

Prospective Program Comprehensive Assessment

Information for HealthSpring Providers

Our Prospective Program takes a forward-looking approach, with a goal of closing care gaps early and capturing a more complete picture of patients' health through accurate documentation. The Prospective Program Comprehensive Assessment can be an important part of your HealthSpring patients' Medicare Advantage yearly health checkup, combining aspects of a physical exam, wellness visit and preventive care.

This guide has information on assessment objectives, your options for completing an assessment, coding and more.

For additional details, contact your HealthSpring representative.

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Overview and Objectives



Many of our Medicare Advantage members have a Comprehensive Assessment as part of their yearly health checkup benefit at no added out-of-pocket cost. Participating in our Prospective Program is an opportunity to capture a more complete picture of patients' health.

Completing an assessment can support diagnosis and treatment of chronic conditions, coordination of care and accurate and complete documentation of health status. A completed assessment can also help close gaps in care and improve quality metrics, including Five-Star Quality Rating System and Healthcare Effectiveness Data and Information Set (HEDIS[®]) measures.

Assessment objectives are to:



Provide accurate identification and documentation of preventive care opportunities



Provide accurate documentation of current condition, status and treatment plan



Provide a full-circle picture of your patient's health

Administrative payment

You could receive an administrative payment for each approved Comprehensive Assessment, in addition to reimbursement for the annual wellness visit, preventive visits and physical exams. For more details, contact your HealthSpring representative.

To complete an assessment

Talk with your HealthSpring representative about the options available to you.



Preferred method: We recommend using one of our **point-of-care gap presentation programs** with the Comprehensive Assessment. These technology solutions function within your workflow to provide information to facilitate Star and risk-adjustment gap assessments at the point of care.



Or, after talking with your HealthSpring representative, you may decide to complete our 360 Comprehensive Assessment form. For administrative payment consideration, submit all 2026 forms no later than March 31, 2027, as close to the date of service as possible. Contact your HealthSpring representative first, and then follow these steps:

1. Complete the form for each Comprehensive Assessment you perform in your office or via telehealth for your patients with Medicare Advantage coverage through HealthSpring. Note that for **telehealth encounters**, you must use audio and video equipment that permits two-way, real-time interactive communication between the patient and provider.
2. You must complete the **first six pages** of the form. We recommend that you also complete the **Appendix: Current Conditions**, starting on page 7.
3. Attach a progress note with the items listed below, when applicable. The attached documentation should include the patient's name and rendering provider's name, including credentials, signature and date.
 - Medication list with medication, dose and frequency
 - History of present illness
 - Surgical history
 - Patient Health Questionnaire-9 (PHQ-9), if applicable
 - Family history
 - Assessment and plan
 - Allergies
 - Past medical history
 - Health maintenance record

Current Procedural Terminology (CPT®) codes and CPT Category II codes are labeled throughout the form to help your office identify procedures completed and results obtained during the assessment. Behavioral health, case management and Z codes related to social determinants of health are for reference only to assist you in making referrals, if needed.

When completing these assessments, please confirm the accuracy of each diagnosis and comply with all applicable coding and legal requirements.

The complete and accurate documentation of chronic conditions helps ensure appropriate clinical management of HealthSpring members and compliance with program requirements. All HealthSpring participating providers are expected to submit complete and accurate documentation based on their clinical assessment of their patients and corresponding chronic conditions.



Questions?

If you have questions or need additional information, email ProviderEducation@HealthSpring.com or contact your HealthSpring representative.

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HEDIS is a registered trademark of the National Committee for Quality Assurance.

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Benefits for You and Your Patients



The Prospective Program Comprehensive Assessment is an important part of your HealthSpring patients’ Medicare Advantage yearly health checkup. It combines aspects of a physical wellness visit and preventive care to provide a more complete picture of your patients’ health.

Completing a Comprehensive Assessment satisfies the annual checkup requirement for patients participating in the HealthSpring incentives program.

What’s included in a Comprehensive Assessment

- Medical history
- Medication review
- Past surgical history
- Past family and social history
- Physical exam
- Pain screening
- Depression screening
- Fall-risk screening
- Diabetic foot exam
- Preventive care
- Health maintenance
- Social Determinants of Health screening

More support for you and better care for your patients

Patient benefits	Provider benefits
<p>Quality of care</p> <ul style="list-style-type: none"> • Offers enhanced care and treatment with no added out-of-pocket costs • Can help improve overall health outcomes • Can increase patient satisfaction 	<ul style="list-style-type: none"> • Provides administrative payment for each completed and approved Comprehensive Assessment, in addition to claim payment for annual wellness visits and annual physical exams • Helps identify gaps in care • Helps generate a customized care plan • Supports continuity of care

More support for you and better care for your patients

	Patient benefits	Provider benefits
Prevention	<ul style="list-style-type: none"> • May detect potential health risks while they are more treatable • Has additional benefits and services with no additional copayment 	<ul style="list-style-type: none"> • Identifies opportunities to close gaps in care • Can help improve Healthcare Effectiveness Data and Information Set (HEDIS®) scores • Creates pathways for recommending other Medicare-covered preventive services
Teamwork	<ul style="list-style-type: none"> • Encourages a team approach to treatment 	<ul style="list-style-type: none"> • Helps your care team access patients' current information and care plans • Can improve overall coordination of care
Relationships	<ul style="list-style-type: none"> • Encourages conversations about health and life goals • Provides an opportunity to discuss potential concerns 	<ul style="list-style-type: none"> • Allows you to get to know new and current patients better • Helps create a complete perspective on an individual patient

We're committed to supporting complete and accurate documentation to ensure appropriate clinical management of HealthSpring members and compliance with program requirements. All HealthSpring participating providers are expected to submit complete and accurate documentation based on their clinical assessment of their patients and corresponding chronic conditions.

To complete an assessment

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Preferred method.

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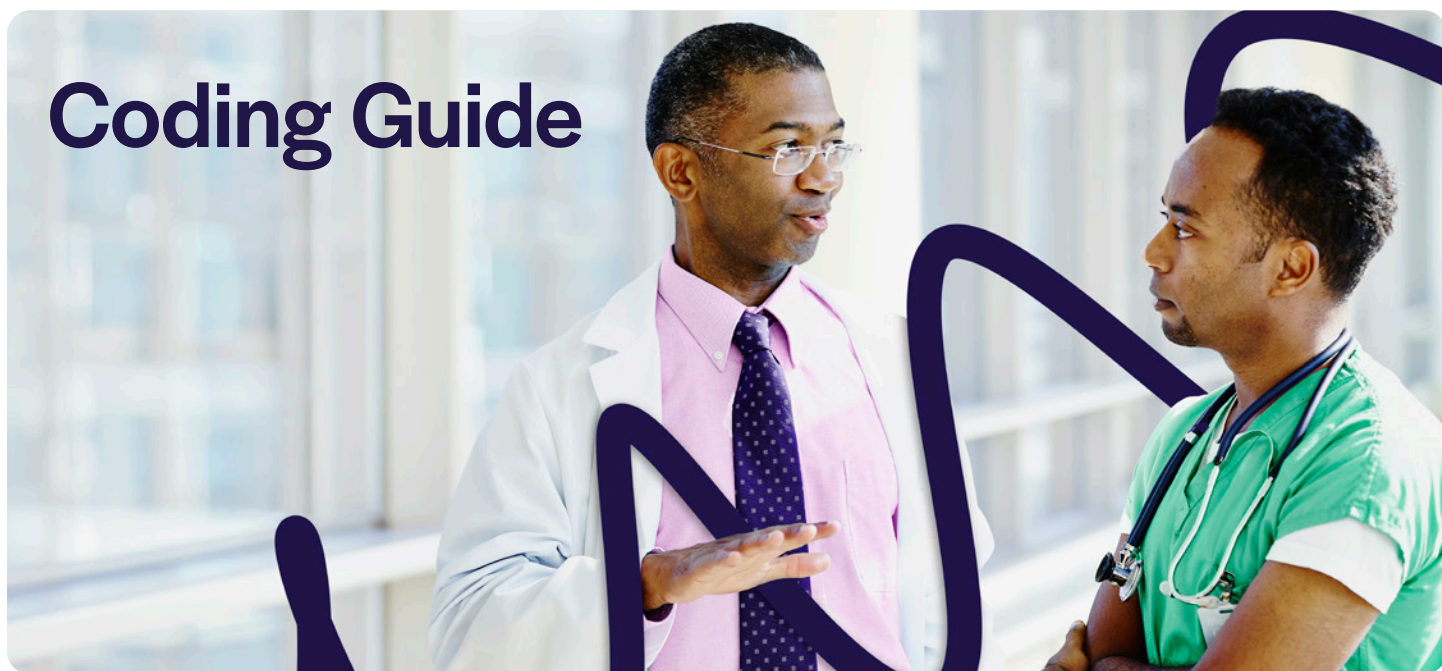
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Coding Guide

You may report services performed for the Prospective Program Comprehensive Assessment and Health Management Report once each calendar year with Medicare Annual Wellness Visit codes or standard comprehensive preventive medicine codes.

Medicare Annual Wellness Visit

Code	Components
<p>G0402 Initial preventive physical examination (IPPE)/ Welcome to Medicare visit</p>	<p>Limited to the first 12 months of Medicare enrollment, it should include:</p> <ul style="list-style-type: none"> • Measurements • Review of medical and social history • Depression and mental health screening • Review of functional ability in the home and community • Discussion about advance directives and other end-of-life documents
<p>G0438 Initial AWW</p>	<ul style="list-style-type: none"> • Health risk assessment • Medical and family history • List of providers and suppliers • Routine measurements • List of risk factors and conditions • Personalized preventive plan, with appropriate advice, counseling and referrals
<p>G0439 Subsequent AWW (reported each subsequent year)</p>	<ul style="list-style-type: none"> • Cognitive impairment assessment • Review of depression risk factors • Review of functional ability and level of safety • Written screening schedule • Advance care planning (optional) • Opioid prescriptions review • Substance use disorders screening • Social determinants of health risk assessment

Initial and periodic comprehensive preventive medicine

If an AWW code has been reported prior to the completion of the Comprehensive Assessment, the comprehensive preventive medicine codes may be used.

Code	Components
99387 Initial comprehensive preventive medicine, age 65 and older	Evaluation and management, including: <ul style="list-style-type: none">• Age- and gender-appropriate history examination
99397 Periodic comprehensive preventive medicine, age 65 and older	<ul style="list-style-type: none">• Counseling, anticipatory guidance and risk-factor reduction interventions• Ordering of appropriate immunizations and laboratory and diagnostic procedures

Select an age-appropriate code for patients under age 65 (99381-99397). Refer to the American Medical Association Current Procedural Terminology code manual for more guidance on these codes.



Report Medicare Annual Wellness Visit codes only once per year

Medicare AWW codes for your HealthSpring patients cannot be reported more than once per calendar year (with one IPPE per lifetime). Claims may be denied if these codes, including preventive services codes, were previously reported during the year.

The codes in this guide are provided as reference only. Any code selection must be based on the services performed and documented in accordance with procedural coding guidelines.

For more information about AWW requirements, refer to the Centers for Medicare & Medicaid Services [Medicare Wellness Visits](#).



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