

As a reminder, Bright Health will reimburse for virtual health visits to address the care needs of its Medicare Advantage members, including use of evaluation and management CPT codes (99211-99213 for established patients and 99201-99203 for new ones). Providers should be sure to submit all applicable diagnosis codes to ensure accurate and complete coding

Documentation must support submitted coding, including whether a chronic condition is active and/or has a complication or not.

If your organization chooses to conduct Virtual Annual Wellness Visits, please follow the guidance below for members with established provider relationships, and not new to Medicare.

#### ANNUAL WELLNESS VISIT PROCESS OVERVIEW

- Every Bright Health **Medicare Advantage** member should have an Annual Wellness Visit (AWV)
- According to CMS guidance, virtual visits will be allowed for the duration of the Coronavirus (COVID-19) emergency
- For providers with established Medicare patient relationships this may be conducted via telehealth when **both video and audio are used**
  - *Per NCQA technical specifications as of the date of this memo, vital signs such as Blood Pressure require electronic data transmission to qualify for HEDIS gap closure. **Please schedule patient for follow up visit or arrange for an alternative site for physical exam/measurement***
- Key goal – Document accurate and active diagnoses with an assessment and treatment plan for each diagnosis. Problem lists do not qualify as documentation of active diagnoses.
- If chronic condition management need(s) are identified during an annual wellness visit, separate evaluation and management codes can be used to address those needs as they arise
- Examples:
  - Assure member has mail order and 90-day prescription(s) to assure access to medications
  - Address any chronic condition management in a separate virtual visit that will be reimbursed as an office visit
  - Consider developing or reviewing an advance care plan
- Should non-clinical member questions arise, you may refer them to the Bright Health Member Services telephone number on the back of their Member ID card

#### APPLICABLE PLACE OF SERVICE, G-CODES, & CPT CODES FOR REIMBURSEMENT AND BILLING

- The following is a partial, non-exclusive list of billing codes reimbursable by Bright Health:
- **Billing Codes for Annual Wellness Visits via telehealth: Use POS 02, or Modifier 95 with the usual POS of 11**
- **G0438** – Initial Annual Wellness Visit
- **G0439** – Subsequent Annual Wellness Visit
- **G0442 or G0443**: Alcohol abuse screening and counseling with diagnostic code
- **G0444**: Annual depression screening, assessment, and treatment, 15 minutes
- **G0447**: Counseling for obesity, including diary review, 15 minutes
- **99497 or 99498** Advance care planning, with documentation of care plan
- If during the patient's AWV additional signs and symptoms warrant a separate assessment and clinical care an E&M can be billed in addition to the AWV
  - Report the E&M CPT code with modifier 25 to indicate a significant separately identifiable E&M