Annual Physical Exam Guide

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Annual Physical Exams include an appropriate history/exam with risk counseling and/or quality intervention.

A successful Annual Physical Exam will:

- Identify members who need disease management or intervention.
- Improve meaningful data exchanges between health plan and providers.
- Improve quality of care provided and member health outcomes.

The medical record must support all diagnoses and all services billed on the claim.

- ✓ Address all conditions that require or affect member care, treatment, or management.
- ✓ Thoroughly document the specific diagnoses and care plan.
- ✓ Code to the highest specificity using ICD-10 guidelines.
- ✓ Consider including CPT II® codes to provide additional details.
- ✓ Submit claim/encounter data for each service rendered.
- ✓ Ensure all claim/encounter data is accurate and submitted in a timely manner.

Coding & Documentation

Exam Type	Initial CPT®	Subsequent CPT
Age 0	99381	99391
Age 1–4	99382	99392
Age 5–11	99383	99393
Age 12–17	99384	99394
Age 18–39	99385	99395
Age 40–64	99386	99396
Age 65+	99387	99397

Focused on modifiable risk factors and disease prevention

- No chief complaint/not due to present illness.
- Complete systems review.
- Past medical, social, and family history.
- Pertinent risk factors.
- Risk factor and age-appropriate counseling, screening, labs, tests, and vaccines.

Separate Evaluation and Management[1]

- Provider may perform separately identifiable services 99202–99215, 99381–99387, 99391–99397, on the same day.
- For Medicare Advantage members, including D-SNP members, an APV will close with CPT preventive visit codes (99381–99397) or Medicare AWV codes (G0438/G0439). Document all required preventive visit elements and report the appropriate CPT preventive visit code.
- Report E/M and routine physical with modifier-25 when performed on the same date.
- If the provider's time is spent in the supervision of clinical staff who perform the face-to-face services of the encounter, use 99211.
- A separately identifiable E/M service may be reported if prompted by symptoms or chronic conditions assessed during the annual physical. Select the appropriate level of E/M services based on the following:
  1. The level of the medical decision-making as defined for each service, **or**
  2. The total time for E/M services performed on the date of the encounter.

Documentation should include:

- Status of chronic conditions not significant enough to require additional workup.
- Description and care plan for minor problems that do not require additional workup.
- Orders and/or referrals. *(continued)*

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Additional Services | Refer to the current CPT Coding Manual

Included With Exam	Covered Separately		
• Preventive Medicine Counseling, Individual • Smoking/Tobacco Cessation • Alcohol/Substance Abuse Screening and Intervention • Other Additional Preventive Services	**Screenings** • Vision • Hearing • Developmental	**Vaccines** • Toxoid Administration • Risk/Benefit Counseling	**Ancillary Studies** • Laboratory • Radiology • Other Procedures

ICD-10: Encounter for general medical exam

Report the documented reason for the encounter as the primary diagnosis code and assign additional diagnosis codes if applicable. Follow the current year's Official ICD-10-CM Guidelines for Coding and Reporting.

Infant exam 7 days and younger, Z00.110	Use when identifying health supervision for newborns less than 8 days old.
Infant exam 8 to 28 days, Z00.111	Use when identifying health supervision for newborns 8 to 28 days old.
Child exam with normal findings, Z00.129	Use when conditions are stable or improving. Report additional codes for chronic conditions.
Child exam with abnormal findings, Z00.121	Use when any abnormality is found during the visit. Report additional codes for all existing conditions.
Adult exam with normal findings, Z00.00	Use when conditions are stable or improving. Report additional codes for chronic conditions.
Adult exam with abnormal findings, Z00.01	Use when any abnormality is found during the visit. Report additional codes for all existing conditions.

HEDIS® Measures

Prevention/Visits	Scheduled Screenings	Diabetes	Medication Management
• Blood Pressure Control • Immunizations • Well-Child Visit • Weight Assessment and Counseling for Children & Adolescents	• Colorectal Cancer • Breast Cancer • Cervical Cancer • Diabetic Eye Exam • Annual Dental Visit	• HbA1c and Glucose Testing & Control • Kidney Health Evaluation	• Asthma • Antidepressants • ACE/ARB • Statins • Diabetes medications

For additional resources, contact our Provider and Quality Engagement team.

Note: Follow ICD-10-CM/CPT/HCPS Guidelines for Coding and Reporting at **cms.gov**.
HEDIS measures can be found at **ncqa.org**.

References
cms.gov/medicare/coverage/preventive-services/medicare-wellness-visits/annual-wellness-visit
medicaid.gov