Provider Reference Guide

Medicare Wellness Visits

Initial Preventive Physical Examination (IPPE): This initial visit will include a review of the Member's medical and social health history, and preventive services education.

Annual Wellness Visit (AWV): Visit to develop or update a personalized prevention plan and perform a health risk assessment (HRA).

Routine Physical Examination: Exam performed without relationship to treatment or diagnosis for a specific illness, symptom, complaint, or injury.

Medicare covers an AWV providing Personalized Prevention Plan Services (PPPS) to Members:

- **Who have not received an IPPE or AWV within the past 12 months**
- **When the AWV is either the initial AWV or the subsequent AWV, but only one can be conducted within a 12-month period**

Components of the Annual Wellness Visit

The purpose of an AWV is to get a comprehensive picture of the Member's health risks, goals, chronic conditions, and barriers to care. Additionally, this visit is an opportunity to work with the Member and/or their caregiver to create a plan for the Member's preventive care and overall well-being.

- An AWV should last longer than a typical office visit, ranging from 45 minutes to one hour, longer if doing initial or additional advanced care planning. An AWV is not the same as an IPPE or a yearly physical exam
- Physicians (MD or DO) can perform the AWV, however, other licensed professionals such as a qualified non-physician practitioner (physician assistant, nurse practitioner, or certified clinical nurse specialist), health educator, registered dietitian, nutrition professional, or registered nurses can perform the AWV as long as they are working under the direct supervision of a physician
- Subsequent AWV are the visits after the Member initial AWV where you review and update all the components of the AWV. Be sure to check with your Electronic Health Record (EHR) vendor to see if they provide specific ways to document the initial and subsequent AWV
- If you are unsure if the Member had an initial or subsequent AWV by another provider, you may be able to access information through the HIPAA Eligibility Transaction System (HETS) or through the provider call center Interactive Voice Responses (IVRs). Providers can also check with their Medicare Administrative Contractor (MAC) for options available to verify beneficiary eligibility
- An AWV is a good opportunity to remind your patients of any other services they may need. For example:
    - Are they due for a Colorectal Cancer Screening and would they be a candidate for home screening such as Cologuard
    - Are they due for Breast Cancer Screening and can you get that appointment set up before the visit is over to ensure better compliance
    - Remind them if they need a HbA1c lab testing, or nephropathy/diabetic retinal screening or monitoring

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How to Implement Best Practices and Improve Performance

- The HRA can be completed prior to the visit or during the visit but the information needs to be discussed and documented
- Perform a complete medication reconciliation including the name of ordering providers if different and the pharmacy where they fill scripts
- Establish the member medical and family history
- Establish a list of current providers and suppliers
- Measure height, weight, BMI, and blood pressure. Include other measurements as deemed appropriate based on the Member medical history. If you are unable to obtain this information, then document unable to obtain and note reason
- Assess for cognitive impairment
- Assess for depression using a validated standardized tool such as the PHQ-9
- Assess functional ability including occurrences of falling, hearing impairment, visual acuity, and overall safety. Include information about home safety and fall risk
- Establish health goals, screening schedule, and immunizations needed over the next five to 10 years with the Member
- Assess and establish a list of the risk factors, conditions and interventions, and recommendations for care
- Provide the Member with personalized health advice and appropriate referrals based on assessed needs. This includes a health education or preventive counseling services or programs for areas such as, but not limited to, tobacco cessation, weight loss, nutrition, mental health counseling, etc. Document all health advice and referrals provided to the Member
- Assess advanced care planning* needs and be prepared to furnish information for future care needs, advanced directives, etc.

*This service is optional, but if done correctly, as it requires additional time, may be an additional billable service without a co-pay.

Use of Telemedicine for Annual Wellness Visits

- Performing AWV via telemedicine helps to keep the provider engaged with their patients when they cannot be seen by the traditional office visit. Telemedicine helps patients avoid taking undue risk for in-person visits when it may be detrimental to their health and well-being
- Telemedicine requires real-time audio and video, where patients and their care team can interact with each other. If clinical staff other than the PCP is performing the telemedicine AWV then the clinical staff need to be under direct supervision of the provider. This means that the provider must either be in the same location as the clinical staff, such as an office suite, or must be able to immediately join the audio and video telemedicine visit
- Documentation of Members verbal consent to AWV telemedicine services is required and best practice is to have a two clinical person/patient consent
- For some Members, it may be beneficial to have a family member or caregiver present during a telemedicine visit to help with questions, etc. Documentation of the Member consent for them to be part of the visit is also required
- Pre-planning a telemedicine visit with your patient will go a long way in the success of the visit. Providers can help Members prepare for an AWV by telemedicine in various ways, such as:
- Sending an information packet prior to the visit that lets them know what the visit will be like, how long it may take, who from the provider's office will be a part of the visit, and how they will be connected
- Have the Member complete and send in their HRA prior to the visit so that the provider can review beforehand
- Remind the Member to have all their medications with them during the visit, in the bottles they were originally filled in
- Advise the Member to have available during the visit the names and phone numbers of other providers they see, and medical companies they use (for example, if they are on oxygen, receive home delivered meals, attend adult day care, etc.)

Medicare Annual Wellness Visit (AWV) Billing Codes

USE THE FOLLOWING HCPCS CODES TO FILE CLAIMS FOR AWV

AWV HCPCS CODES AND DESCRIPTORS: Use the following codes for inperson, teleheath, or audio-only visits.

G0402	Initial Preventive Physical Examination, face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment.
G0438	Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit.
G0439	Annual wellness visit; includes a PPS, subsequent visit.
G0468	Billing a federally qualified health center AWV along with the typical bundle of Medicare-covered serves. For more information on how to bill HCPCS G0468, refer to the Medicare Claims Processing Manual, Chapter, Section 60.2.

Diagnosis: You must report a diagnosis code when submitting a claim for the AWV. Since you are not required to document a specific diagnosis code for the AWV, you may choose any diagnosis code consistent with the Member exam.

TELEHEALTH CODES AND DESCRIPTORS

Telehealth Modifier	**95** Synchronous telemedicine service rendered via real-time
Telehealth Modifier	**GT** Via interactive audio and video telecommunication systems
Telehealth POS	**02** Point of service

TELEPHONE VISIT CODES

CPT	98966, 98967, 98968, 99441, 99442, 99443

Reference: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html