Annual Wellness Visits

What is an Annual Wellness Visit?

An Annual Wellness Visit is a patient's yearly appointment with their primary care provider to create or update a personalized care plan and perform a health risk assessment. Annual Wellness Visits are covered by Medicare Part B if the patient has had Medicare Part B for over 12 months and has not received an AWV in the past 12 months.

Components of the Annual Wellness Visit

- Perform Health Risk Assessment
- Establish/Update Medical and Family History
- Establish/Update List of Current Providers and Suppliers
- Gather Height, Weight, Blood Pressure and Other Routine Measurements
- Screen for Cognitive Impairments and Depression
- Review Function Ability and Level of Safety
- Establish/Update Screening Schedule
- Establish/Update List of Risk Factors
- Provide Personalized Care Plan Including Health Advice and Referrals as Needed
- Provide Information on Advance Care Planning

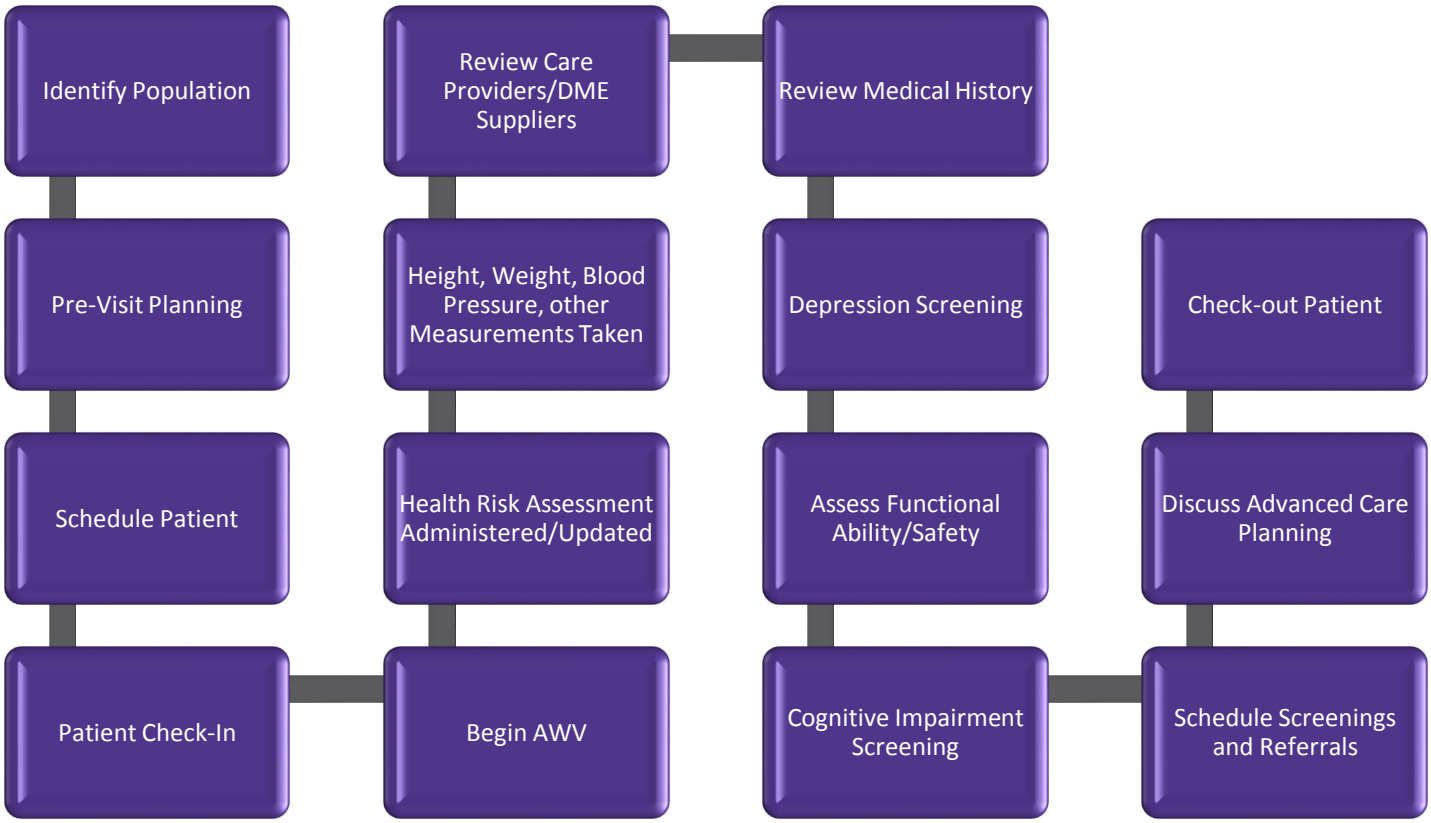
What are the Benefits of Annual Wellness Visits?

- A study by Aledade found that patients who received an Annual Wellness Visit had a 5.7 percent reduction in total healthcare costs[1]
- Reimbursement is higher than a standard office visit and is fully covered by Medicare[2]
- You're able to spend quality time with patients and have an open exchange of information
- It's a way to meet stipulations for QPP documentation

[1] https://aledade.com/news/press-releases/new-study-in-physician-led-accountable-care-organizations-medicare-annual-wellness-visits-are-associated-with-improved-health-care-quality-and-reduced-costs/

[2] https://www.medicaleconomics.com/medical-economics-blog/4-benefits-medicare-annual-wellness-visits

Annual Wellness Visit Workflow



Task	Responsible Party (WHO)	Action (WHAT)	Date (WHEN)	Notes/Comments	Codes
Identify Population	Medical Office Assistant, Clerical Support Staff	Medicare covers an AWV providing a Personalized Prevention Plan Services for Patients who are: 1) no longer within 12 months after the effective date of their first Medicare Part B Coverage Period 2) Have not received an Initial Preventive Physical Exam or AWV within the past 12 months **Considerations:** How do you identify the population? **Options:** Search for population of Medicare eligible for Initial and Annual Wellness Visit Search for population of Medicare eligible who are due for Initial and Annual Wellness Visit by query of last six months of billing codes	Monthly- six months before the due date for each patient or at last AWV	The AWV is not a routine physician Checkup Medicare does not cover routine physical exams No labs are to be included as part of the AWV Coinsurance, copayment and deductible are waived	**Billing Codes** **G0438** Annual Wellness Visit, Initial Annual Wellness Visit, including a personalized prevention plan of service, first visit **G0439** Annual Wellness Visit, Subsequent Annual Wellness Visit, including a personalized prevention plan of service, subsequent visit
Pre-visit planning	Medical Office Assistant, Clerical Support Staff	Prepare patient education on outstanding health maintenance services	1-3 days prior to AWV	Generate the health maintenance reports prior to the exam (run report on whether patient is due for preventive health services)	
Schedule Patient	Medical Office Assistant, Clerical Support Staff	Health Risk Assessment must be completed for the AWV This can be sent via the patient portal or completed when the patient arrives for appointment	As identified during the task of population identified as schedule allows	**Workflow decisions:** The AWV is done as a separate visit or it is done with an MD office visit	
Patient arrives and is checked in	Medical Office Assistant, Clerical Support Staff				

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AWV Begins HRA Administered/ Updated	MD, DO, PA, NP or CCNS, or Medical Professional (including - Health Educator, Registered dietician, nutritional professional or other licensed practitioner OR a team of medical professionals who are directly supervised by a physician) Use current staff and enable them to practice at the highest level of their scope of practice/job duties. This person will be referred to as the AMV Coordinator	**HRA should include:** • Demographic Data • Self-assessment of health status • Psychosocial Risk • Behavioral risk • Activities of Daily Living, including but not limited to dressing, bathing and walking • Instrumental ADL's including but limited to shopping, housekeeping, managing own medications and handling finances Screening for depression (PHQ-2/9) as well identification for inclusion in chronic care management can be completed at the time of the HRA	At AWV		**ICD 10 Codes** **Z00.0** Encounter for general adult medical examination **Z00.00** …… without abnormal findings **Z00.01** …… with abnormal findings
Establish/ review list of current providers and suppliers	AWV Coordinator	Include current clinicians and suppliers (DME, Home Health, Meals on Wheels) that regularly provide medical care/services to the beneficiary	At AWV	Obtain and update contact information	
Establish / review patient Medical/ Family History	AWV Coordinator	Family Medical History, Past Medical and Surgical History, Medication review including nonprescription medications	At AWV	**MIPS QM 130**- Documentation of Current Medications in the Medical Record	**CPT II Codes** **1159F** Medication list documented in medical record (COA) **1160F** Review of all medications by a prescribing practitioner or clinical pharmacist (such as, prescriptions, OTCs, herbal therapies and supplements) documented in the medical record (COA)

Task	Responsible Party (WHO)	Action (WHAT)	Date (WHEN)	Notes/ Comments	Codes
Depression or other mood disorder screening	AWV Coordinator	PHQ 2 or PHQ 9, AUDIT	At AWV Annually	**MIPS QM 134**- Preventive Care and Screening: Screening for Depression and Follow-Up Plan **MIPS QM 371**- Depression Utilization of the PHQ-9 **MIPS QM 431-** Alcohol **MIPS QM 226-** Tobacco Screening	**Billing Codes:** **G0444**-Annual Depression Screening (Included in AWV) **HCPCS** **1220F** (patient screened for depression) **3725F** (screening for depression performed) Pick one: **G8510-**Screening for depression is documented as negative, a follow-up plan is not required **G8428-**Current list of medications not documented as obtained, updated, or reviewed by the eligible clinician, reason not given **G8511-**Screening for depression documented as positive, follow-up plan not documented, reason not given **G8940-**Screening for clinical depression documented as positive, a follow-up plan not documented, documentation stating the patient is not eligible **G9393-**Patient with an initial PHQ-9 score greater than nine who achieves remission at twelve months as demonstrated by a 12-month (+/- 30 days) PHQ-9 score of less than five **G9395-**Patient with an initial PHQ-9 score greater than nine who did not achieve remission at twelve months as demonstrated by a 12-month (+/- 30 days) PHQ-9 score greater than or equal to five **G9509-**Adult patients 18 years of age or older with major depression or dysthymia who reached remission at twelve months as demonstrated by a 12-month (+/-60 days) PHQ-9 or PHQ-9M score of less than five **G9573-**Adult patients 18 years of age or older with major depression or dysthymia who did not reach remission at six months as demonstrated by a six-month (+/-60 days) PHQ-9 or PHQ-9M score of less than five **GO442-** Annual Alcohol Misuse screening. (Add on for a separate visit, except for some MA plans) **G0443** Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes **CPTII Codes** **1034F** Current tobacco smoker **1035F** Current smokeless tobacco user **1036F** Current tobacco non-user **3016F** Patient screened for unhealthy alcohol use using a systematic screening method (PV) **4000F** Tobacco use cessation intervention, counseling **4001F** Tobacco use cessation intervention, pharmacologic therapy **4320F** Patient counseled regarding psychosocial and pharmacologic treatment options for alcohol dependence (SUD)

Task	Responsible Party (WHO)	Action (WHAT)	Date (WHEN)	Notes/Comments	Codes
Assess patients' functional ability and safety	AWV Coordinator	Tools- Direct observation and fall risk assessment (consider home setting)	At AWV	**MIPS QM 154**- Fall Risk Assessment **MIPS QM 155**- Falls: Plan of Care **MIPS QM 182**- Functional Outcome Assessment **MIPS QM 318**- Falls: Screening for Future Fall Risk	**CPTII Codes** **1100F** Patient screened for future fall risk; documentation of two or more falls in the past year or any fall with injury in the past year **1101F** Patient screened for future fall risk; documentation of no falls in the past year or only one fall without injury in the past year **3288F** Falls risk assessment documented
Capture BMI, HT, WT, BP includes other routine measurements	AWV Coordinator	Assess and Document in Medical Record	At AWV	**MIPS QM 128**- BMI with F/U **MIPS QM 317**- B/P Screening and Follow up	**CPTII Codes** **3008F** Body Mass Index documented **3074F** Most recent systolic blood pressure < 130 mm Hg **3075F** Most recent systolic blood pressure 130-139 mm Hg **3077F** Most recent systolic blood pressure > 140 mm Hg **3078F** Most recent diastolic blood pressure < 80 mm Hg **3079F** Most recent diastolic blood pressure 80-89 mm Hg **3080F** Most recent diastolic blood pressure >90

Task	Responsible Party (WHO)	Action (WHAT)	Date (WHEN)	Notes/Comments	Codes
Observe for Cognitive Impairment	AWV Coordinator	Tools- Direct Observation, family member/caretaker feedback or a standardized like the Mini Cog	At AWV	**MIPS QM 281**- Dementia: Cognitive Assessment **MIPS QM 282**- Dementia: Functional Status Assessment **MIPS QM 286**- Dementia: Safety Concern Screening and Follow-Up for Patients with Dementia **MIPS QM 288**- Dementia: Education and Support of Caregivers for Patients with Dementia	
Establish a written screening schedule for the patient and update EHR with due dates for next 5-10 years	AWV Coordinator	Identify age/gender appropriate screening United State Preventive Services Task Force Advisory Committee on Immunization Practices Medicare Preventive Services	At AWV	**MIPS QM 439**-Age Appropriate Screening Colonoscopy **MIPS QM 185**- Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use **MIPS QM 320**- Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients **MIPS QM 112**- Breast Cancer Screening **MIPS QM 309**- Cervical Cancer Screening **MIPS QM 110**- Preventive Care and Screening: Influenza Immunization **MIPS QM 111**- Pneumonia Vaccination Status for Older Adults **MIPS QM 113**- Colorectal Cancer Screening **MIPS QM 225**- Radiology: Reminder System for Screening Mammograms **MIPS QM 474**- Zoster (Shingles) Vaccination **MIPS QM 475**- HIV Screening	CPTII Codes **3014F** Screening mammography results documented and reviewed **3017F** Colorectal cancer screening results documented and reviewed **3015F** Cervical cancer screening results documented and reviewed **1030F** Influenza immunization status assessed **4274F** Influenza immunization administered or previously received **4037F** Influenza immunization ordered or administered **1022F** Pneumococcus immunization status assessed **4040F** Pneumococcal vaccine administered or previously receive

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Schedule needed referrals, immunizations, self-management, wellness resources and next AWV as well as document appropriate ICD 10 codes for the patient	AWV Coordinator	Evaluate enrollment in Chronic Care Management Program Tobacco-use cessation counseling, Obesity counseling, Diabetes Self-management Training	At AWV	If a non-provider is performing the AWV, all ICD 10 codes used must have been previously documented by the MD, NP or PA. (Alert MD if new ICD 10 codes are identified during the AWV) If performed with another E/M service, use the 25 modifier	**All current diagnosis should be included** This will impact your Cost score of MIPS
Advanced Care Planning (optional but recommended)	AWV Coordinator	Face-to-Face conversation between a qualified health care professional and a beneficiary to discuss the patient's wishes and preference for medical treatment if he/she was unable to speak, or make future decisions		**MIPS QM 47**- Advance Care Plan - Bill with modifier 33 and may be billed at the same time as the AWV - Deductible/coinsurance for ACP is waived once per year when billed with the AWV - An advanced directive form doesn't have to be a product of the conversation - 30-minute code minimum, threshold is 16 minutes	**CPT Billing Codes** **99497**-Advanced care planning including the explanation and discussion of advance directives- first 30 minutes **99498**-Advanced care planning including the explanation and discussion of advance directives- each additional 30 minutes **CPTII Codes** **1157F-**Advance care plan or similar legal document present in the medical record **1158F** Advance care planning discussion documented in the medical record **1123F** Advance Care Planning discussed and documented; advance care plan or surrogate decision maker documented in the medical record
Patient checks out	Medical Office Assistant/ Clerical Assistant				

References

- Annual Wellness Visit
- CMS Advance Care Planning Guide
- Medicare Preventive Services Tool
- Medicare Preventive Services National Educational Products
- Medicare Preventive Services
- Preventive visit & Yearly Wellness Exams
- The ABC's of the Annual Wellness Visit
- 2019 Clinical Quality Measure Specifications & Supporting Documents

Contact Telligen!

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Telligen works with solo and small practice clinicians in Iowa, Nebraska, North Dakota and South Dakota to help them understand and succeed in CMS' Quality Payment Program.

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