

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2109	Date: DECEMBER 3, 2010
	Change Request 7079

Transmittal 2109 is rescinded and replaced by Transmittal 2159, issued February 11, 2011. For Pub. 100-02 and Pub. 100-04, the addition and definition of ‘voluntary advance care planning’ as a specified element of the AWV has been removed and the post implementation contact information has been changed. For Pub. 100-04 only, Business Requirement 7079-04.3.1 and section 140.3 of the manual indicate 12X & 13X payment methodology is under the MPFS and also clarifies that for TOBs 71X & 77X, AWV does not qualify for separate payment with another encounter. All other information remains the same.

SUBJECT: Annual Wellness Visit (AWV), Including Personalized Prevention Plan Services (PPPS)