Offer Advance Care Planning** | End-of-life planning | | X | | |
| | Advance Care Planning (ACP)<br>*(at patient's discretion)* | | | X | Update |

*+ CMS allow providers to select the screening tools they deem appropriate. The standardized tools offered in this column are to assist health centers in their selection. Not all elements require the use of a screening tool.*

*Note: For a more comprehensive list of components please see the source of information for this table: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html*

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## Authorized Provider/Staff

Authorized practitioners (see table) are considered primary care providers and must provide the key service elements for the IPPE and AWV.

An IPPE visit is an in-person visit between the patient and provider.

An AWV visit, which is an in-person visit outside the PHE, may rely on a medical professional or care team member designated by the supervising practitioner, requiring less practitioner time for these visits. While the majority of AWV services can be led by medical professionals, the provider should close out the visit with a review of the recommendations documented in the Personalized Prevention Plan and address any additional patient questions about their health and wellness.

### Optimize Technology & Care Team Roles.

The completion of screening questionnaires may be facilitated by the use of electronic forms for patients to self-complete or by the medical professional via phone/video interaction with the patient.

***PHE Exception.*** *AWV visits, including audio-only interactions, may be provided via telehealth during the COVID-19 PHE. IPPE is not an approved telehealth service during the PHE. The PHE telehealth flexibilities for AWV will continue through December 31, 2024 after the PHE expires on May 11, 2023.*

For the AWVs, a health educator, registered nurse, registered dietitian, nutrition professional, or other licensed practitioner is eligible to perform elements within their scope of practice and license under direct supervision of a billing provider. Direct supervision requires the billing physician or non-physician practitioner to be present in the office and immediately available to provide assistance and direction throughout the service, but they do not need to be in the room where those services are being furnished. Services provided by medical professionals are subject to State law, licensure, and scope of practice definitions.

***PHE Exception.*** *Direct supervision may be provided virtually via audio and video technology (https://www.cms.gov/files/document/what-do-i-need-know-cms-waivers-flexibilities-and-transition-forward-covid-19-public-health.pdf). The PHE telehealth flexibilities for AWV will continue through December 31, 2024 after the PHE expires on May 11, 2023. The virtual direct supervision flexibility will expire on December 31, 2023.*

| VISIT TYPE | TREATING (BILLING) PROVIDER | | | | UNDER DIRECT SUPERVISION |
|---|---|---|---|---|---|
| | Physicians | Non-Physician Practitioners | | | Clinical Staff++ |
| | MD or DO | NP | PA | CNM | CNS+, RN, RD, other licensed practitioner |
| IPPE | X | X | X | X | |
| AWW | X | X | X | X | X |

*Physicians: Medical Doctor (MD) or Doctor of Osteopathy (DO)*

*Non-Physician Practitioners include: Nurse Practitioners (NP), Physician Assistants (PA), and Certified Nurse Midwives (CNM)*

*+Clinical Nurse Specialists (CNS) do not fit the Medicare definition of an FQHC practitioner. CNS services (AWV only) would be billed to Medicare as incident to the supervising provider. Medicare Fee-For-Service in a non-FQHC setting does allows CNSs to furnish services an independent practitioner*

*++ Clinical staff, such as RNs, RDs, health educators, nutrition professional, and other licensed practitioners, working under the direct supervision of a physician or NP, may complete specific tasks according to State licensure and scope of practice parameters. A Medical Assistant is an example of an allied health professional who may be part of a medical professional care team performing elements of the AWV under direct supervision, depending on state licensure and scope of practice.*

## Documentation

Document all IPPE and AWV services, using structured data fields, where possible.

***PHE Exception.*** *During the COVID-19 PHE, when the AWV visit is conducted via telehealth, document in the medical chart any information that was self-reported by the patient, "visually observed" (e.g., a self-measured blood pressure/SMBP reading that was visualized on a validated device) or "unable to be obtained." The PHE telehealth flexibilities for AWV will continue through December 31, 2024 after the PHE expires on May 11, 2023.*

## Coding & Billing

FQHCs are reimbursed for an IPPE or AWV service as a stand-alone, qualifying visit when all of the program requirements are met and frequency limits have not been exceeded.

# Reimbursement Tips: FQHC Requirements for Medicare Wellness Visits: Initial Preventive Physical Exam (IPPE) & Annual Wellness Visits (AWV)

| WHAT PROVIDER CODES | *Services* | *What FQHC bills to CMS* | *Medicare 2023 PPS Rate* |
|---|---|---|---|
| G0402 | Initial Preventive Physical Examination (IPPE); face-to-face visit; services limited to new beneficiary during the first 12 months of Medicare Part B enrollment. | G0468 $251.13+ | |
| G0438 | Annual Wellness Visit (AWV); includes a Personalized Prevention Plan of Service (PPPS), initial visit. | | |
| G0439 | Annual Wellness Visit (AWV); includes a Personalized Prevention Plan of Service (PPPS), subsequent visit. | | |

*Rates here are based on the 2023 Medicare Physician Fee Schedule (PFS); no Geographical Adjustment Factor (GAF) or Geographic Practice Cost Index (GPCI) has been applied. FQHCs can expect the payment to be slightly higher or lower depending on the GAF/GPCI.*

*The claim includes the HCPCS service code (i.e., G0402 or G0438 or G0439) and the corresponding PPS G0468 code.*

*+During the COVID-19 PHE, Medicare will reimburse AWVs furnished via telehealth at the G2025 telehealth rate of $98.27.*

> ***PHE Exception.*** *During the COVID-19 PHE, Medicare will reimburse AWVs furnished via telehealth at the G2025 telehealth rate of $98.27. Note: IPPE is not on the Medicare list of approved telehealth services.*

With the Affordable Care Act having eliminated co-insurance for Medicare Part B beneficiaries receiving certain covered preventive care services, FQHC patients receiving an IPPE or AWV will have no co-insurance for these services.

## *IPPE and AWV Adjustment Factor*

Each year, CMS updates the national base FQHC PPS rate through an analysis of the FQHC Market Basket. For 2023, the national base PPS rate is $187.19. This national rate is then adjusted by the Geographic Adjustment Factor or GAF, which provides the local FQHC payment rate based upon the FQHC location. The payment rate to FQHCs varies across the country and, in fact, can be different for each site within the same organization if there are locations falling in different GAFs.

FQHCs are eligible to receive a payment higher than the health center's base rate when submitting G0468 for IPPE or AWV encounters. This higher payment rate is calculated by applying the CMS-provided Adjustment Factor of 1.3416 (or 34.16%) to the local FQHC base payment rate.

The formula to calculate the local FQHC rate is: *(National Base PPS Rate x GAF) x Adjustment Factor = Local FQHC IPPE/AWV Adjusted Payment Rate.*

## *Local FQHC and IPPE/AWV Adjusted PPS Payment Rate Examples:*

| National Base PPS Rate | GAF | FQHC Adjusted PPS Base Payment Rate | IPPE/AWV Adjustment Factor | IPPE/AWV Adjusted Rate |
|---|---|---|---|---|
| $187.19 | 0.902 (Alabama) | $168.85 | 1.3416 | $226.52 |
| $187.19 | 1.085 (Queens, NY) | $203.10 | 1.3416 | $272.48 |

*The GAF file for 2023 may be found at the bottom of the CMS FQHC webpage: https://www.cms.gov/Center/Provider-Type/Federally-Qualified-Health-Centers-FQHC-Center*

*Adjustments do not apply to grandfathered tribal FQHCs.*

Medicare will reimburse a health center at 80% of the lesser of their charges or the adjusted PPS payment rate. Co-insurance does not apply for an IPPE or AWV encounter so the health center would be paid at 100% of their charges or their adjusted base rate, whichever **is less**. Other services furnished during that encounter would be coded and submitted on the claim.

Health centers set their charges based upon various factors and must remain compliant with HRSA and CMS charge-setting policies and regulations. FQHCs should take the time to review their service bundles and rates, at a minimum, on an annual basis.

## *Same Day Services*

If a provider deems it appropriate to provide a "significantly and separately identifiable" service from the IPPE, or AWV, a separate SOAP note should be written to support the additional billing of the service with the appropriate code modifier. For example, a medically necessary E&M service (i.e., 99202-99205 or 99212-99215) furnished during an IPPE would be reported with CPT® modifier -25.

If an IPPE or AWV is furnished on the same day as another medical billable visit (i.e., G0466, New Patient Medical Visit), the PPS rate will be applied to G0468. However, the health center must submit a claim for all services and related charges for both payment codes. Medicare will pay the PPS rate or the total charges, whichever is less. If a qualifying mental health visit occurs on the same day as an IPPE or AWV, the health center will receive additional payment based

upon total charges. Chapter 9 of the Medicare Claims Processing Manual provides examples and payment calculation methodology for various FQHC service scenarios.

### *EKG as part of IPPE Visit*

A medically necessary EKG may be performed as part of an IPPE. The practitioner determines if an EKG is required for a patient during the IPPE visit. The professional component of an EKG is included in the IPPE PPS payment if performed by a FQHC practitioner or furnished incident to the visit. If performed on the same day as the IPPE, FQHCs can include G0405, Electrocardiogram, routine ECG with 12 leads; interpretation and report only, performed as a screening for the IPPE, on the claim with that visit.

The technical component, G0404, Electrocardiogram, routine ECG with 12 leads; tracing only, without interpretation and report, performed as a screening for the IPPE, may be billed separately by the FQHC to the MAC. CPT® modifier 59 should be applied to the EKG code to indicate that the EKG is a distinct procedural service.

### *Advance Care Planning*

When Advance Care Planning (ACP) services are provided during a visit separate from an AWV visit, FQHCs may bill 99497 as a qualifying visit for a new (G0466) or established patient (G0467). Otherwise, ACP services are considered to be part of the G0468 services. For additional CMS resources on ACP, visit the ACP Reimbursement Tips available on the VTF webpage.

## References


- Medicare Benefits Policy Manual Chapter 13 Section 70.3. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c13.pdf
- Medicare Claims Processing Manual Chapter 9 RHC and FQHCs. https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c09.pdf
- CMS Benefits Policy Manual Chapter 18 Preventive and Screening Services – sections 80 & 140. https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c18pdf.pdf
- Specific Payment Codes for the Federally Qualified Health Center Prospective Payment System (FQHC PPS). https://www.cms.gov/medicare/medicare-fee-for-service-payment/fqhcpps/downloads/fqhc-pps-specific-payment-codes.pdf
- CMS Outreach: Federally Qualified Health Center Guidelines. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/fqhcfactsheet.pdf
- CMS Outreach: Medicare Wellness Visits. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html
- COVID-19 Frequently Asked Questions (FAQs) on Medicare Fee-for-Service (FFS) Billing. https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf
- CMS List of Telehealth Services. https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes
- CMS PHE Fact Sheet https://www.cms.gov/files/document/what-do-i-need-know-cms-waivers-flexibilities-and-transition-forward-covid-19-public-health.pdf
- Update to the FQHC PPS for CY 2023 – Recurring File Update. https://www.cms.gov/files/document/r11677cp.pdf
- CMS Summary of Policies in the CY 2020 Medicare PFS PHE IFR. https://www.cms.gov/files/document/r10160otn.pdf