CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-02 Medicare Benefit Policy	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12786	**Date: August 15, 2024**
	Change Request 13486

Transmittal 12599 issued May 02, 2024, is being rescinded and replaced by Transmittal 12786, dated August 15, 2024, to clarify that G0136 is processed using the Physician Fee Schedule by revising business requirements 13486 - 04.2 and 13486 - 04.4. This correction does not make any revisions to the companion Pub. 100-02; all revisions are associated with Pub. 100-04. All other information remains the same.

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	15/280/280.5.2 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. 100-02	Transmittal: 12786	Date: August 15, 2024	Change Request: 13486

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II. 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 the that 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 a 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.

III. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13486 - 02.1	Contractors shall be aware of the policy updates regarding the SDOH Risk Assessment as an additional element of the AWV authorized in the CY 2024 PFS Final Rule, effective January 1, 2024.	X	X			X	X		X	

IV. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
13486 - 02.2	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			

V. 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

VI. CONTACTS

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

VII. 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 Benefit Policy Manual

Chapter 15 – Covered Medical and Other Health Services

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(Rev. 12786; Issued: 08-15-24)

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

(Rev. 12786; Issued: 08-15-24; Effective:01-01-24; Implementation:10-07-24)

Beginning in CY 2024, CMS has expanded the AWV (HCPCS Code G0438 or G0439) by adding the SDOH Risk Assessment (HCPCS Code G0136) as an additional element of the AWV. 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 E/M and 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. 100-04, Medicare Claims Processing Manual, chapter 18, section 140.9 for claims processing and billing instructions.