

Understanding Medicare Advantage wellness visits



Medicare Advantage wellness visits are office visits that focus on preventive care, screenings, and advanced care planning.

These visits are an important opportunity to have in-depth conversation with patients to assess their health status, update important information such as health history and medications, and develop personalized prevention plans.

Scheduling patients for a wellness visit removes the time constraints of trying to assess the patient's preventive needs during a problem-oriented visit, as well as offer providers the opportunity to be reimbursed for this important work.

There are three types of Medicare Advantage wellness visits:

- Initial preventive physical exam (IPPE)
- Initial annual wellness visit (IAWV)
- Subsequent annual wellness visit (SAWV)

Additionally, Amerigroup Medicare Advantage plans offer coverage for annual routine physicals which can be performed in conjunction with an IPPE, AWWV, or a problem-oriented office visit. These routine physical exams help in appropriately diagnosing, monitoring, assessing, evaluating, and/or treating conditions that may not otherwise be captured, closing gaps in care, and creating a comprehensive care plan to manage possible chronic conditions.

	Billing code	Frequency	Provider(s)	Telehealth?
IPPE	G0402 ¹	One per lifetime within the first 12 months of Medicare Part B eligibility date	<ul style="list-style-type: none"> ■ Physician ■ Qualified non-physician practitioner (NPP) 	No
IAWV	G0438 ¹	One per lifetime after the first 12 months of Medicare eligibility date	<ul style="list-style-type: none"> ■ Physician ■ NPP ■ Medical professional³ 	Yes
SAWV	G0439 ¹	Every calendar year	<ul style="list-style-type: none"> ■ Physician ■ NPP ■ Medical professional³ 	Yes
Routine physical exam ²	99381-99397	Every calendar year	<ul style="list-style-type: none"> ■ Physician ■ NPP 	No

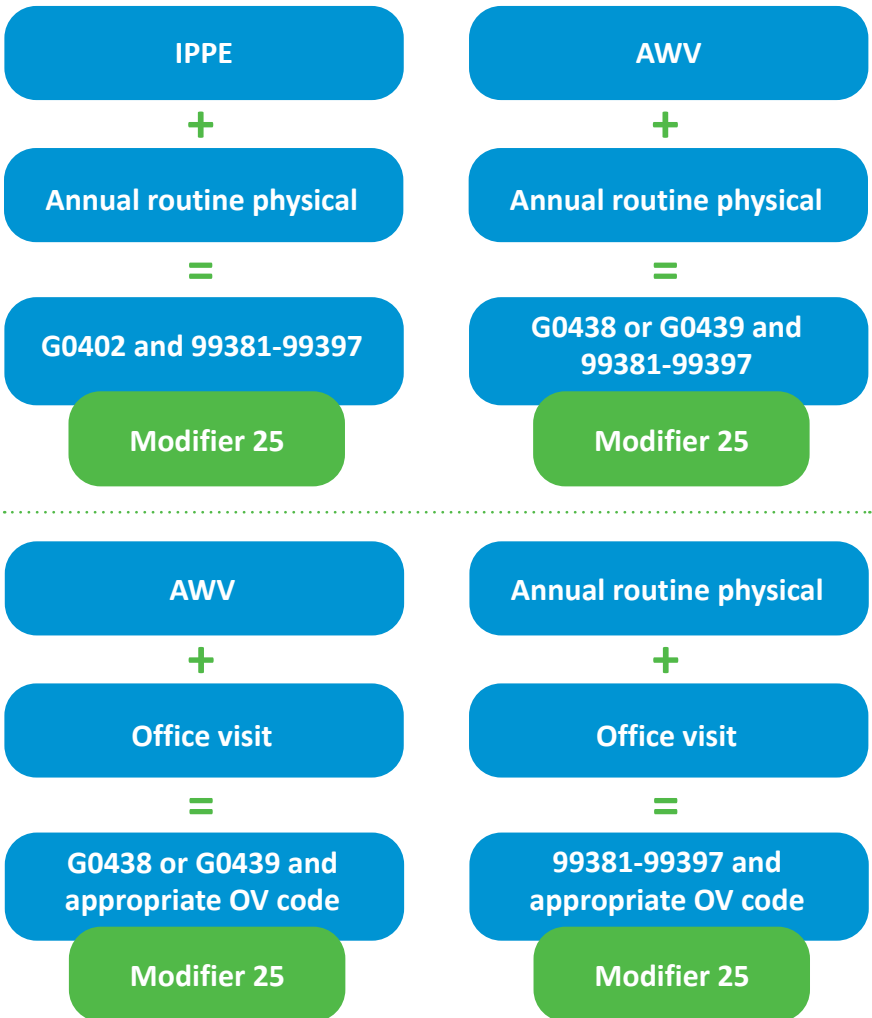
- 1 For FQHC providing IPPE or AWW visits, G0468 must be accompanied by qualifying codes G0402, G0438, or G0439.
- 2 When the annual wellness visit routine physical is completed by an in-network provider in an HMO and/or PPO plan, there are no out-of-pocket costs and is a \$0 copayment for the member. Physicals completed by out-of-network providers for members in PPO plans will be subject to member co-pay as applicable by the member’s plan. For the HMO plans, there will be no out-of-network coverage for routine physicals as they must be rendered by an in-network provider. Additional cost share may apply for additional services or testing performed during the visit. Contact the member’s health plan to verify eligibility and benefits.
- 3 Medical professionals may include health educators, registered dietitians, nutrition professionals, other licensed practitioners, or a team of medical professionals directly supervised by a physician.

Note: To find your fee schedule for these services please review your provider agreement, or log into Availity Essentials.*

Annual planned visits and additional services

Modifier 25 may be used when there is a significant, separately identifiable evaluation and management (E/M) service provided on the same day

For example:



Note: If treatment for an existing medical condition occurs during the preventive service or other services are billed in addition to the preventive service, copay for the care received may also apply.

Additional screenings

Other screenings can also be done. Check benefits to identify frequency and specific types of screenings:

- Depression screening (G0444)
- Alcohol screening (G0442)
- Colorectal cancer screening
- Breast cancer screening
- Cardiovascular screening
- Flu shot
- HbA1c and diabetic retinal eye exams for patients with diabetes
- HIV screening
- Sexually transmitted infections screening and counseling
- Obesity screening and counseling

Note: For OBGYN providers, a Pap test and pelvic exam for our Medicare Advantage members are covered annually only if at high risk for developing cervical or vaginal cancer or childbearing age with abnormal Pap test within past three years. Otherwise, a Pap test and pelvic exam are covered every two years for women at normal risk. These services should be filed as separate codes from the routine physical if they are rendered.

Medicare Advantage member benefits are subject to change from year to year. Please review benefits at <https://provider.amerigroup.com>.

For further information or to verify member eligibility, benefits, or account information, please call the telephone number listed on the back of the member's identification card.

Components of the wellness visit

IPPE:

■ Review:

- Medical, social, and family history
- Potential risk factors for depression and mood disorders
- Functional ability and safety
- Current opioid prescriptions

■ Measure:

- Height, weight, and BMI
- Blood pressure
- Visual acuity
- Other factors deemed appropriate based on medical and social history

■ Include:

- Screening for potential substance use disorders
- End of life planning (patient may decline)
- Education, counseling, and referral as appropriate
- Based on review and results of visit components
- To obtain screenings and other preventive services





Initial AWV:

■ Establish:

- Medical and family history
- List of current providers and suppliers
- List of risk factors and conditions where you recommend or already have interventions underway
- Written screening schedule for the next five to 10 years

■ Review:

- Potential risk factors for depression and mood disorders
- Functional ability and safety
- Current opioid prescriptions

■ Measure:

- Height, weight, and BMI
- Blood pressure
- Other routine measurements deemed appropriate based on medical and family history

■ Include:

- *Health Risk Assessment (HRA)*
- Cognitive function assessment
- Personalized health advice and appropriate referrals to health education, counseling services, or programs
- Provide advanced care planning at patient's discretion
- Screening for potential substance use disorders

Subsequent AWW:

■ Review/update:

- HRA
- Medical and family history
- List of current providers and suppliers
- Written screening schedule for the next five to 10 years
- List of risk factors and conditions where you recommend or already have interventions underway
- Current opioid prescriptions

■ Measure:

- Weight
- Blood pressure
- Other routine measurements deemed appropriate based on medical and family history

■ Include:

- Cognitive function assessment
- Personalized health advice and appropriate referrals to health education, counseling services, or programs
- Provide advanced care planning at patient's discretion
- Screening for potential substance use disorders

Routine physical exam:

■ Exam focused on modifiable risk factors and disease prevention (no chief complaint/no present illness):

- Comprehensive history and physical exam findings
- Complete systems review
- Past medical, social, and family history
- Pertinent risk factors
- Description and status of chronic conditions that aren't significant enough to require additional work-up
- Description and care plan for minor problems that do not require additional follow-up
- Risk factor and age-appropriate counseling, screening labs, tests, and vaccines including orders and/or referrals

For a comprehensive list of IPPE and AWW components, visit <https://go.cms.gov/3Jct1Wf>.



Developing an AWV workflow

When implementing the AWV, it is important to develop a workflow that works best for you and your office. Review the sample workflow and tips below for ideas on how to map out each step. This sample workflow is not comprehensive, but rather intended to serve as guidance that can be tweaked to fit the needs of your office.

1. Schedule patient for wellness visit appointment type (IPPE, AWV).

2. Send HRA to patient to complete prior to visit

3. Conduct pre-visit planning.

4. When patient arrives at the office, confirm if an HRA has been completed. If not, have patient complete in the waiting room.

5. If using an electronic health record (EHR), ensure AWV template is loaded.

6. Room the patient and ensure required exam components are obtained.

7. Review *HRA* with patient and address any positive findings by providing resources or referrals

8. Complete and review *Personalized Prevention Plan*, and document risk factors and conditions where interventions are recommended or underway.

9. If performing an additional service: Complete components of physical exam, or if patient has acute or chronic medical concerns, continue with problem-based visit

10. Schedule next wellness visit or place reminder in patient's chart.

 Office staff action

 Provider action

Scheduling your patient for a wellness visit:

■ Suggested care team member:

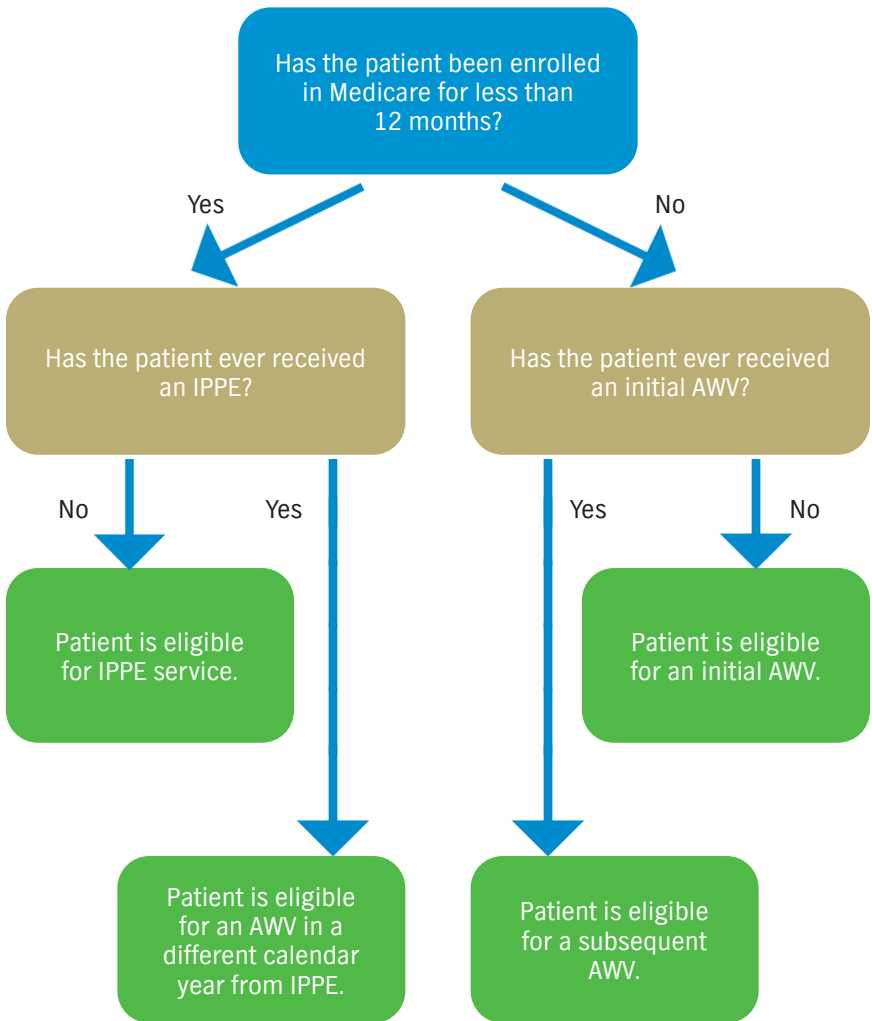
- Front desk staff
- Scheduler
- Medical assistant (MA)
- Licensed practical nurse (LPN)
- Residential nurse (RN)

■ Workflow tips:

- Flag patient charts who are due for these services so office staff can easily identify that the patient need to schedule a wellness visit.
- Create a script or talking points for staff when taking inbound calls or outreaching to patient to schedule them for wellness visits.
- Remind patients that if other services are provided a copay may apply.
- When scheduling your patients, it is essential to understand which visit type your patient is eligible to receive. Use the following wellness visit decision chart to help scheduling staff identify the appropriate visit type.



Wellness visit decision chart



Sending *HRA* to the patient to complete prior to the visit

■ Suggested care team member:

- Front desk staff
- MA
- LPN
- RN

■ Workflow tips:

- If using an EHR, determine if there is functionality to send patients *HRA* questions before the visit through the patient portal.
- Have staff call patients prior to visits and ask *HRA* questions.
- Mail patient *HRA* questionnaire to fill out and bring to visit.
- If patient scheduled the appointment while in the office, hand them an *HRA* at the time of scheduling.

Conduct pre visit planning

■ Suggested care team member:

- MA
- LPN
- RN
- NPP
- Physician

■ Workflow tips:

- Send patient for pre-visit labs.
- Obtain reports for preventive services the patient may have already obtained (such as, colonoscopy, mammogram, diabetic retinal eye exam).
- Review patient chart to identify open gaps in care and, if possible, queue up orders ahead of time to populate during the wellness visit.
- Remind patient to bring their medications to the appointment for medication reconciliation.



Upon arrival confirm the patient has completed the *HRA*

■ Suggested care team member:

- Front desk staff
- MA
- LPN
- RN

■ Workflow tips:

- If the patient has not already completed *HRA* questions, offer the patient the opportunity to complete them in the waiting room:
 - If your EHR has the capability, incorporate the *HRA* questions into your electronic check in process via tablet or mobile phone.
 - Offer the patient a paper copy of the *HRA* that office staff can abstract into the chart.



Utilizing an AWV template if using an *EHR*

■ Suggested care team member:

- MA
- LPN
- RN

■ Workflow tips:

- Create visit types specific to IPPE and AWV that office staff can select when scheduling the patient.
- Develop IPPE and AWV specific templates that automatically populate required visit components.

Rooming the patient

■ Suggested care team member:

- MA
- LPN
- RN

■ Workflow tips:

- Use your staff to top of license to gather information from the patient during the rooming process. See below for examples of information clinical staff can gather while rooming the patient:
 - Vitals: Blood pressure, height, weight, BMI, pain scale
 - Screenings: Visual acuity, ECG, depression, fall risk, cognitive status, functional status (ADLs), safety
 - Medication reconciliation
 - Patient care team
 - Advance directives
 - Patient history: Past medical, social, family, surgical
 - *HRA* questions, if not answered prior to rooming

Reviewing the *HRA* and addressing positive findings

■ Suggested care team member:

- Physician
- NPP

■ Workflow tips:

- If using an *EHR*, develop order sets for possible positive findings that include patient education and referrals.
- Create and maintain a resource list that office staff can use to quickly identify appropriate resources for the patient.
- Include resources and referrals on the patient visit summary.



Completing *Personalized Prevention Plan* and documenting risk factors/conditions

■ Suggested care team member:

- Physician
- NPP

■ Workflow tips:

- Document the specific type of screening tests done with the date performed and results. Additionally, document if a screening is not indicated or the patient's refusal.



■ Base *Personalized Prevention Plans*:

- United States Preventive Services Task Force (USPSTF) recommendations: **www.uspreventiveservicestaskforce.org/uspstf**
- Advisory Committee on Immunization Practices (ACIP) recommendations: **<https://www.cdc.gov/vaccines/acip>**
- The patient's *HRA*, health status, and screenings
- The preventive services covered by Medicare Advantage

Completing a physical exam or problem-based visit

■ Suggested care team member:

- Physician
- NPP

■ Workflow tips:

- Use EHR functionalities such as template, text shortcuts, and favorites to streamline documentation.
- Use monitoring, evaluating, assessing, treating (MEAT) documentation to support hierarchical condition category coding.
- Ensure documentation supports a significantly separate service, if billing an additional E/M code with -25 modifier.

Scheduling next well visit

■ Suggested care team member:

- Front desk staff
- MA
- LPN
- RN

■ Workflow tips:

- If provider's schedule is rolled out for the next calendar year, book patient's next wellness visit before they leave the office.
- If the provider schedule is not rolled out for the next calendar year, flag the patient's chart with a reminder to schedule.
- Print or send a patient summary to the patient website that has the next scheduled appointment or appointment reminder.



Utilizing the AWW to address quality and patient experience

The annual wellness visit is an important opportunity to address the patient's open quality gaps in care and positively impact the patient's experience.

Clinical quality

It has been shown that patients who receive an AWW have 70 percentage points higher screening rates for fall and depression screen. Additionally AWWs have been associated with higher rates of pneumococcal vaccination, A1c control, breast cancer screening, colorectal cancer screening, and tobacco use screening/cessation interventions (AMJC: <https://bit.ly/3EZVhZG>). The personalized prevention plan is a required component of the AWW and can be a useful tool in leading these conversations with patients.

Patient experience

Patients may receive *Health Outcomes Surveys* about their healthcare experience and the results can directly impact quality scores.

Five of the survey components are focused on:

- Improving and maintaining physical health.
- Improving or maintaining mental health.
- Monitoring physical activity.
- Improving bladder control.
- Reducing the risk of falling.

To ensure patients have the best experience, you can incorporate these elements into their AWW visit:

- Use clear language and taking the time to explain the importance of preventative care and chronic condition management. Pay attention to any language, literacy, or cultural barriers.
- Talk with your patients about hard issues such as mental health status, bladder control, and physical activity.
- Focus on flu and pneumococcal vaccines along with tobacco cessation for eligible populations.
- Ask patients to bring all medications and supplements with them to the appointment and review together.
- Review their completed *HRA* and medical history prior to the appointment to so you are informed about the current state of their health.





Patient AWV materials

In an effort to ensure patients understand the benefits of annual wellness visits and what to expect during these visits, Anthem sends our members a wellness guide and checklist. The checklists are customized based on the member's age, gender, and chronic conditions. These can be a useful guide in navigating the conversation with your patients about what preventive service you recommend for them. An example of the checklist can be found on the next page.

Bring this preventive care checklist with you to the doctor

Get the most out of your benefits by scheduling preventive care with a network doctor. Use this checklist as a guide. Your doctor can recommend what’s best for you.

	Health service	Who needs it	How often	Your cost	Appointment date
<input type="checkbox"/>	Annual wellness visit/routine physical exam	Everyone	Every year	\$0 labs/test subject to copay	_____
<input type="checkbox"/>	Mammogram (breast cancer screening)	Women, ages 50-74; earlier if high risk	Every year	\$0 copay for preventive screening	_____
<input type="checkbox"/>	Colorectal cancer screening	Everyone, ages 50-75; earlier if high risk	Talk to your doctor	\$0 copay for preventive screening; coinsurance for biopsy/tissue removal	_____
<input type="checkbox"/>	Diabetic care (A1c test, kidney test, eye exam)	Everyone with diabetes	Talk to your doctor	\$0 copay	_____
<input type="checkbox"/>	Bone density test	Women, ages 65+, or at high risk	Talk to your doctor	\$0 copay	_____
<input type="checkbox"/>	Medication review	Everyone	At least once per year	Included in annual wellness visit/routine physical exam	_____

Resources:

- <https://www.cms.gov/Medicare/Prevention/PreventionGenInfo/medicare-preventive-services/MPSQuickReferenceChart-1.html>
- <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html>
- <https://www.ajmc.com/view/medicare-annual-wellness-visit-association-with-healthcare-quality-and-costs>





* Availity, LLC is an independent company providing administrative support services on behalf of the health plan.

Coverage provided by Amerigroup Inc.
MULTI-AGP-CR-017313-23-CPN12184