

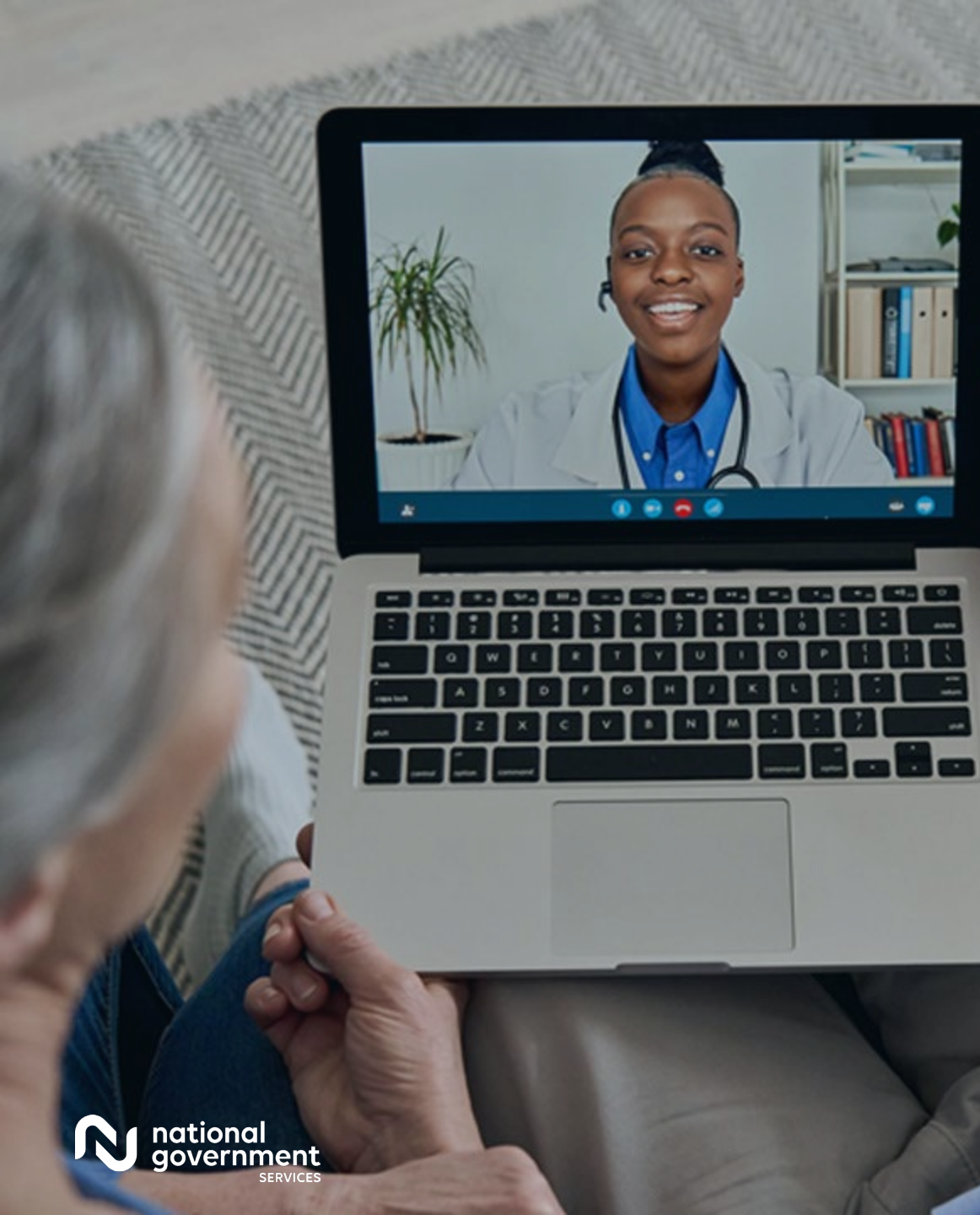
Wellness Wednesdays: Annual Wellness Visit

7/19/2023



Disclaimer

National Government Services, Inc. has produced this material as an informational reference for providers furnishing services in our contract jurisdiction. National Government Services employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this material. Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the Medicare Program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare Program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice. Current Medicare regulations can be found on the [CMS website](#).



Recording

Attendees/providers are never permitted to record (tape record or any other method) our educational events. This applies to webinars, teleconferences, live events and any other type of National Government Services educational events.

Objective

- 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 Presenter



- Jhadi Grace
 - Provider Outreach & Education Consultant

Agenda

Overview of Medicare's Preventive Services Program

Annual Wellness Visit

Resources and References

Questions and Answers



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

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 PPPS 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

- 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

- 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 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 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 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 dietitian
 - 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

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
23X	SNF outpatient		

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

Additional Billing Instructions for RHC/FQHC

■ RHC

- If only AWV provided, bill as stand-alone visit
- If AWV provided on same DOS as another billable visit, bill AWV as incident to visit

■ FQHC

- Report payment code G0468 with revenue code 052X
- Report AWV HCPCS code G0438 or G0439 as qualifying visit

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)

Payment

- AWW payment based on reasonable cost for
 - CAH Method I or Method II (TOB 85X)
- AWW payment made under MPFS for
 - Hospital inpatient Part B (TOB 12X) and hospital outpatient (TOB 13X)
 - SNF inpatient Part B (TOB 22X) and SNF outpatient (TOB 23X)
 - CAH Method II (TOB 85X)
 - ✓ For professional services for the AWW (in addition to the facility payment), when those charges are reported under revenue codes 096X, 097X, or 098X
- AWW payment made via AIR for
 - RHC (TOB 71X)
- AWW payment made via PPS for
 - FQHC (TOB 77X)

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

```
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
 - [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

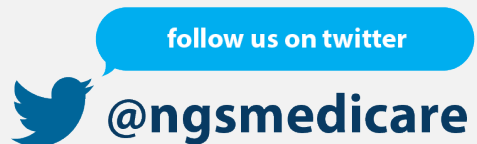
- [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 12 – Physicians/Nonphysician Practitioners, Section 30.6.1.1](#)
- [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 18 – Preventive and Screening Services, Sections 80 and 140](#)

Thank You!

- Follow-up email
 - Attendees will be provided a Medicare University Course Code
- Questions?
- [Follow Us](#)



Follow us on Social Media



medicare **mobile**

Text NEWS to 37702; Text GAMES to 37702



youtube.com/ngsmedicare