



Wellness Wednesdays: Annual Wellness Visit

January 2022



Agenda

- Overview of Medicare's Preventive Services Program
- AWW
- Questions and Answers
- Resources and References

Objectives

- Provide overview of Medicare preventive services: AWW
- Encourage providers to promote and educate beneficiaries in life-saving preventive services and screenings
- Assist providers in billing for AWW so claim denials may be avoided



Today's Presenters

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Preventive Services Overview

- Medicare pays for many preventive benefits
- Preventive services support the health of Medicare beneficiaries by:
 - Educating about potentially life-saving services and screenings
 - Early detection and/or prevention of diseases
 - Assisting with/suggesting lifestyle modifications

Did You Know

- A beneficiary must be enrolled in Medicare Part B in order to be covered for any Medicare preventive services

Polling Question #1

- What is your role in the Medicare Program for your facility?
 - Biller
 - Clinician
 - Intake/admissions
 - Compliance
 - Administrator

Polling Question #2

- How experienced are you with documenting and/or billing Medicare preventive services?
 - This is all new to me!
 - I am semi comfortable but ready to learn more
 - I am pretty comfortable but will benefit from session as a refresher course

Annual Wellness Visit (AWV)



What Is It?

- For patients who have had Medicare Part B for longer than 12 months
- Visit to develop or update a personalized prevention plan to help prevent disease and disability, based on patient's current health and risk factors
- Not routine/annual physical examination

Benefits of AWW

- Provides ongoing focus on prevention
- Can be adapted as beneficiary's health needs change over time
- Individualized prevention plan

Who Is Covered?

- All Medicare beneficiaries who haven't received IPPE or AWW with PPS within last 12 months

Frequency

- Initial AWW providing PPPS is one-time benefit
 - Provided after at least 11 full months passed since IPPE or
 - At least 11 full months passed since Part B entitlement date when no IPPE performed
- Subsequent AWW providing PPPS is annual benefit
 - Provided after at least 11 full months passed since last AWW

Health Risk Assessments (HRAs)

- Centers for Disease Control (CDC) created standard framework for HRAs
 - Many different HRAs will meet minimum HRA standards
 - Gives health care professionals flexibility to best fit patient needs
- [A Framework for Patient-Centered Health Risk Assessments: Providing Health Promotion and Disease Prevention Services to Medicare Beneficiaries](#)

Components of Initial AWW

- Health Risk Assessment (HRA)
- Patient's medical/family history
- List of current providers/suppliers regularly involved in beneficiary's health care
- Measurement of height, weight, BMI, BP
- Detection of cognitive impairment
- Review of beneficiary's potential risk for depression

Components of Initial AWW

- Review of functional ability and level of safety
- Written screening schedule
- List of risk factors for which interventions recommended/underway; list of treatment options
- Personalized health advice
- At beneficiary's discretion, advance care planning services

Components of Initial Subsequent AWW

- Update HRA
- Update to medical/family history
- Update list of current medical providers/suppliers
- Weight, BP, other routine measurements
- Detection of cognitive impairment
- Update to written screening schedule

Components of Initial Subsequent AWW

- Update to risk factors and interventions
- Personalized health advice and referrals
- At beneficiary's discretion, advance care planning services

Frequently Asked Questions About AWW

- Does it include clinical laboratory tests?
 - No, but you may make referrals for such tests as part of the AWW, as appropriate
- Can I provide other medically necessary services on the same date as an AWW?
 - Yes, but note that deductible and/or coinsurance may be applied and additional coding requirements typically required for those services

AWV and Review of Opioid Use

- Performed as part of review of medical and family history component
 - Diagnosis and then treating opioid use disorders (OUD) as appropriate
 - When patient using opioids, assess benefit from other, non-opioid pain therapies instead, even if patient does not have OUD but possibly at risk
- Additional information
 - [Reducing Opioid Misuse](#)

Who Can Perform

- Physician
- Qualified NPP
 - NP, PA, CNS
- Medical professional (individual or team)
 - Health educator
 - Registered dietician
 - Nutrition professional
 - Other licensed practitioner

Documentation

- When last AWW performed (subsequent only)
- When IPPE performed (if appropriate)
- Must show all required components performed
- Which appropriate HRA screening tool used

Billing Requirements

- Report appropriate ICD-10 diagnosis code
 - No specific diagnosis code required
- Report appropriate revenue code
 - Report appropriate HCPCS code - one (1) unit
 - G0438: Annual wellness visit; includes a personalized prevention plan of service (PPPS); initial visit
 - G0439: Annual wellness visit; includes a personalized prevention plan of service (PPPS); subsequent visit
 - G0468: FQHC visit IPPE or AWW

Billing Requirements

Advance Care Planning

- Optional element
 - Face-to-face conversation between physician or other qualified health care professional and beneficiary
 - Discuss beneficiary's wishes and preferences for medical treatment if unable to speak or make decisions in future
- Coinsurance and deductible waived only if
 - Done on same day and by same provider as covered AWW
 - Billed on same claim as covered AWW
 - Billed with modifier 33 (Preventive Service)

Billing Requirements Advance Care Planning

- Diagnosis code (no specific code required)
- Appropriate CPT code
 - CPT 99497 – ACP first 30 minutes
 - CPT 99498 – Each additional 30 minutes (add on code)

Type of Bills (TOBs)

TOB	Description	TOB	Description
12X	Hospital inpatient (Part B)	71X	RHC
13X	Hospital outpatient	77X	FQHC
22X	SNF inpatient (Part B)	85X	CAH*

* Medicare pays all CAHs TC of AWW; for Method II, Medicare pays PC of AWW when reported under revenue code 096X, 097X, or 098X

Additional Billing Instructions for RHC/FQHC

- RHC
 - If only AWW provided, bill as stand-alone visit
 - If AWW provided on same DOS as another billable visit, do not bill AWW
- FQHC
 - G0468 used for visit that includes IPPE or AWW and includes typical bundle of Medicare-covered services that would be furnished per diem to patient receiving IPPE/AWW

Payment

Facility Type	Methodology
Hospital (IP Part B & OP)	MPFS
SNF	MPFS
RHC	AIR
FQHC	PPS
CAH	All: 101% reasonable cost for TC Method II: 115% MPFS non-facility rate for PC

Beneficiary Cost-Sharing

- Deductible waived
- Coinsurance/copayment waived

Why AWW Claims Did Not Pay

- Initial AWW billed within 12 months of Part B coverage effective date (RARC N130)
- Initial AWW billed within 12 months of IPPE (RARC N117)
- A second initial AWW billed for same beneficiary (RARC N117)
- Subsequent AWW billed less than 12 months after previous covered AWW (RARC N130)

Avoiding AWW Denials

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HIQACRO      CWF  PART A  INQUIRY REPLY                      PAGE 01 OF 15
IP-REC  CN              NM          IT    DB 11021949  SX F    IN 13101
PN          APP          REAS 1      DATETIME 061715 085121  REQ GXM2
DISP-CODE 01  MSG UNCONDITIONAL ACCEPT
CORRECT              NM          IT    DB              SX
A-ENT 110114 A-TRM 000000 B-ENT 110114 B-TRM 000000 DOD 000000 LRSV 60 LPSY 190

DAYS LEFT FULL-HOSP CO-HOSP FULL-SNF CO-SNF  IP-DED BLOOD  DOEBA  DOLBA
CURRENT          60      30      20      80    126000    3    000000  000000 |
PRIOR
PARTB YR 15 DED-TBM 00000 BLD 3 YR 14 DED-TBM 00000 BLD 3      DI 0000000000
FULL-NAME
PER 0 PLAN-TYP              CURR ID          OPT 0 ENR          TERM
PRIOR PLAN-TYP              PRIOR ID        OPT 0 ENR          TERM

PART A YR          BLD 3 PT APL          0.00 OT APL          0.00
CATASTROPHIC A:  DED-TBM BLOOD CO-SNF  FULL-SNF  DOEBA  DOLBA  DED-APL
```

Avoiding AWW Denials

HIQACOP	CWF	PART A	INQUIRY	REPLY	PAGE 07 OF 15
IP-REC CN	NM	IT	DB 11021949	SX F	INT 13101
PREVENTIVE SERVICE	TECH DTE	PROF DTE	PREVENTIVE SERVICE	TECH DTE	PROF DTE
	MMDDCCYY	<u>MMDDCCYY</u>		MMDDCCYY	<u>MMDDCCYY</u>
AAA (G0389)	07012007	07012007			
IPP EXAM (G0402)	11012014	11012014			
IPP EXAM (G0403)	11012014	11012014			
IPP EXAM (G0404)	11012014	00000000			
IPP EXAM (G0405)	00000000	11012014			
PTWR (G9143)	11012014	11012014			
AWV (G0438)	00000000	11012015			
AWV (G0439)	00000000	11012015			
HCAS (G0472)	11012014	11012014			

References, Resources and Wrap Up



What You Should Do Now

- Share this presentation with internal staff members
- Talk to your patients about the importance of taking advantage of Medicare preventive services
- Update system with correct coding information
- Update any internal procedure to avoid costly, time-consuming claim errors

Resources

- [MLN Matters articles](#)
- [MLN publications & multimedia](#)
 - Preventive Services Educational Products web page
 - MLN Products Catalog
 - Web-based training

Resources

- CMS Medicare Preventive Services online reference tool
 - [ICN 006559: Preventive Services](#)
- MLN Matters® [SE18004: Review of Opioid Use during the Initial Preventive Physical Examination \(IPPE\) and Annual Wellness Visit \(AWV\)](#)

References

- [CMS IOM Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15, Section 280.5](#)
- RHCs and FQHCs
 - [CMS IOM Publication 100-04, *Medicare Claims Processing Manual*, Chapter 9, Section 60.2](#)

References

- [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 12 – Physicians/Nonphysician Practitioners, Section 30.6.1.1](#)
- [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 18 - Preventive and Screening Services, Sections 80 and 140](#)

Thank You!

- Follow-up email
 - Attendees will be provided a Medicare University Course Code
- Questions?

