

Annual Preventive Visit Quick-View Resources

Front Desk Resource and Provider-Facing Resource

Quick-reference guidance for Affordable Care Act (ACA), Medicare Advantage (MA), and Dual Eligible Special Needs Plan (DSNP) workflows

Quick scheduling decision flow

1. Confirm the member product: ACA, MA, or DSNP.
2. Confirm the requested visit purpose: preventive only, Medicare Annual Wellness Visit (AWV), or preventive plus a medical concern.
3. For ACA members, schedule an Annual Preventive Visit (APV) and avoid promising that every service performed in the appointment is free.
4. For MA/DSNP members, schedule an AWV/Initial Preventive Physical Examination (IPPE) when eligible and avoid describing it as a full routine physical exam.
5. Route benefit, coding, scope, or same-day billing questions to the practice billing/compliance process before giving a definitive answer.

1. Visit Types: Easy Comparison

ACA Annual Preventive Visit (APV)	Medicare AWW for MA/DSNP	Chronic condition management encounter
Primary purpose Health maintenance, disease prevention, screenings, counseling, immunizations, and risk-factor reduction.	Primary purpose Develop or update the Personalized Prevention Plan of Service. The AWW is not a routine physical exam.	Primary purpose Evaluation and management of active medical problems.
Common components ☐ Medical, Family, and Social History review ☐ Vital signs and physical assessment ☐ Medication reconciliation ☐ Preventive screenings (Age and Risk-based) ☐ Immunization review ☐ Health/lifestyle counseling ☐ Chronic condition review when relevant	Common components ☐ Health Risk Assessment (HRA) ☐ Preventive care needs review ☐ Medical, surgical, and family history ☐ Medication review ☐ Functional/fall/cognitive assessment ☐ Depression screening ☐ Prevention plan updates	Common components ☐ Chronic/Active condition review ☐ Current status of each condition ☐ Disease monitoring ☐ Medication management ☐ Lab/diagnostic review ☐ Assessment and plan ☐ Care coordination ☐ Follow-up planning
Chronic condition / E/M guidance Chronic conditions are reviewed and documented as part of the medical history review. However, if the physician performs a significant, separately identifiable evaluation and management (E/M) service for active management of chronic conditions (for example, adjusting diabetes medications, addressing worsening COPD, or treating uncontrolled hypertension), that portion may be billed separately from the preventive visit by applicable payer policy review.	Chronic condition / E/M guidance Chronic condition review is expected to be performed as part of the medical history review because it informs the risk profile and prevention plan. While the AWW itself is preventive, providers frequently perform a separate, billable E/M service when clinically appropriate to address chronic conditions such as diabetes, COPD, heart failure, CKD, depression, or vascular disease during the same encounter. This makes the AWW a valuable visit for both preventive care and comprehensive risk adjustment capture.	Chronic condition / E/M guidance This is distinct from preventive care, although it may occur on the same date when supported by documentation, coding rules, and Blue Cross NC policy.

2. ACA Preventive Visit Guide

ACA documentation tips

- Separate preventive content from problem-oriented assessment and plan using clear headings.
- ***A condition mention, medication list review, or copied-forward problem list entry does not automatically support a separate E/M.***
- For a separate E/M, document the complaint/condition, relevant findings, medical decision-making, treatment plan, orders/referrals if applicable, and follow-up instructions.
- Link preventive screening/counseling diagnoses to preventive services and medical problem diagnoses to the problem-oriented E/M when one is billed.

Blue Cross NC ACA E/M reimbursement guideline

Done	ACA E/M item	Direct instruction	Billing reminder
☐	APV code family: CPT 99381–99397	Use when the primary purpose is preventive care.	Confirm age, new/established status, and benefit rules.
☐	Problem E/M: CPT 99202–99215	Bill only when significant, separately identifiable work is performed.	Separate preventive and problem-oriented documentation.
☐	Modifier 25	Append to the problem E/M only when same-day work is distinct.	Do not append automatically.
☐	Same-day APV + E/M	Expect reduced reimbursement when policy criteria are met.	Reduction reflects overlapping practice expenses.
☐	G0101, G0102, Q0091	Do not expect separate reimbursement when billed same day by same provider/group.	Modifier 25 does not override this limitation.
☐	Provider takeaway	Treat APV as preventive unless separate problem work is documented.	Confirm current Blue Cross NC policy before final claim submission.

3. MA and DSNP Medicare AWW Guide

Done	AWV task	RN/LPN Support
☐	Eligibility / visit type	Confirm or flag IPPE, initial AWW, or subsequent AWW timing questions for clinician/billing review.
☐	HRA and screening tools	Assist with forms, scoring, responses, and abnormal-result flags.
☐	History, meds, allergies, care team	Gather updates, verify lists, and route discrepancies or clinical changes.
☐	Preventive screening schedule	Prepare due/overdue list, materials, and scheduling support.

☐	Chronic condition opportunities	Flag active conditions, patient-reported changes, and chart gaps for clinician review.
☐	PPPS and follow-up prep	Prepare prevention-plan inputs, education materials, referrals, and instructions.
☐	Final review and billing handoff	Route to clinician for eligibility, signature, PPPS, and billing confirmation.

Who can independently furnish and bill a Medicare AWW?

Done	Team member	Independent AWW biller?	Operational reminder
☐	Physician: MD / DO	Yes	May furnish, finalize, sign, and bill when requirements are met.
☐	NP / PA / CNS	Yes, when authorized	May furnish, finalize, sign, and bill within applicable rules.
☐	RN	No	May support workflow components under supervision, scope, and policy.
☐	LPN	No	May assist with intake, vitals, questionnaires, prep, and follow-up under direction.

Blue Cross NC Medicare Advantage E/M reimbursement guideline

Done	MA / DSNP item	Direct instruction	Billing reminder
☐	IPPE / initial / subsequent AWW	Use G0402, G0438, or G0439 only when eligibility and timing rules are met.	Do not describe the AWW as a routine physical exam.
☐	Preventive / physical benefit	Do not substitute preventive medicine codes unless MA benefit and payer policy support it.	Confirm member benefit language before billing.
☐	Problem-oriented E/M	Bill only when separate, significant evaluation or management is performed.	Separate documentation from AWW elements.
☐	Modifier 25	Append only when same-day problem work is distinct and supported.	Do not append automatically.
☐	Screening codes	Do not expect separate reimbursement for G0101, G0102, or Q0091 when same-day limits apply.	Confirm MA/DSNP benefit and policy limits.
☐	Chronic condition / DSNP needs	Review chronic conditions for risk profile, prevention planning, and coordination needs.	Separate E/M only when active management is documented.
☐	Member communication	Avoid promising every same-day service is included in the AWW benefit.	Use approved cost-sharing language.

4. Chronic Condition Review and Risk Adjustment Reminders

Risk adjustment provider-type reminder: For a diagnosis to support risk adjustment, the condition must be documented during an acceptable face-to-face encounter by an approved provider type, with the provider's credentials/signature present and the diagnosis supported by current assessment, monitoring, evaluation, or treatment. RN/LPN support may help prepare the visit, but final diagnosis validation, specificity, signature, and claim submission should remain with the eligible billing clinician.

Done	Visit scenario	Review chronic conditions?	Active management reminder
☐	ACA APV	Yes, are reviewed and documented as part of medical history review.	Separate E/M only if significant and separately identifiable.
☐	Medicare AWW / MA / DSNP	Yes, supports risk profile and prevention planning.	Active management needs separate E/M documentation.
☐	Problem-oriented E/M	Yes.	Primary purpose is evaluation and management.
☐	Preventive/AWW plus same-day E/M	Yes.	Bill only when separate, medically necessary work is documented.

When a separate E/M may be appropriate

Done	Separate E/M trigger	Documentation instruction	Policy-safe reminder
☐	Uncontrolled/worsening condition	Document status, assessment, decision-making, and plan.	Separate bill only if significant and medically necessary.
☐	Medication change/adherence issue	Document decision, reason, counseling, and follow-up.	Confirm modifier and reimbursement rules.
☐	Lab/diagnostic review	Document data, interpretation, assessment, and plan.	Routine lab list alone is not enough.
☐	New/changed treatment plan	Document rationale, orders/referrals, and follow-up.	Separate E/M content from preventive/AWW content.
☐	Significant decision-making	Document problem, complexity, decision, and next steps.	Do not make reimbursement guarantees.

5. Ready-to-Use Workflows and Checklists

RN/LPN AWW support checklist

Done	AWV task	RN/LPN Support
☐	HRA and screening tools	Assist with forms, scoring, responses, and abnormal-result flags.
☐	History, meds, allergies, care team	Gather updates, verify lists, and route discrepancies or clinical changes.

☐	Vitals and measurements	Obtain, review, and document protocol-defined measurements.
☐	Preventive screening schedule	Prepare due/overdue list, materials, and scheduling support.
☐	Chronic condition opportunities	Flag active conditions, patient-reported changes, and chart gaps for clinician review.
☐	PPPS and follow-up prep	Prepare care-plan inputs, education materials, referrals, and follow-up instructions.
☐	Final review and billing handoff	Route to clinician for final review, signature, and billing confirmation.

Clinician final review checklist

Done	Clinician review item	Final accountability
☐	Visit type, eligibility, code family, and payer rules	Confirm AWW/APV/E/M selection, billing requirements, and whether the encounter/provider type supports risk adjustment reporting.
☐	HRA, screenings, vitals, history, meds, and care team	Review required elements and address clinical concerns.
☐	Abnormal screening results	Document interpretation, response, referral, or follow-up.
☐	Active/chronic conditions and HCC opportunities	Assess, document status/specificity, and finalize diagnoses.
☐	PPPS and preventive screening schedule	Finalize prevention plan, orders, referrals, and member instructions.
☐	Same-day E/M, modifier, signature, and billing	Ensure separate work is supported, sign, and confirm claim accuracy.

6. Provider-Facing FAQ

Are ACA annual preventive visits always no-cost?

No. ACA rules support no cost-sharing for covered preventive services when requirements are met. Separate non-preventive services, out-of-network services, or visits where preventive care is not the primary purpose may have normal cost-sharing.

Can a provider bill a sick visit on the same day as an annual preventive visit?

Yes, when the provider performs and documents a medically necessary, significant, separately identifiable problem-oriented E/M service. Modifier 25 may be appropriate when payer rules require it.

Does discussing diabetes, hypertension, or another chronic condition automatically create a sick visit?

No. Mentioning or listing a condition is not enough. A separate E/M requires additional evaluation or management that is significant and separately identifiable.

Can an RN complete the AWW?

An RN may complete many AWW components as part of a supervised/team-based workflow when allowed by scope, policy, and protocols. The RN should not be presented as the independent AWW billing practitioner unless separately qualified.

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Can an RN complete the AWW?

An RN may complete many AWW components as part of a supervised/team-based workflow when allowed by scope, policy, and protocols. The RN should not be presented as the independent AWW billing practitioner unless separately qualified.

Can an LPN complete the AWV?

An LPN may assist with intake, vitals, questionnaires, documentation preparation, and follow-up tasks under appropriate direction/supervision. The LPN should not independently furnish or bill the AWV.

Who finalizes the AWV?

The eligible billing clinician should review, approve, finalize the Personalized Prevention Plan of Service, address clinical findings, sign the encounter, and ensure billing is appropriate.

What should providers avoid saying to members?

Avoid saying that every annual visit service is free or that any mention of a condition automatically causes a bill. A safer message is: "If we evaluate or manage a medical problem beyond preventive care, a separate office visit may be billed and normal cost-sharing may apply."

7. Sources and Reference Links

Authoritative/source links referenced in the source materials:

- [AAFP Child and adolescent health](#)
- [42 CFR §410.15 – Annual wellness visits providing personalized prevention plan services](#)
- [45 CFR §147.130 – Coverage of preventive health services](#)
- [Blue Cross NC Blue Medicare Blue Book](#)
- [Blue Cross NC Commercial E/M Reimbursement Policy](#)
- [Blue Cross NC Medicare Advantage E/M Reimbursement Policy](#)
- [CMS – Annual Wellness Visit](#)
- [CMS Claims Processing Manual, Chapter 12](#)
- [CMS Claims Processing Manual, Chapter 18](#)
- [CMS – Initial Preventive Physical Exam](#)
- [CMS MLN – Medicare Mental Health Coverage](#)
- [DOL/HHS/Treasury – Affordable Care Act Implementation FAQs, preventive services](#)
- [Healthcare.gov – Preventive care benefits for adults](#)
- [Healthcare.gov – Preventive care benefits](#)
- [Healthcare.gov – Preventive care benefits for children](#)
- [Healthcare.gov – Preventive care benefits for women](#)
- [NC Board of Nursing – History and Physical Examination position statement](#)
- [NC Board of Nursing – LPN Scope of Practice Clarification position statement](#)
- [Preventive Services AMA Association](#)
- [United States Preventive Services Task Force – Recommendation Topics](#)
- [USPSTF A and B Recommendations by Topic](#)

Compliance-safe publication note: This packet is intended to support provider education and scheduling workflows. It should not replace CMS regulations, payer policy, North Carolina scope-of-practice guidance, coding guidelines, or organizational Compliance/Legal review.