CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 12599	**Date: May 2, 2024**
	Change Request 13486

SUBJECT: A Social Determinants of Health Risk Assessment in the Annual Wellness Visit Policy Update in the Calendar Year 2024 Physician Fee Schedule Final Rule

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to make contractors aware of policy updates for a Social Determinants of Health (SDOH) Risk Assessment in the Annual Wellness Visit (AWV) resulting from changes specified in the Calendar Year (CY) 2024 Physician Fee Schedule (PFS) Final Rule (88 FR 78818), published in the Federal Register on 11/16/2023.

EFFECTIVE DATE: January 1, 2024 - Effective date of policy, per CY 2024 PFS Final Rule
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: October 7, 2024

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N	18/140/140.9 A Social Determinants of Health (SDOH) Risk Assessment in the Annual Wellness Visit (AWV)

III. FUNDING:

For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements
Manual Instruction

Attachment - Business Requirements

Pub. 100-04	Transmittal: 12599	Date: May 2, 2024	Change Request: 13486

SUBJECT: A Social Determinants of Health Risk Assessment in the Annual Wellness Visit Policy Update in the Calendar Year 2024 Physician Fee Schedule Final Rule

EFFECTIVE DATE: January 1, 2024 - Effective date of policy, per CY 2024 PFS Final Rule
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: October 7, 2024

I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to make contractors aware of policy updates for a Social Determinants of Health (SDOH) Risk Assessment in the Annual Wellness Visit (AWV) resulting from changes specified in the Calendar Year (CY) 2024 Physician Fee Schedule (PFS) Final Rule (88 FR 78818), published in the Federal Register on 11/16/2023.

The AWV includes the establishment (or update) of the patient's medical and family history, application of a health risk assessment and the establishment (or update) of a personalized prevention plan. The AWV includes the initial visit (HCPCS code G0438) and the subsequent visit (HCPCS code G0439). The AWV also includes the frequency limitations that require that eligible beneficiaries are no longer within 12 months of the effective date of their first Medicare Part B coverage period and have not received either an Initial Preventive Physical Examination (IPPE) or AWV within the past 12 months.

Section 1861(hhh)(2)(I) of the Social Security Act authorizes the addition of other elements to the AWV determined appropriate by the Secretary. In the CY 2016 PFS final rule (80 FR 70885), we included Advanced Care Planning (ACP) as an optional element (at beneficiary discretion) within the AWV. We stated in the final rule we added ACP as a voluntary, separately payable element of the AWV. We provided the instruction that when ACP is furnished as an optional element of AWV as part of the same visit with the same date of service, HCPCS codes 99497 and 99498 should be reported and will be payable in full in addition to payment that is made for the AWV under HCPCS code G0438 or G0439, when the parameters for billing those CPT codes are separately met, including requirements for the duration of the ACP services. Under these circumstances, ACP should be reported with modifier -33 and there will be no Part B coinsurance or deductible, consistent with the AWV (80 FR 70958).

Prior to January 1, 2024, Medicare did not cover and pay for an SDOH Risk Assessment. In the CY 2024 PFS Final Rule, CMS established HCPCS code G0136, Administration of a standardized, evidence-based Social Determinants of Health Risk Assessment, 5-15 minutes, not more often than every 6 months. CMS required that the SDOH Risk Assessment be standardized, evidence based and furnished in conjunction with certain evaluation and management or behavioral health services. Any SDOH need identified during the assessment must be documented in the medical record for HCPCS code G0136.

B. Policy: In the CY 2024 PFS Final Rule, CMS built upon our above described establishment of the SDOH Risk Assessment (HCPCS code G0136) and finalized our policy to update and expand the AWV by adding the SDOH Risk Assessment as an additional element of the AWV. When furnished as an additional element of the AWV, the SDOH Risk Assessment is optional at the discretion of the clinician and beneficiary, and separately payable with no beneficiary cost sharing when furnished as part of the same visit with the same date of service as the AWV. CMS clarified in the CY 2024 PFS final rule that when furnished as an additional element of the AWV, the SDOH Risk Assessment is subject to certain modified limitations on coverage, as described below:

Eligible Health Professionals- CMS requires that the SDOH Risk Assessment, as an additional element of the AWV, must be furnished by clinicians identified within the definition of AWV "Health Professional" (42 CFR 410.15(a)). This would include a physician who is a doctor of medicine or osteopathy (as defined in section 1861(r)(1) of the Act); A physician assistant, nurse practitioner, or clinical nurse specialist (as defined in section 1861(aa)(5) of the Act); and a medical professional or a team of such medical professionals, working under the direct supervision (as defined in § 410.32(b)(3)(ii)) of a physician.

Frequency Limitations- CMS requires that for the SDOH Risk Assessment, as an additional element of the AWV, the beneficiary must be eligible for the AWV and subject to the AWV frequency limitations- beneficiaries who are no longer within 12 months of the effective date of their first Medicare Part B coverage period and who have not received either an Initial Preventive Physical Examination (IPPE) or AWV within the past 12 months.

Coinsurance and Deductible- Beneficiary cost sharing (Part B coinsurance and deductible) is not applicable to the AWV. See §§ 410.160(b)(12) and 410.152(l)(13). The SDOH Risk Assessment, when furnished as an additional element of the AWV, is also not subject to Part B beneficiary coinsurance and deductible.

Additional Requirements- CMS also requires that the SDOH Risk Assessment, when furnished as an additional element in the AWV, must be furnished in a manner that all communication with the patient be appropriate for the patient's educational, developmental, and health literacy level, and be culturally and linguistically appropriate.

Billing Clarification- CMS clarifies in the CY 2024 PFS final rule that in some cases, for various reasons, elements of the AWV may be initiated and furnished over a period of multiple days. In these situations, the date of service that should be reported on the claim is the date of service on which the entirety of the AWV (including applicable additional elements) (based on CPT code description) is completed. For example, there could be a scenario where 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 AWV on a Tuesday. In this scenario, the date of service for both the SDOH Risk Assessment and the AWV would be the date of service on which the entirety of the AWV is completed. CMS further clarifies that medical record documentation should reflect that the service began on one day and was completed on another day (the date of service reported on the claim). If documentation is requested, medical records for both days should be submitted. In scenarios where elements of the AWV are initiated on one day and completed on another day, the services are to be billed based on the time involved as described by CPT code and the date of service the entire AWV is completed. This clarification is consistent with our implementing regulations for the health risk assessment element of the AWV, which allow that the health risk assessment may be administered independently by the beneficiary or administered by a health professional prior to or as part of the AWV encounter (§ 410.15(a) "Health risk assessment"). This clarification is consistent with prior CMS guidance on coding and billing date of service on professional Medicare claims. See MLN article # SE17023.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
13486 - 04.1	Effective for claims with dates of service on or after January 1, 2024, contractors shall be aware that the AWV	X	X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	has been expanded to include the additional element of the SDOH Risk Assessment.									
13486 - 04.2	Effective for claims with dates of service on or after January 1, 2024, contractors shall accept and process SDOH Risk Assessment (HCPCS code G0136) as an additional element of the AWV (HCPCS codes G0438 and G0439).	X	X			X	X			
13486 - 04.2.1	Effective for claims with dates of service on or after January 1, 2024, contractors shall be aware that the SDOH Risk Assessment (G0136), as an additional element of the AWV (G0438 or G0439), is subject to the same frequency limitation as the AWV. Note: The SDOH Risk Assessment (G0136), when furnished in conjunction with an Evaluation and Management or Behavioral Health Visit, is subject to the frequency limitations described in the code descriptor.					X			X	
13486 - 04.2.1.1	Effective for claims with dates of service on or after January 1, 2024, contractors shall display the frequency limitation data on all the Common Working File (CWF) provider query screens, including the next eligible date for HCPCS G0136 with Modifier 33, on the PRVN screen, HUQA and MBD/NGD extracts.						X		X	HETS
13486 - 04.2.1.1.1	CWF shall create a one-time utility to capture all beneficiaries that have an AWV service from								X	

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	01/01/2024 to the implementation date of this CR.									
13486 - 04.2.1.2	When denying a claim with an SDOH Risk Assessment (G0136) as an additional element of an AWV for the purpose of frequency limitation, the contractor shall utilize appropriate messaging, such as: MSN 18.26- "This service was denied because it occurred too soon after your last covered Annual Wellness Visit. Medicare only covers one Annual Wellness Visit within a 12-month period." Spanish Version: "Este servicio fue negado porque ocurrió antes del período de 12 meses de su última Visita Anual de Bienestar. Medicare sólo paga por una Visita Anual de Bienestar dentro de un período de 12 meses." CARC 119- "Benefit maximum for this time period or occurrence has been reached." RARC N130- "Consult plan benefit documents/ guidelines for information about restrictions for this service." Group Code- CO or PR if valid ABN is present.	X	X							
13486 - 04.3	Effective for claims with dates of service on or after January 1, 2024, contractors shall allow separate payment for the SDOH Risk Assessment (G0136) when furnished as an additional element of the AWV (G0438	X	X			X	X		X	

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	or G0439).									
13486 - 04.4	Effective for claims with dates of service on or after January 1, 2024, contractors shall process claims with the SDOH Risk Assessment (G0136) as an additional element of the AWV (G0438 or G0439), and shall not apply patient deductible and coinsurance, if the following requirements are met: • The SDOH Risk Assessment (G0136) is billed, and • Modifier- 33 is attached to G0136, • On the same claim with the same date of service as a payable Initial AWV (G0438) or Subsequent AWV (G0439). Note: The SDOH Risk Assessment (G0136) billed without a Modifier- 33 shall be processed as in conjunction with an Evaluation and Management or Behavioral Health visit with applicable patient deductible and coinsurance.	X	X			X	X		X	
13486 - 04.4.1	Effective for claims with dates of service on or after January 1, 2024, when an SDOH Risk Assessment (G0136) is billed with Modifier- 33, but not on the same claim with the same date of service as a payable Initial AWV (G0438) or Subsequent AWV (G0439), the required elements of the SDOH Risk Assessment as an additional element of the AWV have not been met and					X	X		X	

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	the contractors shall deny the claim line.									
13486 - 04.4.2	Effective for claims with dates of service on or after January 1, 2024, when an SDOH Risk Assessment (G0136) is billed with Modifier- 33 and denied because it was not on the same claim with the same date of service as a payable Initial AWV (G0438) or Subsequent AWV (G0439), contractors shall deny the claim line for the SDOH Risk Assessment (G0136) as an additional element of the AWV with appropriate messaging, such as: CARC 16- "Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present." RARC M51- "Missing/incomplete/invalid procedure code(s)" Group Code: CO.	X	X							
13486 - 04.4.3	Effective for claims with dates of service on or after January 1, 2024, CWF shall create a new claim line edit when an incoming claim is received for G0136 with					X			X	

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	modifier 33 and an allowed G0438 or G0439 is not posted to the SCRN Auxiliary file in HIMR with the same Date of Service or an allowed G0438 or G0439 is not on the incoming claim with the same Date of Service. The new edit for this BR shall be overridable.									
13486 - 04.5	Effective for claims with dates of service on or after January 1, 2024, contractors shall be aware that elements of the AWV may be initiated and furnished over a period of multiple days. In these situations, the date of service that should be reported on the claim is the date of service on which the entirety of the AWV (including applicable additional elements) (based on CPT code description) is completed.	X	X							
13486 - 04.6	Effective for claims with dates of service on or after January 1, 2024, contractors shall be aware that the SDOH Risk Assessment, when furnished as an additional element of the AWV, shall be optional at the discretion of the clinician and the beneficiary.	X	X							
13486 - 04.7	Contractors shall not search their files, but contractors shall adjust claims brought to their attention.	X	X							
13486 - 04.8	Effective for claims with dates of service on or after January 1, 2024, contractors shall ensure claims for SDOH Risk Assessment (HCPCS code G0136) as an additional element of the AWV (HCPCS codes G0438 or G0439)	X				X				

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	include Type of Bills 12X, 13X, 22X, 23X, 71X, 77X, or 85X.									
13486 - 04.8.1	Contractors shall use the following messages when denying claims from any bill type other than those listed in 13486.04.8: MSN 9.4- "This item or service was denied because information required to make payment was incorrect. Spanish Version: Este servicio fue denegado debido a que la información requerida para hacer el pago fue incorrecta." CARC 16- "Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present." RARC MA30- "Missing/incomplete/invalid type of bill." Group Code: CO	X								

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
13486 - 04.9	Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.	X	X			

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0

Medicare Claims Processing Manual

Chapter 18 - Preventive and Screening Services

(Rev. 12599; Issued: 05-02-24)

140.9 - A Social Determinants of Health (SDOH) Risk Assessment in the Annual Wellness Visit (AWV)

(Rev. 12599; Issued: 05-02-24; Effective:01-01-24; Implementation: 10-07-24)

For claims with dates of service on or after January 1, 2024, the SDOH Risk Assessment (HCPCS Code G0136) may be furnished as an additional element of the AWV (HCPCS Code G0438 or G0439). When furnished as an additional element of the AWV (same visit with the same date of service), the SDOH Risk Assessment shall be:

- *optional at the discretion of the clinician and beneficiary,*
- *separately payable from the AWV with no applicable beneficiary cost sharing (Part B coinsurance and deductible),*
- *standardized, evidence based and furnished in a manner that all communication with the patient be appropriate for the patient's educational, developmental, and health literacy level, and be culturally and linguistically appropriate, and*
- *subject to the health professional eligibility and frequency limitations of the AWV**

  **Note: the G0136 code descriptor reflects practitioner eligibility and frequency limitations for this service when furnished in conjunction with an Evaluation and Management or Behavioral Health visit. The practitioner eligibility and frequency limitations for the SDOH Risk Assessment when furnished as an additional element of the AWV are described in the CY 2024 PFS Final Rule and above.*

When the SDOH Risk Assessment is furnished as an additional element of the AWV, practitioners shall report HCPCS code G0136 for the SDOH Risk Assessment with the Modifier – 33, on the same claim with the same date of service as a payable Initial AWV (G0438) or a Subsequent AWV (G0439).

Note: G0136 billed without a Modifier- 33 will be processed as in conjunction with an Evaluation and Management or Behavioral Health visit with applicable patient deductible and coinsurance.

In some cases, for various reasons, elements of the AWV may be initiated and furnished over a period of multiple days. In these situations, the date of service that should be reported on the claim is the date of service on which the entirety of the AWV (including applicable additional elements) (based on CPT code description) is completed. For example, there could be a scenario where 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 AWV on a Tuesday. In this scenario, the date of service for both the SDOH Risk Assessment and the AWV would be the date of service on which the entirety of the AWV is completed. CMS further clarifies that medical record documentation should reflect that the service began on one day and was completed on another day (the date of service reported on the claim), when applicable. If documentation is requested, medical records for both days should be submitted. In scenarios where elements of the AWV are initiated on one day and completed on another day, the services are to be billed based on the time involved as described by CPT code and the date of service the entire AWV is completed. This clarification is consistent with our implementing regulations for the health risk assessment element of the AWV, which allow that the health risk assessment may be administered independently by the beneficiary or administered by a health professional prior to or as part of the AWV encounter (§ 410.15(a) "Health risk assessment"). This clarification is consistent with prior CMS guidance on coding and billing date of service on professional Medicare claims.

See Pub. 100-02, Medicare Benefit Policy Manual, chapter 15, section 280.5.2 for additional information.