Medicare’s Annual Wellness Visit: Implementing the AWV for Practices

Contents of Annual Wellness Visit Toolkit

Introduction to the Annual Wellness Visit.................................................................2
Suggestions for Workflow ..........................................................................................3
Billing and Reimbursement of the Annual Wellness Visit.......................................6
A Letter to Patients ....................................................................................................8
Introduction to the Annual Wellness Visit

What is the Annual Wellness Visit?

Medicare’s Annual Wellness Visit (AWV) is not a typical physical exam, it is rather an opportunity for patients and providers to review medical history and identify emerging health risks.

One of the most valuable elements of the AWV is the creation of a long term preventive care plan based on the information a patient shares with their provider including a:

- Health Risk Assessment (HRA)
- Family history
- Current list of medical providers and medications
- Screening for cognition, depression, alcohol misuse, hearing, functional status and fall risk

Who is the Annual Wellness Visit for?

The AWV is for Medicare beneficiaries who have been enrolled for at least one year.

Is the Annual Wellness Visit Covered?

Yes, Medicare covers the cost of the beneficiary’s AWV. The beneficiary pays zero out of pocket expenses, and Medicare pays the provider the full amount.

Where to go for Help?

If you would like to know more about implementing the AWV into your practice, please contact us for assistance.

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Suggestions for Workflow

Scheduling

1. **Verify eligibility:**
   Is the patient a Medicare beneficiary?
   ✓ Determine eligibility using practice management software or,
   ✓ Verify eligibility using [Novitasphere](#)

   Has the patient had their Initial Preventive Physical Examination (IPPE)?
   ✓ If the patient has received their IPPE during their Welcome to Medicare visit, then schedule an AWV
   ✓ If the patient is within their first 12 months of Medicare and has not received an IPPE, schedule a Welcome to Medicare visit.

   Has the patient been enrolled in Medicare for over 12 months?
   ✓ If the patient has been enrolled in Medicare for over 12 months, and 12 months has elapsed since their IPPE schedule an AWV

2. **Decide on the type of appointment to schedule:**
   ✓ Welcome to Medicare (within the first 12 months of coverage)
   ✓ AWV (annual, recurring benefit after the first 12 months of coverage)
   ✓ Evaluation and Management visit for emerging illness or follow up

3. **Determine if you will send the HRA to the patient’s home before the scheduled AWV, or if they need to arrive early to fill out paperwork.** The paperwork may include a reminder for the patient to bring:
   ✓ A complete list of current medical providers
   ✓ A complete list of all prescribed medications, over the counter medications and supplements
   ✓ Complete medical, family and social history
Triage Process

The triage process may be performed by a Medical Assistant, Licensed Practical Nurse, or Registered Nurse—these elements must be documented in order to bill for the AWV

4. **Collect Patient Information including:**
   - Collect the patient’s height, weight, BMI, and blood pressure
   - Functional Status Evaluation
   - Fall Risk Screening
   - Cognition Screening
   - Depression Screening (PHQ-2, PHQ-9)
   - Alcohol Misuse Screening (Audit, Audit-C, CAGE)

Provider

5. **Review HRA with patient and address concerns identified at triage with patient**

6. **Establish a written screening schedule for the beneficiary including any age or gender appropriate screenings such as:**
   - Colorectal cancer screening
   - Mammography
   - Annual Pap screening
   - Bone Density Testing
   - Ultrasound screening for Abdominal Aortic Aneurysm (AAA)
   - Prostate cancer screening
   - Hepatitis C and HIV
   - Influenza, Pneumococcal and Hepatitis B vaccinations

7. **Create a list of risk factors and conditions included recommended interventions**

8. **Share personalized health advice to the beneficiary and provide referrals to specialists, health education or preventive counseling services or programs including:**
   - Tobacco cessation
   - Nutrition
   - Weight loss
   - Fall prevention
Billing and Reimbursement of the Annual Wellness Visit

The AWV may be administered by a:

✓ Physician
✓ Physician Assistant
✓ Nurse Practitioner
✓ Clinical Nurse Specialist or,
✓ Other licensed provider or medical professional working under the direct supervision of a physician

Evaluation and Management Services

Medicare will pay for a medically necessary E/M service (99201-99215) billed on the same date of service as the AWV. The E/M code must be billed with modifier -25. If a separate service is provided the same day as the AWV, the beneficiary needs to be notified that a copay or coinsurance may be required for the additional service.

Frequently Used Codes for the AWV

G0402
✓ Initial Preventive Physical Examination (IPPE) “Welcome to Medicare Visit”
✓ G0402 is a once in a lifetime benefit for beneficiaries within the first 12 months of Part B coverage

G0438
✓ Annual Wellness Visit-Initial Visit
✓ G0438 may be administered to beneficiaries who are no longer in the first 12 months of Medicare Part B coverage and who have not received an IPPE or AWV within the past 12 months

G0439
✓ Annual Wellness Visit-Subsequent Visit
✓ G0439 is an annual benefit for beneficiaries

Cardiovascular Screening Blood Tests
✓ 80061-Lipid Panel
✓ 82465-Cholesterol
✓ 83718-Lipoprotein
✓ 84478-Triglycerides
✓ Cardiovascular screenings may be used every 5 years for all beneficiaries with or without apparent signs or symptoms of cardiovascular disease
Prolonged Service Codes
- G0513-1st 30 minutes
- G0514-additional 30 minutes

Advanced Care Planning
- 99497-16-30 minutes
- 99498-additional 30 minutes

Diabetes Screening Tests
- 82947-Glucose, quantitative blood (except reagent strip)
- 82650-Glucose, post-glucose dose (includes glucose)
- 82951-Glucose, tolerance test (GTT) 3 specimens (includes glucose)
- Diabetes tests are for beneficiaries with certain risk factors for diabetes, or have been diagnosed with pre-diabetes
- Beneficiaries previously diagnosed with diabetes are not eligible for this benefit

Seasonal Influenza Virus Vaccine and Administration
- Q2035, Q2036, Q2037, Q2038, Q2039
- G0008-Administration
- All beneficiaries are eligible for an influenza vaccination once per influenza season

Pneumococcal Vaccine and Administration
- 90669, 90670-Pneumococcal Conjugate Vaccine
- 90732-Pneumococcal Polysaccharide Vaccine
- G0009-Administration

Screening and Behavioral Counseling Interventions in Primary Care
- G0442-Annual Alcohol Misuse Screening (up to 15 minutes)
- G0443-Brief Face to Face Behavioral Counseling for Alcohol Misuse 15 minutes (four times a year)
- G0444-Annual Depression Screening (up to 15 minutes)
A Letter to Patients

Attention Patients with Medicare:
Medicare has a free benefit called the Annual Wellness Visit that will help you make a plan with your healthcare team for how to stay healthy.

What is the Annual Wellness Visit?
• The Annual Wellness Visit is the opportunity to talk with your clinic providers about your medical history, and your current health and create a plan to stay healthy.

What Will Happen During the Annual Wellness Visit?
• Just like a normal trip to your clinic, a nurse will take your height, weight and blood pressure.
• The Annual Wellness Visit will allow you to discuss your medical history with your healthcare team and create long-term screening goals.

When Can I Get the Annual Wellness Visit?
• You can get the Annual Wellness Visit after you have been enrolled in Medicare for 12 months. After your first Wellness Visit, you may get a follow up Wellness Visit every 12 months.

Who pays for the Annual Wellness Visit?
• Medicare will pay for the Annual Wellness Visit—you may have to pay a copay for any additional services or follow up visits

Things to Bring With You:
• A list of your medicines and dosages, including over the counter drugs, vitamins, and herbal supplements
• The names of the pharmacies you use
• The names of your medical equipment suppliers
• A list of doctors you are currently seeing

How do I Schedule My Visit?
• When you call your clinic, let them know you would like to schedule your Annual Wellness Visit. The scheduler will help you plan for your visit, and they will send you some forms to fill out before your appointment.