Medicare Annual Wellness Visit (AWV)

Mt. Sinai Intensive Update with Board Review in Geriatric and Palliative Medicine 2022

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Disclosures

NONE

Objectives

1. List the required elements of the Medicare Annual Wellness Visit (AWV).
2. Identify ways to incorporate the Medicare AWV into ambulatory practice.
3. Billing Codes for AWV
4. Recognize potential benefits of the Medicare AWV for both patients and practices.

Medicare AWV

- Medicare covers an AWV providing Personalized Prevention Plan Services (PPPS) for beneficiaries who:
- Are no longer within 12 months after the beneficiary's eligibility date for Medicare Part B benefits ("Welcome to Medicare"/IPPE is within the 12 months= G0402)
- Have not received an IPPE or AWV within the past 12 months
- **G0438 (initial >12 months of Medicare Benefits)**
- **G0439 (subsequent)**

https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-410/subpart-B/section-410.15

Medicare Physical Exams Coverage

Initial Preventive Physical Exam (IPPE)	Annual Wellness Visit (AWV)	Routine Physical Exam
Review of medical and social health history and preventive services education ✓ **Covered** only once within 12 months of first Part B enrollment ✓ Patient pays nothing (if provider accepts assignment)	Visit to develop or update a Personalized Prevention Plan (PPP) and perform a Health Risk Assessment (HRA) ✓ **Covered** once every 12 months ✓ Patient pays nothing (if provider accepts assignment)	Exam performed without relationship to treatment or diagnosis for a specific illness, symptom, complaint, or injury ✗ **Not covered** by Medicare; prohibited by statute, however, the IPPE, AWV, or other Medicare benefits cover some elements of a routine physical ✗ Patient pays 100% out-of-pocket

The term "patient" refers to a Medicare beneficiary.

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

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Benefits of AWV

- No co-pay for beneficiary
- Time for counseling on prevention and safety
- Follows some principles of comprehensive geriatric assessment/4Ms
  - Function/Mobility
  - Cognition/Memory/Mood
  - Medications
  - ACP/What Matters
- Reimbursement for aspects of good geriatrics care

Reimbursements

Description	CPT	wRVU	AVERAGE ~$ payment rate (non-facility)
Medicare Annual Wellness Visit (AWV)			
Initial (12-24 months of Medicare Benefits)	G0438	2.60	$169
Subsequent (>24 months)	G0439	1.92	$132
New, outpatient	99205	3.50	$224
	99204	2.60	$169
Subsequent, outpatient	99215	2.8	$183
	99214	1.92	$124
TCM - 14 days (Transitional Care Management)	99495	2.78	$209
TCM - 7 days	99496	3.79	$286
Cognitive assessment, outpatient	G0505→99483	3.80	$283
ACP - 1st 30 min (Advance Care Planning)	99497	1.50	$85
ACP - each additional 30 min	99498	1.40	$74

https://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx
Accessed 6/6/2022

Cognitive Assessment

(CPT code 99483)

- You may bill this code separately from the AWV.
- If you choose to perform the AWV and the Cognitive Assessment & Care Plan Services in the same visit, add **modifier 25** to the claim.

https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-410/subpart-B/section-410.15

Initial AWV requirements

1. Review HRA (Health Risk Assessment)
2. Establish medical/family history
3. Establish list of current providers/suppliers
4. Measure weight and BP
5. Detect any cognitive impairment the beneficiary may have
6. Review of the individual's potential (risk factors) for depression
7. Review of the individual's functional ability and level of safety
8. Establish:
    1. A written screening schedule for the individual such as a checklist for the next 5 to 10 year
    2. A list of risk factors and conditions for which primary, secondary or tertiary interventions are recommended or are underway for the individual
9. Furnishing of personalized health advice to the individual
10. At the discretion of the beneficiary, furnish advance care planning services
11. Furnishing of a review of any current opioid prescriptions as that term is defined in this section.
12. Screening for potential substance use disorders
13. Any other element determined appropriate through the national coverage determination process.

1. Health Risk Assessment

Collect beneficiary self-reported information

- You or the beneficiary can update the HRA before or during the AWV encounter; it **should take no more than 20 minutes**
- Is appropriately tailored to and considers the communication needs of underserved populations, persons with limited English proficiency, and persons with health literacy needs

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

1. Health Risk Assessment (cont'd)



At a minimum, address the following topics:

- Demographic data
- Self-assessment of health status
- Psychosocial risks
- Behavioral risks
- ADLs, including but not limited to: dressing, bathing, and walking
- Instrumental ADLs, including but not limited to: shopping, housekeeping, managing own medications, and handling finances

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

2. Past History

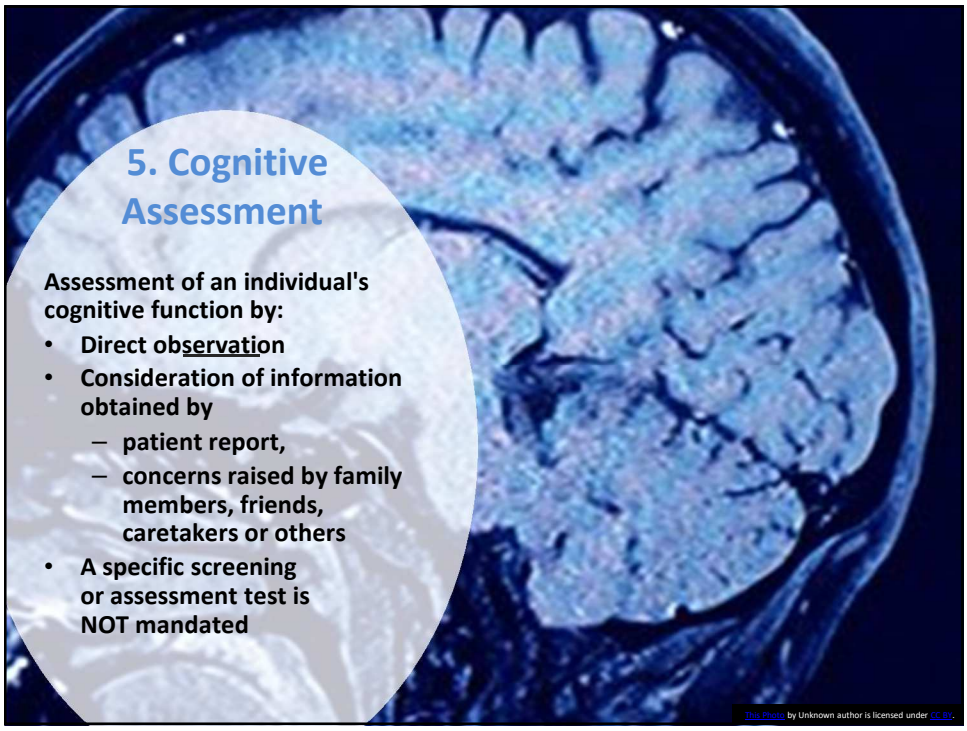
- Experiences with illnesses, hospital stays, operations, allergies, injuries and treatments.
- Use or exposure to medications and supplements, including calcium and vitamins.
- Medical events in the beneficiary's parents and any siblings and children, including diseases that may be hereditary or place the individual at increased risk.

Requirements 3 & 4

Self- explanatory:

3. Establish list of current providers/suppliers (Care Team)

4. Measure weight and BP



6. Depression Screening

Review of the individual's potential (risk factors) for depression, including

- current or past experiences with depression or other mood disorders,
- use appropriate screening instrument for persons without a current diagnosis of depression

7. Functional Assessment

At minimum:

- Hearing impairment
- Ability to successfully perform activities of daily living
- Fall risk
- Home safety



8. Personal Preventive Plan (PPP)

- Written screening schedule for the individual such as a checklist for the next 5 to 10 years, as appropriate*
- List risk factors and conditions for which primary, secondary or tertiary interventions are recommended or are underway for the individual, including:
  - mental health conditions or any such risk factors or conditions
  - list of treatment options and their associated risks and benefits.

*Based on United States Preventive Services Task Force and the Advisory Committee on Immunization Practices, and the individual's health risk assessment, health status, screening history, and age-appropriate preventive services covered by Medicare.

8. Personal Preventive Plan (cont'd)

May include recommendations and tracking of:

- Vaccinations
- Health screenings
  - Cancer
  - Vision/Hearing
  - Osteoporosis
  - Infection (e.g. HCV screen)
- Health counseling, as appropriate
- Condition management



9. Health Advice

Furnish personalized health advice to the individual and a referral, as appropriate, to:

- health education
- preventive counseling services or programs aimed at reducing identified risk factors and improving self-management
- community-based lifestyle interventions to reduce health risks and promote self-management and wellness, including:
  - weight loss
  - physical activity, smoking cessation
  - fall prevention
  - nutrition

10. Advance Care Planning

At the discretion of the beneficiary (voluntary):

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

11. Opioid Prescription Review

Individuals determined to have a current prescription for opioids, should have all of the following:

- Review of the potential risk factors to the individual for opioid use disorder;
- Evaluation of the individual's severity of pain and current treatment plan;
- Provision of information on non-opioid treatment options; and
- Referral to a specialist, as appropriate.

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/se18004.pdf

12. Substance Use Disorder Screen

Screen for potential substance use disorders including:

- Review of the individual's potential risk factors for substance use disorder
- Referral for treatment as appropriate

https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-410/subpart-B/section-410.15

Initial AWV requirements

1. Review HRA (Health Risk Assessment)
2. Establish medical/family history
3. Establish list of current providers/suppliers
4. Measure weight and BP
5. Detect any cognitive impairment the beneficiary may have
6. Review of the individual's potential (risk factors) for depression (only as in HRA)
7. Review of the individual's functional ability and level of safety (only as in HRA)
8. Establish:
    1. A written screening schedule for the individual such as a checklist for the next 5 to 10 year
    2. A list of risk factors and conditions for which primary, secondary or tertiary interventions are recommended or are underway for the individual
9. Furnishing of personalized health advice to the individual
10. At the discretion of the beneficiary, furnish advance care planning services
11. Furnishing of a review of any current opioid prescriptions as that term is defined in this section.
12. Screening for potential substance use disorders
13. Any other element determined appropriate through the national coverage determination process.

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Subsequent AWV requirements

1. Review and update HRA (Health Risk Assessment)
2. *Update* medical/family history
3. *Update* list of current providers/suppliers
4. Measure weight and BP
5. Detect any cognitive impairment the beneficiary may have
6. *Update*
    1. Written screening schedule for the beneficiary
    2. List of risk factors and conditions for which interventions are recommended or underway
7. Furnish and *update* the beneficiary's Personalized Prevention Plan Services (PPPS)
8. Furnish, at the beneficiary's discretion, advance care planning services
9. Review of any current opioid prescriptions
10. Screening for potential substance use disorders
11. Any other element determined appropriate through the national coverage determination process

Annual Wellness Visits

- AWV is **NOT** a routine physical examination.
- AWV is **NOT** an E/M visit.
  - However, an AWV can be billed with E/M services using modifier 25
- Patients do not to pay cost-sharing amounts for the AWV alone.
- Patients may have to pay for any additional services completed at the visit (e.g., E/M visits, labs, imaging).

Annual Wellness Visits: Billing Codes

Code	Name	wRVU	Non-Facility Price	Comments
G0402	Welcome to Medicare Visit (Initial Preventive Physical Exam)	2.60	$166.73	-Covered once per lifetime for each patient -Must be completed **within** 12 months of patient's Part B enrollment eligibility date
G0438	Annual Wellness Visit, **Initial** (Personalized Prevention Plan Services)	2.60	$166.39	-This is NOT the Welcome to Medicare visit. -Must be 12 months **after** the patient's Part B benefits eligibility date -Must be 12 months after the Welcome to Medicare visit -Can bill with E/M visit using modifier 25
G0439	Annual Wellness Visit, **Subsequent** (Personalized Prevention Plan Services)	1.92	$130.13	-Must be 12 months **after** the patient's Part B benefits eligibility date -Must be 12 months **after** the last Medicare Annual Wellness visit -Can bill with E/M visit using modifier 25
99497	Advanced Care Planning, **30 min**	1.50	$83.02	-An optional element of the IPPE or AWV -Considered a preventive service with IPPE or AWV if billed with modifier 33
99498	Advanced Care Planning, **Addtl 30 min**	1.40	$71.84	-An optional element of the IPPE or AWV -Considered a preventive service with IPPE or AWV if billed with modifier 33
99483	Cognitive Assessment/Care Plan	3.84	$272.49	-Can bill with AWV using modifier 25 if cognitive impairment is detected during AWV and a more detailed cognitive assessment/care plan is completed.

Note: AWVs can be billed with other E/M codes not listed on this table using modifiers (e.g., Level 1-5 office visits)

https://www.cms.gov/cognitive#:~:text=If%20your%20patient%20shows%20signs,to%20bill%20for%20this%20service.
https://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx
Accessed 8/14/2023

Annual Wellness Visits & Telemedicine

- During the COVID-19 public health emergency, Medicare expanded coverage of telehealth services.
- On May 11, 2023, the U.S. government declared the end of the COVID-19 public health emergency.
- Consolidated Appropriations Act of 2023 allows for the extension of telehealth flexibilities through **12/31/2024.**

https://telehealth.hhs.gov

Medicare Telehealth: Audio-Only

- During the COVID-19 public health emergency, CMS provided waivers to allow for **audio-only** telehealth services.

LIST OF MEDICARE TELEHEALTH SERVICES (effective January 1, 2023 - updated May 9, 2023)		
Code	Short Description of Services	Can Audio-only Interaction Meet Requirements?
G0438	Personalized Prevention Plan Services, Initial Visit	Yes
G0439	Personalized Prevention Plan Services, Subsq Visit	Yes
99497	Advanced Care Plan, 30 min	Yes
99498	Advanced Care Plan, additional 30 min	Yes

*Subject to change after 12/31/2024.

Note: If physical exam components (e.g., weight, blood pressure) or cognitive assessment (e.g., clock draw) cannot be measured remotely, document this clearly.

https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

Incorporating the AWV into practice

- **Billing**
  - Stand-alone service, or
  - With E/M, and/or
  - With ACP
- **Identify patients eligible for AWV**
  - Reports (last AWV date)
  - EMR flag
  - Schedule reminders

Note: If you are not sure if a patient had a prior AWV, you may be able to get this information from the:

- **Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System (HETS)**; or
- **Provider Call Center Interactive Voice Responses (IVRs)**

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

Incorporating the AWV into Practice

- **Pre-visit planning**
  - Screen who is Eligible for AWV
  - Health Risk Assessment can be completed by patient in advance via:
    - Paper copy of assessment
    - EMR
- **Team Assistance Examples**
  - Nursing calls/counseling prior to or after visit
  - Pharmacist calls/counseling prior to or after
  - Medical student calls prior to visit may positively impact student learning and patient rapport (Gerontol Geriatr Educ. 2021 Sep 5;1-6)

Adapt AWV to Patient Status

	Frail	Fit
Health Risk Assessment	Safety/function- driving, ADLs/IADLs, hearing/vision, cognition	Safety/function- driving, ADLs/IADLs, hearing/vision
Advance Care Planning	Establish goals of care with increasing multimorbidity, specific decision making based on illness	Establish proxy and start conversations about general wishes with serious illness
Personalized Prevention Plan Services	Screening- lower priority Interventions: Focus on home safety, mobility support, immunization	Screening - cancer screening benefit/burden, Interventions: lifestyle disease modifications, immunization

Common Misconceptions

- ***I need to intervene on all positive screens during the AWV.***
  - No, this is at the provider's discretion. If (+) screens require evaluation or management at the time of the visit, then the provider should provide an *ADDITIONAL* E/M service with modifier -25 OR, can make a close follow up appointment to address less urgent positive screens.
- ***AWVs are the same as an annual physical exam.***
  - No. The AWV isn't a routine physical that some older adults may get periodically from their physician or other qualified NPP. Medicare doesn't cover routine physical examinations.
- ***AWV are "free" for patients so all labs/studies I order will be covered.***
  - No, labs/tests/procedures are not covered by the AWV and deductibles or copayments apply for these other medically necessary and reasonable services. Medicare waives the coinsurance or copayment and the Medicare Part B deductible **only** for AWV services.
- ***I must perform a full cognitive exam such as a MOCA for the HRA.***
  - No, a cognitive screen is required along with incorporating pertinent reporting by patient or family but a specific test is not mandated. Common screens include MiniCog, clock drawing, MIS, or verbal fluency (e.g. Animal Naming)
- ***Only a provider can ask for the AWV questions.***
  - No, information can be administered independently by the beneficiary (self-report) or administered by a health professional prior to or as part of the AWV encounter.

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

Takeaway Points

- Incorporate the AWV within patient visits
  - Provides framework for common geriatric screens such as functional status, falls risk and cognition.
  - Allows for counseling and creation of a plan for prevention/screening.
- Focus is screening not evaluation/management
  - If E/M services are needed, remember to bill as an *additional* service with modifier 25.
- Use your team to plan for scheduled AWV and to assist with the HRA administration
- Use your EMR to facilitate transfer of information into templates to provide the personalized prevention plan and document the visit.

Resources

- G0438 (initial >12 months of Medicare Benefits)
- G0439 (subsequent)
- AWV CMS guidelines: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html
- AWV instructions video: https://www.youtube.com/watch?v=r7yOUaMJyJU
- Advance Care Planning: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AdvanceCarePlanning.pdf
- CDC Framework for HRA: https://www.cdc.gov/policy/hst/HRA/FrameworkForHRA.pdf
- Opioid Use Review in AWV: www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles

Thank you!

Question: All of the following are true for the Medicare Annual Wellness Visit (AWV) **EXCEPT**:

A. Medicare covers an AWV for beneficiaries who are no longer within 12 months after the beneficiary's eligibility date for Medicare Part B benefits.
B. Medicare covers an AWV for beneficiaries who have not received an IPPE or AWV within the past 12 months (I.e., covered once every 12 months).
C. Medicare covers a routine physical exam as part of the AWV.
D. Evaluation and Management (E/M) services can be provided/billed *in addition* to the AWV on the same day.

ANSWER Q1: All of the following are true for the Medicare Annual Wellness Visit (AWV) EXCEPT:

A. Medicare covers an AWV for beneficiaries who are no longer within 12 months after the beneficiary's eligibility date for Medicare Part B benefits.
B. Medicare covers an AWV for beneficiaries who have not received an IPPE or AWV within the past 12 months (ie, covered only once every 12 months).
C. Medicare covers a routine physical exam as part of the AWV.
D. Evaluation and Management (E/M) services can be provided/billed *in addition* to the AWV on the same day.

Medicare does **NOT** cover routine physical exams- this is prohibited by statute.

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https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-411