

# Quality Documentation & Coding Pearls

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## THE ANNUAL WELLNESS VISIT

The Annual Wellness Visit is the perfect time to provide quality care through complete assessment, documentation and coding of your patients' chronic conditions. Quality measures are also met when you order and encourage your patients to get the recommended screening tests (e.g., colorectal screening, mammo, diabetic eye exam) and vaccinations.



Successful offices schedule their patients for an AWV early in the year and then provide episodic care as needed based on the disease burden of the patient. Remember that new MA members may join your group anytime so work with your office staff to develop a process to identify those patients, and then call them for an AWV appointment.

To help you assess and diagnose all of a patient's conditions, you should review their *iCode* summary especially the physician chart reviewer's comments at the end about potential diagnoses. If you see something that you do NOT agree with, please state so in your note. Also review the Ascender report which shows you the outstanding STAR measures your patient is due for.

I recommend you order labs before the AWV so they can be reviewed during the face-to-face visit. Suggested senior labs include: CBC, CMP, HbA1C, lipids, B12/folate, Vit D, microalbumin & others as needed.

You may use our form or your own EMR template as long as it is approved by the HCC/STAR team **first**. Remember the components of the AWV, as required by CMS, are:

- Medical, surgical, family, social, allergy history
- Medication listed and reviewed by provider
- Functional status including: ADL's, cognitive evaluation & screening for vision, hearing and speech problems
- Depression screen
- Pain screen or treatment plan if pain present
- Vital signs including BMI
- A list of specialists and DME suppliers
- An assessment of ALL CHRONIC medical conditions with a status and plan for each

*Don't forget to VALIDATE: **DIAGNOSIS, STATUS & PLAN***

Call the Arizona Priority Care HCC/STAR Department with questions  
(480) 499-8764

## CODING TIPS

### *Bill for the type of visit*

**G0402 = Initial Preventive Physical Examination (IPPE); a.k.a. the Welcome to Medicare Visit (one time only benefit)**

**G0438 = Initial Annual Wellness Visit**

**G0439 = Subsequent Annual Wellness Visit**

### *The first ICD-9 code should be V70.0*

In addition, submit ALL pertinent diagnosis codes for conditions assessed. Most commonly missed are: Diabetes w/ manifestation, CHF, CKD, COPD, Major Depression, PVD, Peripheral Neuropathy, Amputations, Ostomies, and Transplants

### *Submit CPT II codes*

- BMI & BP
- Colon and breast cancer screening
- Care of the Older Adult (medication listed and reviewed, pain assessed & functional status)
- Osteoporosis screening/treatment
- Diabetic care (nephropathy, A1c control, & retinopathy)