

Annual Wellness Visits

MEDICARE AWW OVERVIEW

The Medicare Annual Wellness Visit (AWV) is a preventive visit covered by Medicare at no cost to patients. An AWV is an opportunity to connect with patients and focus on issues that may be overlooked during other visits (i.e., sick visits, follow up visits).


Welcome to Medicare Visit (G0402)	Initial Medicare Annual Wellness Visit (G0438)	Subsequent Medicare Annual Wellness Visit (G0439)
<ul style="list-style-type: none"> <input type="checkbox"/> Medicare pays for one per lifetime <input type="checkbox"/> Must be done in first 12 months of Part B coverage 	<ul style="list-style-type: none"> <input type="checkbox"/> Applies the first time a beneficiary receives an AWV <input type="checkbox"/> Patient is eligible after the first 12 months of Part B coverage <input type="checkbox"/> Patient hasn't completed a Welcome to Medicare Visit in the past 12 months 	<ul style="list-style-type: none"> <input type="checkbox"/> Applies to all AWVs after a beneficiary's initial AWV <input type="checkbox"/> No AWV within the past year

Patient Examples


Three Medicare members want to schedule a preventive visit with you.



Danielle
New to Medicare



Brian
Has had Medicare for 18 months, but has not had an Annual Wellness Visit



Julia
Has had Medicare for 3 years, had an initial Medicare AWV 13 months ago

According to Medicare criteria, Danielle is eligible for a **Welcome to Medicare Visit** because she enrolled in Medicare less than 12 months ago.

According to Medicare criteria, Brian is eligible for an **Initial Medicare AWV** because he's had Medicare for longer than 12 months and has never had an AWV.

According to Medicare criteria, Mary is eligible for a **Subsequent Medicare AWV** because she's had Medicare longer than 12 months and it's been at least 12 months since her initial AWV.

APPOINTMENT STRUCTURE

Annual Wellness Visits are not yearly physicals. You are encouraged to gather important patient information so a long-term care plan can be developed. This may include:



Health Risk Assessment



Patient History



Current Care Providers



Current Medications



Screenings

VISIT COMPARISON

The Centers for Medicare and Medicaid Services requires a number of components for each type of each visit.

Required Components	Welcome to Medicare Visit	Initial Medicare Annual Wellness Visit	Subsequent Medicare Annual Wellness Visit
Establish/update Health Risk Assessment		✓	✓
Document height, weight, BMI and blood pressure	✓	✓	✓
Document current medications and supplements	✓	✓	✓
Review current opioid prescriptions and assess pain and risk factors.	✓	✓	✓
Establish/update a list of current providers	✓	✓	✓
Obtain and document medical, surgical and family history	✓	✓	✓
Establish/update a list of the patient's risk factors, conditions and treatment options	✓	✓	✓
Depression screening	✓	✓	✓
Assess cognitive function	✓	✓	✓
Visual acuity screening	✓		
One time EKG/ECG Screen	✓		
Review patient's functional ability and level of safety	✓	✓	✓
Advance Care Planning (with patient consent)	✓	✓	✓
Provide education, counseling and referrals based on visit components	✓	✓	✓
Provide a written preventive screening schedule	✓	✓	✓
Screen for potential Substance Use Disorders (SUDs)	✓	✓	✓

ADDRESSING CARE GAPS AND PREVENTIVE SCREENINGS

The AWV is an opportunity to review open care gaps with patients and ensure that all vaccinations, screenings and other preventative services are current. These vaccinations and screens are provided by Medicare at no cost to the patients (* dependent on Part D coverage).



Vaccinations:



Influenza



Pneumonia



Hepatitis B



COVID-19



Shingles*



Screenings:



Breast cancer screening



Colorectal cancer screening



Comprehensive diabetes care

BILLING AND CODING

Billing for additional services is acceptable if you perform services/screenings that are significant and separately identifiable from a AWW. Please review these coding recommendations and best practices.

Evaluation and Management (E/M):

When additional services that are significant and separately identifiable from a Medicare preventive visit are performed, it is appropriate to bill for an E/M visit in addition to a Medicare preventive visit.



Patients are responsible for any copay/coinsurance and/or deductibles

Billing Example

- Medicare Annual Wellness Visit subsequent: G0439
- Level 3 E/M: 99213 with modifier -25

Electrocardiogram:

Routine ECG with 12 leads; performed only as a screening with one-time Welcome to Medicare visit



Patients are responsible for any copay/coinsurance and/or deductibles

Billing Example

- With interpretation and report: G0403
- Tracing only: G0404
- Interpretation and report only: G0405

Advance Care Planning:

Advance Care Planning (ACP) is a face-to-face service between a qualified health-care professional and a patient to discuss advance directives with or without completing relevant legal forms.



Medicare WAIVES copay/coinsurance and deductible when ACP is completed during an initial or subsequent Medicare AWW.

Billing Example

- Medicare AWW subsequent: G0439
- Advance care planning (initial 30 min): 99497 with modifier -33
- Advance care planning (each additional 30 min): 99498 with modifier -33

Qualified Health Professionals include:

- MD or DO
- Physician Assistant
- APRN

Depression:

The depression screening can only be billed separately for a subsequent AWW [G0439]. It is considered a component of the other AWWs [G0402, G0438] and cannot be billed separately for those visits.



G0444 is depression screening up to 15 minutes. The screening must last at least eight minutes for this code to be used.

Billing Example

- Subsequent AWW: G0439
- Depression screening (up to 15 minutes, 8-minute minimum) G0444

Vaccinations:

- Annual Wellness Visit Initial: G0438
- Administration of influenza vaccination: G0008
- Influenza virus vaccine: 90630 and diagnosis code Z23 (encounter for immunization)

Sources:

Medicare Coding Guide: <https://www.ama-assn.org/system/files/2020-09/medicare-payer-coding-guide.pdf>

ACPonline.org: <https://www.acponline.org/practice-resources/business-resources/payment/medicare-payment-and-regulations-resources/medicare-annual-wellness-visit-aww>

PATIENT AND PROVIDER BENEFITS



Quality Outcomes

- Health and wellness goals
- Questions and concerns



Care Management and Risk Capture

- Assess and address issues early before developing into something urgent
- Review care gaps
- Capture and recapture patient's health risk



Cost Savings Initiatives

- AWVs led to a 5.7% deduction in total health-care costs the 11 months following the AWV (AJMC)

PATIENT ENGAGEMENT

Many Medicare beneficiaries are unaware of the three types of Medicare Annual Wellness Visits. In addition to one-on-one conversations with your patients to discuss the importance of an AWV, you can also remind them that this is a free benefit available to them as a Medicare beneficiary. HPP also has a number of resources available to our providers that may encourage your patients to schedule an AWV or participate in self-management after the visit.

RESOURCES TO INCREASE ENGAGEMENT

SNAP

The Supplemental Nutrition Assistance Program (SNAP) provides nutrition help to low-income individuals and families. SNAP eligibility is based on income and family size. Patients need to apply for SNAP benefits www.compass.state.pa.us or their county assistance office.

Find Help

HPP encourages providers to use Find Help, an online directory of local resources and support organizations, to help members find the resources they need. Visit <https://hpp.findhelp.com/> to search for help.

SilverSneakers

All Health Partners Medicare members have access to the SilverSneakers® fitness center network. Patients should visit www.silversneakers.com to find a fitness center; SilverSneakers has more than 16,000 participating fitness centers in their network.

Rewards & Incentives

The Wellness Rewards program incentivizes Medicare members to complete specific health-related activities in 2023 to earn money on a reloadable card. Please note that our Medicare rewards program is different from our Medicaid/CHIP rewards program.

Providers are encouraged to visit www.HPPlans.com/rewards for a full description of the program.

RESOURCES TO INCREASE ENGAGEMENT

Transportation Benefits

Health Partners Medicare members who live in Pennsylvania have a transportation benefit. Members can use the benefit for trips to and from doctor's visits, other healthcare appointments, and pharmacies.

- Special plan members: Unlimited rides
- Prime: 50 one-way rides
- Complete: 22 one-way rides

Please note:

Members use two rides to go to and from a doctor's visit. The benefit is for one-way, not round trip, rides.

BP Cuffs

Blood pressure cuffs allow patients to monitor their blood pressure and report their results based on your direction. As a provider, you can complete and submit a blood pressure cuff referral form when appropriate for Medicare patients. A prescription from a provider is required. Visit www.HPPlans.com/cuff to complete a request form.

Advanced Care Planning (ACP)

Voluntary ACP is a face-to-face service between the physician and a patient discussing advance directives with or without completing relevant legal forms. Because Medicare pays for ACP, you may be reimbursed for advance care planning services.

Examples of Advance Directives include living wills, instruction directives, healthcare proxy and healthcare power of attorney.

Medication Management

HPP has partnered with several vendors and pharmacies that can help support our provider partners with outreach and medication adherence efforts. Our members also have access to pharmacy benefits through their specific health plan. The resource guide can be found on our website at www.HPPlans.com/MedicareMedAdherence.