



CMS: In AWW, SDOH assessment can occur days before visit; append modifier

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Effective May 16, 2024

Published May 20, 2024
Last Reviewed May 16, 2024

Practice management

A Change Request pertaining to the use of social determinants of health (SDOH) risk assessments during a Medicare annual wellness visit (AWV) stresses provider flexibility as to how they conduct the assessment. That should make it easier to handle the extra steps required.

Change Request (CR) 13486 and a related MLN Matters document revise the Medicare Benefit Policy Manual to specify that, when an SDOH risk assessment is given in conjunction with an AWW, it is to be claimed with the appropriate AWW code (**G0438** for initial, **G0439** for subsequent) and the add-on code **G0136**, plus modifier **33** (Preventive services).

Note that in this situation, the assessment requires neither coinsurance nor deductible on the patient's part. This is different from when it's provided with an E/M office visit or other non-preventive visit. But the provider must remember to add the 33 modifier or the patient will be billed.

Other features of the service and its billing are specified in the Change Request, including that the SDOH risk assessment may be given on a separate occasion, and even a separate day, from the face-to-face or telehealth AWW encounter.

Noting that "for various reasons, elements of the AWW may be initiated and furnished over a period of multiple days," CMS gives an example in which "a patient would provide their input for an SDOH Risk Assessment through an online portal on a Monday and the health professional interprets the patient's SDOH Risk Assessment input and applies that information toward the establishment or update of a personalized prevention plan as part of the remainder of the AWW on a Tuesday," according to the Benefit Policy Manual.

Though the online portal example is the only one that CMS describes, it seems fair to infer that any HIPAA-compliant means of transmission should be acceptable for this step. However, Richard F. Cahill, vice president and associate general counsel of the Doctor's Company in Napa, Calif., cautions that other methods "carry a risk of miscommunication, inadvertent disclosure, or breach of protected health information."

While some providers may not be aware of it, Kaya Holgash, health policy director at McDermott+Consulting in Washington, D.C., notes that CMS also allows the health risk assessment (HRA) associated with the AWW to be administered on a separate day from the patient encounter, so the multiple-days allowance "is not entirely new."

It should be noted that CMS explicitly says in the physician fee schedule final rule that the SDOH risk assessment may be administered in conjunction with the AWW by a broad range of "health professionals," including not only physicians and nurse practitioners but also dietitians and health educators.

Zane Gates, M.D., co-founder and chairman of Gloria Gates Health in Altoona, Pa., suggests that this flexibility can help busy clinicians manage the added work represented by the assessment. "Structured data with templated questions could be sent to the patient through a portal and a health advocate could walk the patient through the questions," Gates says.

"What CMS is trying to say is, 'go ahead and screen so the physician has a heads-up if there are SDOH issues they need to assess during the wellness visit,'" says Jenna K. Godlewski, special counsel and health care attorney with the Maynard Nexsen firm in Charleston, S.C. "If, for example, this person answered 'yes' to a question about homelessness or about drug abuse, the physician knows to dig deeper into those issues when they see them in person."

Also, an explanation of the service during or even immediately before the encounter might be difficult for some patients to comprehend or accomplish on the day of the encounter. The ability to get the assessment done separately and ahead of time may help such patients who have "barriers to completing the information, such as language and cultural barriers," Godlewski says.

CMS specifies that when the SDOH/AWW combo goes past one day, the billing date should be the date on which the entire service is accomplished (presumably the encounter date), and that the multiple performance dates should be noted in the medical records. Also, watch out for other time-based billing issues — for example, the frequency restriction on AWWs that prevent reimbursement when the date of service occurs within a year of a previous claim for the same code

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Resources

- Change Request (CR) 13486, "A Social Determinants of Health Risk Assessment in the Annual Wellness Visit Policy Update in the Calendar Year 2024 Physician Fee Schedule Final Rule," May 2, 2024: www.cms.gov/files/document/r12599bp.pdf
- MLN Matters, "Annual Wellness Visit: Social Determinants of Health Risk Assessment," May 2, 2024: www.cms.gov/files/document/mm13486-annual-wellness-visit-social-determinants-health-risk-assessment.pdf



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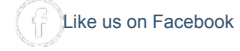
Coding References

- E&M Guidelines
- HCPCS
- CCI Policy Manual
- Fee Schedules
- Medicare Transmittals

Policy References

- Medicare Manual
 - 100-01
 - 100-02
 - 100-03
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