

Hello and welcome to HLN's orientation to the Medicare Annual Wellness Visit. The Center for Medicare and Medicaid Services introduced the Annual Wellness Visit to promote preventive care among older adults through wellness and health education.

Today I will review the three different types of Medicare Annual Wellness Visits, the importance of completing these yearly visits, tips on how to successfully complete a stand-alone annual wellness visit, and finally, tips on how to combine an annual wellness visit with an evaluation and management visit.

What is the Medicare Annual Wellness Visit (MAWV)

“The Medicare AWW is an annual encounter that allows PCPs to create or update a patient’s personalized illness prevention plan based on their current health and risk factors.”

Review	Assess	Plan
<ul style="list-style-type: none">• Medical history and use of medications• Outstanding health maintenance needs• Review HCC codes	<ul style="list-style-type: none">• Functional ability and level of safety in current setting• Cognitive impairment and behavioral health needs	<ul style="list-style-type: none">• Patient and disease specific health maintenance needs• Address risk factors discovered during risk assessment




Unlike an annual physical exam, the Medicare AWW is a specific type of encounter, that creates an opportunity for discussion and dedicated time for PCPs, to identify undiagnosed risk factors, and to plan the future wellness care of their patients. Studies have shown that patients who have had an AWW, have higher rates of screening and preventative health measures, when compared to those who have not. CMS reimburses providers to complete this yearly discussion-focused visit, to encourage proactive healthcare among this aging population.

Traditional Medicare Annual Wellness Visits are completed on a yearly basis and can be thought of as having three components:

1. First, PCPs will review the healthcare status of the patient and any wellness and health maintenance needs. PCPs also can review any Hierarchical Condition Category codes at this time.
2. Next, PCPs will complete a health risk assessment to determine patient functional ability and level of safety in their current setting, as well as a screening for cognitive impairment and behavioral health needs.
3. Lastly, the PCP and the patient will develop a personalized plan of care, to include individual and disease specific health maintenance tests that are needed in the future, along with how to address any new risk factors discovered during the visit.

It is important to remember that Medicare Annual Wellness Visits should be completed only on patients who have Medicare or commercial Medicare Advantage as their healthcare payor.

Types of Medicare Annual Wellness Visits (MAWVs)

Initial Preventative Physical Exam (IPPE) (G0402)	Initial Medicare Annual Wellness Visit (G0438)	Subsequent Medicare Annual Wellness Visit (G0439)
<ul style="list-style-type: none"> Also known as the "Welcome to Medicare" visit Patient is eligible within the first 12 months of Medicare Part B coverage. 	<ul style="list-style-type: none"> Patient is eligible after the first 12 months of Medicare Part B coverage Patient has not completed the Welcome to Medicare Visit in the past 12 months 	<ul style="list-style-type: none"> Patient has had an Initial Annual Wellness Visit Patient has not had an AWV within the past 12 months Can be completed via Telehealth
<p>Larry has had Medicare for 5 months</p>  <p>According to Medicare criteria, Larry is eligible for a Welcome to Medicare Visit because he enrolled in Medicare less than 12 months ago. 2.6 RVUs</p>	<p>Stanley has had Medicare for 18 months</p>  <p>According to Medicare criteria, Stanley is eligible for an Initial Medicare AWV because he's had Medicare for longer than 12 months and has never had an AWV. 2.6 RVUs</p>	<p>Marie has had Medicare for 3 years, had an initial Medicare AWV 13 months ago.</p>  <p>According to Medicare criteria, Marie 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. 1.90 RVUs</p>

As mentioned on the previous slide, the Medicare Annual Wellness Visit is a specific type of visit that encourages gathering information to plan for future care. There are three different types of wellness visits:

1. The first type is called the Initial Preventative Physical Exam which is often referred to as the Welcome to Medicare visit or the IPPE. This exam is completed within the first 12 months of patients enrolling in Medicare part B.
2. The second type is called the Initial Annual Wellness Visit. A patient will be eligible for this visit if they have not completed the IPPE within the first 12 months of Medicare enrollment and has not ever had an AWV.
3. The third and last type of wellness visit is the Subsequent Annual Wellness Visit. Traditional Medicare allows patients to have this free wellness visit each year, provided that it is scheduled with a minimum of 12 months from the last MAWV visit. This visit can also be conducted via telehealth as long as the patient has a validated blood pressure cuff.

For your information, this slide also offers examples of all three (3) types of AWVs as well as their corresponding Relative Value Units (RVUs).

It is important to remember that Medicare Annual Wellness Visits differ from a routine health maintenance exams due to the inclusion of a comprehensive health risk assessment,

and the exclusion of a physical examination. Additionally, the Medicare AWWs do not cover routine tasks used in the treatment of medical conditions such as filling medications and completing routine laboratory tests.

AWV Visit Comparison

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

This table offers a comparison of services between the (3) different types of AWVs.

When comparing the Welcome to Medicare Visit, or IPPE, to the Initial and Subsequent Annual Wellness Visits, the IPPE does not include a Health Risk Assessment form, and it does not require the provider to obtain an updated list of the patient's current providers and risk factors. It does, however, require a visual acuity screening and a one-time EKG/ECG screening.

When comparing the Initial and Subsequent Annual Wellness Visits, both of their services are the same except the Subsequent does not require depression screening and a review of the patient's functional ability.

Epic .AWV SmartPhrase

“To be used for all patients 65 years and older with Medicare or Medicare Advantage as well as disabled under 65.”

1. To be used in all (3) Medicare Annual Wellness Visits types
2. Assures that all CMS and commercial MA plans required elements are captured
3. Imports data from the patient chart when used in the visit note *(including the CMS HRA questionnaire and Humana PAF)*
4. Has built in functions to capture data for reporting
5. Vetted by FMOLHS coders and a third-party contractor
6. Is updated regularly as CMS requirements change

To encourage Medicare Annual Wellness Visits among our providers, we have created the .AWV SmartPhrase template which guides providers throughout the wellness encounter. The .AWV SmartPhrase is updated according to CMS’s requirements and should be used for all (3) types of annual wellness visits. The SmartPhrase has also been vetted by our internal coding team as well as a third-party administrative services processing company for government-sponsored health care programs. This SmartPhrase should be used for all patients 65 years and older with Medicare or Medicare Advantage as well as the disabled under 65.

The .AWV SmartPhrase has built in functions that capture quality metrics and pulls in data from the patient’s chart to complete the encounter. This data incorporates items from the Health Risk Assessment questionnaire as well as other payor questionnaires. Providers should not alter the .AWV SmartPhrase since it captures the elements needed to satisfy CMS’s requirements for all Medicare wellness visits. Any individual alterations to the .AWV SmartPhrase template can create additional work, effect the background reporting of quality and health maintenance metrics, and may cause the encounter to be rejected by CMS for failure to include all required data.

Medicare AWW Tips

Documentation	Billing & Diagnosis Codes	Services Included & Patient Cost
<ul style="list-style-type: none">☑ .AWV SmartPhrase☑ Providers can address acute and chronic conditions without adding an E/M code	<ul style="list-style-type: none">☑ G0402 IPPE (PR INITIAL PREVENTIVE EXAM) & Z00.00 Medicare Welcome Visit☑ G0438 Initial AWW (PR PPS, INITIAL VISIT) & Z00.00 Medicare AWW, Initial☑ G0439 Subsequent AWW (PR PPS, SUBSEQ VISIT) & Z00.00 Medicare AWW, Subsequent <p>The Z code should be the first code associated with the G code and any problem-oriented codes for stable chronic conditions addressed should be secondary, tertiary, and so on.</p>	<ul style="list-style-type: none">☑ All aspects of the Annual Wellness Visit☑ Lab work and writing prescriptions are NOT INCLUDED☑ No out-of-pocket cost

To successfully complete an annual wellness visit, providers should use the .AWV SmartPhrase and use the questions in the template to guide the visit discussion. Providers can address acute and chronic conditions without including an E/M code if the provider chooses to do so.

Providers should use the appropriate G code for each wellness visit:

Procedure code G0402 should be used for the Initial Preventative Physical Exam along with diagnosis code Z00.00 Medicare Welcome Exam

Procedure code G0438 should be used for the Initial Annual Wellness Visit along with diagnosis code Z00.00 Initial Medicare Annual Wellness Visit, Initial diagnosis code

Procedure code G0439 should be used for all Subsequent Annual Wellness Visits along with diagnosis code Z00.00 Subsequent Medicare Annual Wellness Visit

It is crucial that the appropriate Z code be the first diagnosis code associated with the G code. Any problem-oriented diagnosis codes for acute and chronic conditions addressed should be secondary, tertiary, and so on. If a problem-oriented code is used as the primary diagnosis, the annual wellness visit may be rejected by Medicare.

In summary, all aspects of an appropriate wellness visit are included in the Medicare annual wellness visit; however physical exams, lab work and writing any prescriptions are not

included in this visit.

By following these steps, patients will not have an out-of-pocket cost.

Medicare AWV with an E/M Tips

Documentation	Billing & Diagnosis Codes	Services Included & Patient Cost
<ul style="list-style-type: none"> ☑ .AWV SmartPhrase with the provider's preferred E/M SmartPhrase ☑ The visit MUST have the appropriate documentation to support the medical necessity of adding the E/M visit to an AWV and each section of the note should be clearly delineated. ☑ The HPI MUST include that the patient is in for an AWV and for acute or chronic issues and what the patient reports about those conditions. This conditions MUST addressed in the assessment portion of the note AND have a plan to address those issues. 	<ul style="list-style-type: none"> ☑ G0402 IPPE (PR INITIAL PREVENTIVE EXAM) & Z00.00 Medicare Welcome Visit ☑ G0438 Initial AWV (PR PPPS, INITIAL VISIT) & Z00.00 Medicare AWV, Initial ☑ G0439 Subsequent AWV (PR PPPS, SUBSEQ VISIT) & Z00.00 Medicare AWV, Subsequent The Z code should be the only code associated with the G code ☑ 99202–99215 with 25 modifier for the E/M portion of the visit Problem-oriented codes should be associated with the E/M code with the 25 modifier 	<ul style="list-style-type: none"> ☑ All aspects of the Annual Wellness Visit and an Evaluation and Management Visit ☑ Substantial acute/chronic needs, lab work, writing prescriptions are INCLUDED ☑ Standard E/M out-of-pocket cost as per patient payor guidelines

To successfully incorporate an E/M visit with a Medicare annual wellness visit, providers should use the .AWV SmartPhrase and the providers preferred E/M SmartPhrase template.

These two visit types can be combined to prevent patients from making two separate visits, one for the annual wellness visit and the second for the E/M visit to manage patient acute and chronic conditions which would include ordering lab work and refilling medications.

Providers must include documentation that supports the medical necessity for adding the E/M visit to the annual wellness visit. Each section must meet all criteria for each type of visit to occur and the note for each visit type should be clearly delineated

The HPI must clearly state that the patient is in for an annual wellness visit and to address any acute or chronic issues; the HPI should also include what the patient reports about those conditions. Additionally, all conditions must be addressed in the assessment portion of the note with a plan on how to address those issues.

For billing purposes, use the appropriate G code for the annual wellness visit portion of the visit and the appropriate E/M code with the 25 modifier for the E/M portion of the visit.

When associating diagnosis codes to the billing codes, the appropriate Z00.00 code should

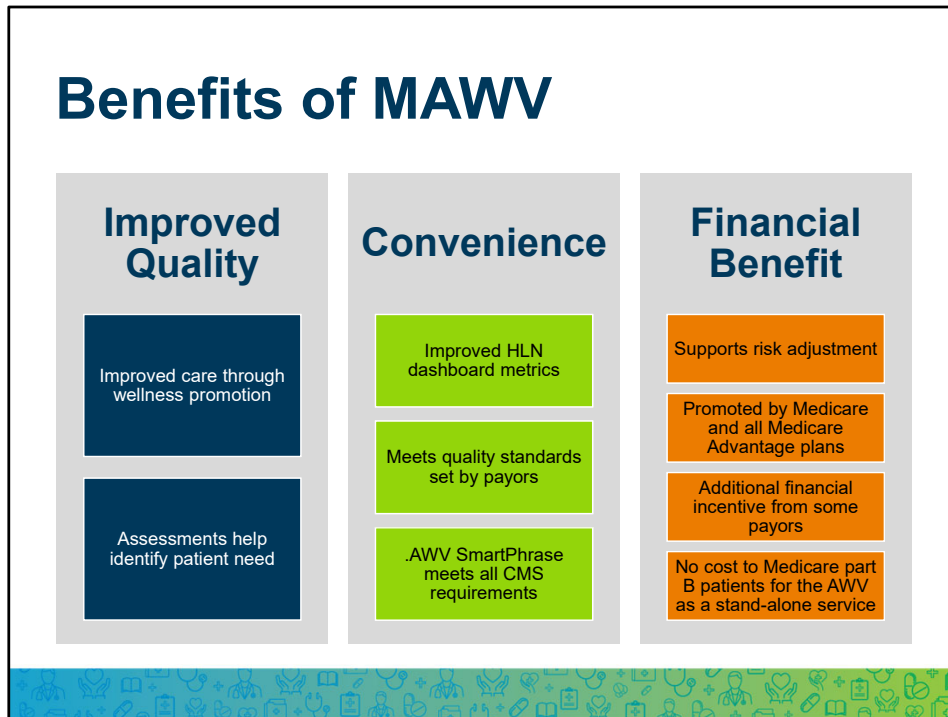
be associated with the annual wellness visit G code. All problem-orientated codes should be associated with the appropriate E/M code with the 25 modifier.

In summary, this visit includes all aspects of the Medicare Annual Wellness visit and all aspects of an Evaluation and Management visit.

Physical exams, substantial management of acute and chronic needs, lab work, and writing prescriptions are also included.

Regarding cost, patients will be responsible for the standard E/M out-of-pocket cost as per individual patient payor guidelines.

Benefits of MAWV



In addition to being a worthwhile opportunity to provide comprehensive patient care, the Medicare annual wellness visit has several benefits.

providers can meet several health maintenance and quality measures required by our HLN contracts. The .AWV SmartPhrase also takes the uncertainty out of completing an annual wellness visit because

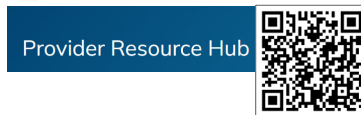
It promotes quality care through wellness and patient education while setting up the opportunity to fully assess any patient risks that have not yet been identified.

By using the .AWV SmartPhrase, our template contains all of the CMS requirements for this visit.

From a financial perspective, completing an Annual Wellness Visit supports risk adjustment through HCC coding which directly impacts the amount of funding allocated by our payors for individual patient care. Additionally, Medicare is committed to the ongoing reimbursement of service and some Medicare Advantage plans provide financial incentive to health systems for its completion. The Medicare Annual Wellness Visit is also available to patients at no out-of-pocket cost.

Additional AWV Resources

1. Start by navigating to the HLN Provider Resource Hub: <https://www.hlncn.com/provider-resource-hub/>
2. Scroll down to **Additional Resources** and open the **Adult Clinical Resources** section. Scroll down until you see **Medicare Annual Wellness Visits**.



Additional Resources

Patient Experience Resources

General Resources

Adult Clinical Resources

- [Video: HLN Care Gaps \(12:43\)](#)
- [Care Coordination Directory](#)
- [Care Coordination Provider Communication](#)
- **Advance Care Planning**
 - [Advance Care Planning: Why Is It So Hard? \(Episode 1\) \(10:45\)](#)
 - [Advance Care Planning: Is It Dangerous? \(Episode 2\) \(9:39\)](#)
 - [Advance Care Planning: Conspiracy of Silence \(Episode 3\) \(8:25\)](#)
 - [Advance Care Planning: Scripting Is Everything \(Episode 4\) \(11:25\)](#)
- **Diabetes**
 - [Diabetes Medication Resource](#)
 - [Diabetes Clinical Standard](#)
 - [HLN Patient Support Common Complications of Diabetes](#)
 - [HLN Patient Support Common Complications of Diabetes - Spanish](#)
 - [HLN Patient Support Common Complications of Diabetes - Vietnamese](#)
- **Diabetic Chronic Kidney Disease**
 - [Diabetic CKD Clinical Standard](#)
 - [Early CKD: Dr. Marsh and Dr. Lieux \(17:04\)](#)
- **Hepatitis C**
 - [Epic Hep C Tip Sheet](#)
 - [HCV Provider Training](#)
 - [HCV Treatment Algorithm](#)
 - [LDH Hep C Elimination Program](#)
- **Hypertension**
 - [Hypertension Clinical Standard](#)
 - [Hypertension Medication Resource](#)
- **Medicare Annual Wellness Visits**
 - [MAWV with Dr. Bodin - HLN in 10 Podcast](#)
 - [MAWV Provider Workflow - Epic Video](#)

<https://www.hlncn.com/provider-resource-hub/>

For additional information and resources, providers and staff can go to HLN's Provider Resource Hub. By scanning the QR code with the camera function on your smartphone, you can navigate to HLN's Provider Resource Hub. Additionally, the URL for the hub is also provided on this slide. Once you have accessed the hub, you can then scroll to the bottom of the website and select the Adult Clinical Resources section; our Medicare Annual Wellness Visit resources are located at the bottom of this section. If you have specific questions that are not addressed in these resources, please reach out to your HLN population health program manager for further assistance.

Course Attestation

1. Take out phone
2. Select **Camera** application on phone
3. Scan **QR Code** below
4. Select Website banner
5. Fill out form
6. Course title is **Medicare AWV**
7. Click **Submit** form*



HLN Orientation Course Attestation

Name *

First Name Last Name

Title *

Physician
 Physician Assistant
 Nurse Practitioner
 Other

Clinic Name *

Specialty *

Course Title *
Please Select

Date of Course Completion *
MM-DD-YYYY

Date

HIPAA

*Course credit will not be issued until you complete the attestation form.

This will conclude HLN's orientation to Medicare Annual Wellness Visits. Please take out your smart phone and use the camera function to scan the QR code and complete the course attestation form linked to it. Credit for course completion will only be issued if you complete and submit the form. Please remember to select course title Medicare AWV before submitting your form.

Additionally, there is a slide in the Appendix that offers the link and QR code to a video that demonstrates how the HRA BPA is utilized as well as how to use the .AWV SmartPhrase within the visit Notes. Watching this demonstration by Dr. Michael Bodin is recommended and founded to be extremely helpful.

Thank you and have a wonderful day.

APPENDIX.

1. AWV Provider Workflow Video



Epic AWV Provider Workflow



Dr. Mike Bodin demonstrates how the HRA BPA is utilized as well as how to use the .AWV SmartPhrase within the visit Notes.

[Click Here](#) to access podcast or scan QR code below.

