AWV Components and Billing

Annual Wellness Visit Webinar Series 2021 - Webinar #2

Today's Speakers

PRESENTERS

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Presentation Agenda

1. Annual Wellness Visit (Initial and Subsequent)
2. Advanced Care
3. Wellness Visit Eligibility
4. Opioid Use

Annual Wellness Visit

- The Annual Wellness Visits (AWV) consists of an initial and subsequent visits
- Is not a “routine physical checkup” (Medicare does not cover routine physical examinations)
- Medicare waives both the coinsurance/copayment and the Medicare Part B deductible for the AWVs
- Does not include any clinical laboratory tests but you may make referrals for such tests.
- Other medically necessary services on the same date of service as an AWV may be have a deductible and coinsurance/copayment

Annual Wellness Visit

- Medicare pays for beneficiaries who:
  - Are not within the first 12 months of their first Medicare Part B coverage period; and
  - Have not received an Initial Preventive Physical Examination (IPPE) or AWV within the past 12 months.
- Medicare covers an AWV when performed by a:
  - Physician (a doctor of medicine or osteopathy); or
  - Qualified non-physician practitioner (a physician assistant, nurse practitioner, or certified clinical nurse specialist).
  - Medical professional (including a health educator, registered dietitian, nutrition professional, or other licensed practitioner) or a team of such medical professionals who are working under the direct supervision of a physician (doctor of medicine or osteopathy).

Annual Wellness Visit

E/M and IPPE

Append modifier 25 to the Evaluation and Management (E/M) service (99202-99215) in addition to the IPPE when the portion of the visit must be medically necessary to treat the beneficiary's illness or injury or to improve the functioning of a malformed body member.

Diagnosis:

Any diagnosis code can be used with the exam.

Z00.00 Encounter for general adult medical examination without abnormal findings

Z00.01 Encounter for general adult medical examination with abnormal findings
Use additional code to identify abnormal findings

Contact your Medicare Administrative Contractor (MAC) for any coding and billing guidance

Initial ANNUAL WELLNESS VISIT

Annual Wellness Visit

AWV HCPCS CODES	BILLING CODE DESCRIPTIONS
G0438 ($169)	Annual wellness visit; includes a personalized prevention plan of service (PPPS), **initial** visit

AWV HCPCS CODES	BILLING CODE DESCRIPTIONS
G0468	Federally qualified health center (fqhc) visit, IPPE or AWV; a fqhc visit that includes an initial preventive physical examination (ippe) or annual wellness visit (awv) and includes a typical bundle of medicare-covered services that would be furnished per diem to a patient receiving an IPPE or AWV

AWV Initial

Perform a Health Risk Assessment (HRA)

- Get self-reported information from the beneficiary
  - You or the beneficiary can complete the HRA before or during the AWV encounter; it should take no more than 20 minutes
- Consider the best way to communicate with underserved populations, persons with limited English proficiency, persons with health literacy needs, and persons with disabilities
- At a minimum, addresses the following topics:
  - Demographic data;
  - Self-assessment of health status;
  - Psychosocial risks;
  - Behavioral risks;
  - Activities of Daily Living (ADLs), including, but not limited to: dressing, bathing, and walking; and
  - Instrumental ADLs, including, but not limited to: shopping, housekeeping, managing own medications, and handling finances.

Example: https://www.cdc.gov/policy/hst/HRA/FrameworkForHRA.pdf

AWV Initial Components

1. **Establish the beneficiary's medical and family history**

   At a minimum, document the following:

   - Medical events of the beneficiary's parents, siblings, and children, including conditions that may be hereditary or place the beneficiary at increased risk
   - Past medical and surgical history, including experiences with illnesses, hospital stays, operations, allergies, injuries, and treatments
   - Use of, or exposure to, medications and supplements, including calcium and vitamins
   - We encourage providers to pay close attention to opioid use during this part of the AWV, which includes opioid use disorders (OUD). If a patient is using opioids, assess the benefit for other, non-opioid pain therapies instead, even if the patient does not have OUD but is possibly at risk.

Refer to the **CMS Roadmap to Address the Opioid Epidemic fact sheet** for more information on combating opioid misuse.

For more information about **Medicare Coverage of Substance Abuse Services** and mental health services, refer to the MLN's **Screening, Brief Intervention, and Referral to Treatment (SBIRT)** booklet.

AWV Initial Components

3. Establish a list of current providers and suppliers

Include current beneficiary providers and suppliers that regularly provide medical care

4. Measure

Obtain the following:

- Height, weight, body mass index (BMI; or waist circumference, if appropriate), and blood pressure
- Other routine measurements deemed appropriate based on medical and family history

AWV Initial Components

5. Detect any cognitive impairment the beneficiary may have

Assess the beneficiary's cognitive function by direct observation, while considering information from beneficiary reports and concerns raised by family members, friends, caregivers, and others. If appropriate, use a brief validated structured cognitive assessment tool. For more information, refer to the National Institute on Aging's **Alzheimer's and Dementia Resources for Professionals** website.

AWV Initial Components

6. **Review the beneficiary's potential risk factors for depression, including current or past experiences with depression or other mood disorders**

   Use any appropriate screening instrument. You may select from various available standardized screening tests designed for this purpose. For more information, refer to the **Depression section** on the Substance Abuse and Mental Health Services Administration–Health Resources and Services Administration's Screening Tools website.

AWV Initial Components

7. Review the beneficiary's functional ability and level of safety

Use direct observation of the beneficiary or select appropriate questions from various available screening questionnaires, or use standardized questionnaires recognized by national professional medical organizations to assess, at a minimum, the following topics:

- Ability to successfully perform ADLs
- Fall risk
- Hearing impairment
- Home safety

AWV Initial Components

8. **Establish an appropriate written screening schedule for the beneficiary, such as a checklist for the next 5-10 years**

   Base written screening schedule on:

   - Recommendations from the United States Preventive Services Task Force (USPSTF) and the Advisory Committee on Immunization Practices (ACIP)
   - The beneficiary's HRA, health status and screening history, an age-appropriate preventive services Medicare covers

AWV Initial Components

9. Establish a list of beneficiary risk factors and conditions for which primary, secondary, or tertiary interventions are recommended or underway

Include the following:

- Mental health conditions including depression, substance use disorder, and cognitive impairment
- Risk factors or conditions identified through an IPPE
- Treatment options and their associated risks and benefits

AWV Initial Components

10. **Furnish the beneficiary personalized health advice and appropriate referrals to health education or preventive counseling services or programs**

Include referrals to educational and counseling services or programs aimed at:

- Community-based lifestyle interventions to reduce health risks and promote self-management and wellness, including:
  - Fall prevention
  - Nutrition
  - Physical activity
  - Tobacco-use cessation
  - Weight loss
  - Cognition

AWV Initial Components

11. Furnish, at the beneficiary's discretion, advance care planning services

Include discussion about:

- Future care decisions that may need to be made
- How the beneficiary can let others know about care preferences
- Caregiver identification
- Explanation of advance directives, which may involve the completion of standard forms

Subsequent ANNUAL WELLNESS VISIT

Annual Wellness Visit

AWV HCPCS CODES	BILLING CODE DESCRIPTIONS
G0439 ($134)	Annual wellness visit, includes a personalized prevention plan of service (PPPS), **subsequent** visit

AWV Subsequent Components

When you furnish a significant, separately identifiable medically necessary Evaluation and Management (E/M) service in addition to the AWV, Medicare may pay for the additional service. Report the Current Procedural Terminology (CPT) code with modifier -25. That portion of the visit must be medically necessary to treat the beneficiary's illness or injury or to improve the functioning of a malformed body member.

REMEMBER - append modifier 25 to the E/M

AWV Subsequent Components

1. **Review and update HRA**
    - Collects self-reported information from the beneficiary;
        - You or the beneficiary can complete the HRA before or during the AWV encounter; should take no more than 20 minutes to complete
    - At a minimum, addresses the following topics:
        - Demographic data;
        - Self-assessment of health status;
        - Psychosocial risks;
        - Behavioral risks;
        - Activities of Daily Living (ADLs), including, but not limited to: dressing, bathing, and walking; and
        - Instrumental ADLs, including, but not limited to: shopping, housekeeping, managing own medications, and handling finances.

AWV Subsequent Components

2. Update of beneficiary's medical/family history

At a minimum, update and document the following:

- Medical events of the beneficiary's parents, siblings, and children, including conditions that may be hereditary or place the beneficiary at increased risk
- Past medical and surgical history, including experiences with illnesses, hospital stays, operations, allergies, injuries, and treatments
- Use of, or exposure to, medications and supplements, including calcium and vitamins

AWV Subsequent Components

3. Update the list of current providers and suppliers

Include current providers and suppliers regularly involved in providing the beneficiary medical care, including any providers and suppliers added as a result of the first AWV providing PPPS.

4. Measure

Obtain the following:

- Weight (or waist circumference, if appropriate) and blood pressure
- Other routine measurements as deemed appropriate based on medical and family history

AWV Subsequent Components

5. Detect any cognitive impairment the beneficiary may have

Assess the beneficiary's cognitive function by direct observation, while considering information from beneficiary reports and concerns raised by family members, friends, caregivers, or others. If appropriate, use a brief validated structured cognitive assessment tool.

AWV Subsequent Components

6. Update the written screening schedule for the beneficiary

Base written screening schedule on:

- Recommendations from the USPSTF and the ACIP
- The beneficiary's HRA, health status and screening history, and age-appropriate preventive services Medicare covers

7. Update the beneficiary's list of risk factors and conditions for which primary, secondary, or tertiary interventions are recommended or underway

Include the following:

- Mental health conditions including depression, substance use disorder, and cognitive impairment
- Risk factors or conditions identified
- Treatment options and their associated risks and benefits

AWV Subsequent Components

8. **Furnish and update, as necessary, the beneficiary's PPPS, which includes personalized beneficiary health advice and a referral, as appropriate, to health education or preventive counseling services or programs**

   Include referrals to educational and counseling services or programs aimed at:

   - Community-based lifestyle interventions to reduce health risks and promote self-management and wellness, including:
     - Fall prevention
     - Nutrition
     - Physical activity
     - Tobacco-use cessation
     - Weight loss
     - Cognition

AWV Subsequent Components

9. Furnish, at the beneficiary's discretion, advance care planning services

Include discussion about:

- Future care decisions that may need to be made
- How the beneficiary can let others know about care preferences
- Caregiver identification
- Explanation of advance directives, which may involve the completion of standard forms

G0101($40) - Cervical or vaginal cancer screening; pelvic and clinical breast examination

A screening pelvic examination, with or without specimen collection for smears and cultures should include at least 7 of the following 11 elements:

1. Inspection and palpation of breasts for masses or lumps, tenderness, symmetry, or nipple discharge;
2. Digital rectal examination including sphincter tone, presence of hemorrhoids, and rectal masses;
3. External genitalia (for example, general appearance, hair distribution, or lesions);
4. Urethral meatus (for example, size, location, lesions, or prolapse);
5. Urethra (for example, masses, tenderness, or scarring);
6. Bladder (for example, fullness, masses, or tenderness);
7. Vagina (for example, general appearance, estrogen effect, discharge, lesions, pelvic support, cystocele, or rectocele);
8. Cervix (for example, general appearance, lesions, or discharge);
9. Uterus (for example, size, contour, position, mobility, tenderness, consistency, descent, or support);
10. Adnexa/parametria (for example, masses, tenderness, organomegaly, or nodularity); or
11. Anus and perineum

Prolonged preventive services (PPS)

- **G0513 ($67) –** Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; **first 30 minutes** (list separately in addition to code for the **preventive** service)
- **G0514 ($66) –** Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; **each additional 30 minutes** (list separately in addition to code G0513 for additional 30 minutes of **preventive** service)

Prolonged preventive services (PPS) may be reported as an add-on to a covered preventive service that is payable from the Medicare Physician Fee Schedule. PPS codes are treated as a preventive service and both coinsurance and deductible do not apply when billed with a covered preventive service which is part of a particular subset of procedure codes listed at https://www.cms.gov/Medicare/Medicare-Fee-for-ServicePayment/PhysicianFeeSched/Medicare-PFS-Preventive-Services.html

Advance Care Planning

- **99497 ($87)** - Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified healthcare professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate

- **+99498 ($76)** - Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified healthcare professional; each additional 30 minutes (List separately in addition to code for primary procedure)

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AWV Scenario		
AWV		$169.00
ECG		$15.00
Pelvic and breast exam		$40.00
Prolong service for disability (30 mins)		$67.00
Advance Care Planning (30 mins)		$87.00
	Total	$378.00
	x 100 Beneficiaries	
		$37,800

Annual Wellness Visit Tools

The following forms and templates can be customized for use in your practice:

- Health Risk Assessment:
  - View a **paper version**
  - View an **electronic version** from HowsYourHealth.org
- **Advanced Care Planning**

Patient Handouts

- **Patient FACTS**
- **Patient Letter and Checklist**

https://www.acponline.org/practice-resources/business-resources/payment/medicare-payment-and-regulations-resources/how-to-bill-medicares-annual-wellness-visit-awv

Medicare Preventive Services

Other Medicare Part B Preventive Services

- Advance Care Planning (ACP) as an Optional Element of an Annual Wellness Visit (AWV)
- Alcohol Misuse Screening and Counseling
- Annual Wellness Visit
- Bone Mass Measurement
- Cardiovascular Disease Screening
- Colorectal Cancer Screening
- Counseling to Prevent Tobacco Use
- Depression Screening
- Diabetes Screening
- Diabetes Self-Management Training (DSMT)
- Glaucoma Screening
- Hepatitis C Virus (HCV) Screening
- Human Immunodeficiency Virus (HIV) Screening
- Influenza, Pneumococcal, and Hepatitis B Vaccinations and their Administration
- Intensive Behavioral Therapy(IBT) for Cardiovascular Disease (CVD), also known as a CVD risk reduction visit
- Intensive Behavioral Therapy(IBT) for Obesity
- Medical Nutrition Therapy (MNT)
- Prostate Cancer Screening
- Screening for Cervical Cancer with Human Papillomavirus (HPV) Tests
- Screening for Lung Cancer with Low Dose Computed Tomography (LDCT)
- Screening for Hepatitis B Virus (HBV) Infection
- Screening for Sexually Transmitted Infections (STIs) Screening and High Intensity Behavioral Counseling (HIBC) to Prevent STIs
- Screening Mammography
- Screening Pap Tests
- Screening Pelvic Examination (includes a clinical breast examination)
- Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)

Questions?

Thank you for attending. A recording of this presentation will be sent following today's webinar.

Resources

- **INITIAL PREVENTIVE PHYSICAL EXAMINATION (October 2020)**
  - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MPS_QRI_IPPE001a.pdf
- **ANNUAL WELLNESS VISIT (October 2020)**
  - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AWV_Chart_ICN905706.pdf
- **Opioid Use during the Initial Preventive Physical Examination (IPPE) and Annual Wellness Visit (AWV)**
  - https://www.cms.gov/About-CMS/Agency-Information/OMH/resource-center/hcps-and-researchers/Opioid-Resources-Page
- **Preventive Services**
  - https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html#DEPRESSION