Welcome to Medicare Visit: The ABC’s of CMS’ AWV

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Dr. Cole practices family medicine in Winter Park, Florida. In addition to seeing patients in an outpatient setting, she also provides care at three nursing homes, as well as inpatient care and home visits. Dr. Cole has been teaching for 12 years and is interested in topics including dementia, delirium, polypharmacy, and caregiver burden.

Learning Objectives

1. Identify patients who are nearing eligibility for a welcome to Medicare visit (WMV), and systematically schedule the appointments.
2. Provide patient education materials promoting the WMV to eligible patients.
3. Use standardized encounter forms to efficiently document all seven required elements of the WMV.
4. Use proper coding/billing documentation to ensure appropriate reimbursement of the WMV.

Audience Engagement System

Step 1
Step 2
Step 3
The skinny

• Initial Preventive Physical Exam/“Welcome to Medicare”
• Annual Wellness Visit
• Transition Care Management
• Chronic Care Management
• Coming soon… Advance Care Planning!

Poll Question:
Have you used the CMS preventive visit codes in your practice?

• A. Nope
• B. Occasionally
• C. Regularly
• D. Every Medicare patient, every year
• E. What codes?

Disclaimers

• Don’t kill the messenger
• Reimbursements listed are the national payment amount based on CMS Physician Fee Schedule searched July 28, 2015, rounded to nearest dollar
  – Significant Carrier/MAC variability

Name Code Limitations Approximate payment
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Initial Preventive Physical Exam (IPPE) G0402 Once in a lifetime benefit, no later than 12 mo after effective date of first Medicare B coverage $169
Initial Annual Wellness Visit (AWV) G0438 Once in a lifetime benefit, no longer in 12 mo window after covered under Medicare B and have not received AWV or IPPE in past 12 mo $174
Subsequent Annual Wellness Visit (AWV) G0439 Have not received AWV in past 12 mo $118

Initial Preventive Physical Exam (IPPE):
The ‘Welcome to Medicare’ Visit

• G0402
• First code introduced in 2005
• Available once in the first 12 mo after a patient is covered by Medicare
• Most people qualify for Medicare on their 65th birthday
  – EMR’s can run report of patients based on DOB

Initial Annual Wellness Visit

• G0438
• Once in a lifetime benefit
• Pt must be > 12 mo after covered under Medicare and have not received an AWV or IPPE in past 12 mo
Subsequent Annual Wellness Visit

- G0439
- Available once per 12 mo
- If another provider has already billed it, you won’t get paid for the service

Benefits to patients

- CMS waives any copay or deductible
- Opportunity to focus on preventive services

Benefits to physicians

- Opportunity to focus on prevention
- Opportunity to provide an additional visit beyond routine E&M codes
- Job satisfaction

Poll Question

Which of the following is a required part of the IPPE/Initial AWV?

- A  EKG
- B  Living will/POA discussion
- C  DNR discussion
- D  Assess cognitive function

IPPE/Initial AWV:

To Assess- 7 required elements
- Administer Health Risk Assessment
- Medical, surgical, family history with med list, including OTCs
- Risk factors, screen for depression
- Functional ability and safety risk
- Height, weight, BMI, Blood Pressure, hearing and vision screen
- List current providers/suppliers
- Assess cognitive function

IPPE/Initial AWV:

To Provide
- Written screening schedule (next 5-10 yrs)
  - Based on USPSTF (A or B recommendations)
  - ACIP recommendations
- List of risk factors and medical conditions for which interventions are recommended or underway
- Health advice, referral to education or counseling services
Subsequent AWV: To assess

- Update the Health Risk Assessment
- Update the Medical, Surgical, Family history, and medication list
- Weight, BP
- Update list of providers/suppliers
- Assess cognition

Subsequent AWV: To Provide

- Update written screening schedule
- Update list of risk factors and conditions for which interventions are recommended or underway
- Personalized health advice and referrals to community resources as appropriate

Health Risk Assessment

- Self-reported form that includes
  - basic demographic and self-assessment info
  - Activities of Daily Living
  - Risks
- Can be completed in advance of visit
- Not to take more than 20 mins
- 6th grade literacy level

Poll Question

CMS specified how many elements that the Health Risk Assessment must cover?

A. 12
B. 24
C. 34
D. 44

Health Risk Assessment (HRA) Resources

- www.medicarehealthassess.org
  - Ask patients to go online to complete, print out summary and bring to appointment
- www.howsyourhealth.org
- www.aafp.org/fpm/2012/0300/p11.htm
  - Includes printable HRA

Depression screen

Over the past 2 weeks, have you been bothered by:
  Little interest or pleasure in doing things?
  Feeling down, depressed or hopeless?

A woman diagnosed as suffering from melancholia. Colour lith Wellcome L0026686 by http://wellcomeimages.org/indexplus/obf_images/e4/7b/13622efb4fa8a60a617248709dae.jpg

Functional Ability

- Instrumental Activities of Daily Living
  - Use telephone
  - Shopping
  - Food preparation
  - Housekeeping
  - Laundry
  - Transportation
  - Medications
  - Finances

Basic Activities of Daily Living

- Functional mobility
- Bathing
- Dressing
- Self-feeding
- Grooming
- Toileting

Safety Risk

- Fall risk
  - History of falls
  - Gait abnormality
- Hearing impairment
- Home safety
  - Vision screening

Cognitive function

- Can be assessed based on direct observation with consideration of any concerns
- Mini-cog:
  - 3 item repeat
  - Clock draw
  - 3 item recall
- http://www.mocatest.org/
nt-louis-university-mental-status-sltms-exam

Health Advice

- Community-based lifestyle interventions/wellness programs
- Fall prevention
- Nutrition
- Physical activity
- Tobacco-use cessation
- Weight loss

Medicare Part B Preventive Services

- Alcohol Misuse screening/counseling
- Bone Density
- Cardiovascular Disease screening
- Colorectal cancer screen
- Counseling to prevent tobacco use
- Depression screening
- Diabetes screening
- Diabetes self-management training
- Glaucoma screening
- Lung Cancer screening
- Medical Nutrition therapy
Medicare Part B Preventive Services

- Hepatitis C screening
- HIV screening
- Influenza, pneumococcal, Hepatitis B Vaccines
- IBT for Cardiovascular disease risk reduction
- IBT for obesity
- Prostate Cancer Screening
- Screening Mammography
- Pap and pelvic exam
- STI screening and counselling
- US for AAA

How do you make this work?

- Educate front office staff to set expectations with patients making appointments
- Educate patients
- Consider 2 appointments
  - First to gather HRA, screenings done by staff
  - Second to review info with physician
- Utilize a checklist or EMR template

Front office/Appointments

- Patient: “I’m calling to make an appointment for my annual physical.”
- Staff: “Do you want to schedule the Annual Wellness Visit that is covered by Medicare which does not include a physical exam?”
- Patient: “Yes, and I have a few concerns”
- Staff: “Lets schedule an appointment to address your concerns and then a second appointment for the Annual Wellness Visit.”

Educate Patients

- Medicare does not cover an annual physical exam
- Medicare covers completely the IPPE/AWV
  - No physical exam included
  - Focused only on screening and prevention- no management of medical problems acute or chronic

FAQs

- PA, NP, or other health professional working under physician supervision can provide AWV series
- Use primary Dx V70.0 General Medical Exam + appropriate Dx codes
- CMS does not prohibit billing an E/M code for addressing acute or chronic condition in addition to Preventive code
  - Separate documentation, use modifier 25
  - Often denied
IPPE/AWV Resources

- Hughes, C. What You Need to Know About the Medicare Preventive Services Expansion.
  - Includes printable Medicare Preventive Physical Exam encounter form
- Cuenca, AE. Making Medicare Wellness Visits Work in Practice.
  - Available at http://www.aafp.org/fpm/2012/0900/p11.html
  - Includes definitions and sample scripts to aid communication between patients and staff
- Hughes, C. Medicare Annual Wellness.
  - Includes sample letter to patients explaining AWV, list of resources
- The ABC's of the Annual Wellness visit
  - Detailed requirements for Initial and Subsequent Annual Wellness Visits as well as Frequently Asked Questions and Resources
- USPSTF Grade A and B recommendations
  - http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations

Poll Question

- Mrs. Perez is a 70 year old with HTN and DM2 who smokes cigarettes, being seen for her subsequent annual wellness visit. Her doctor provides tobacco use counseling and a well woman (breast and pelvic) exam. The doctor can bill how much?
  - A. $118  
  - B. $152  
  - C. $171  
  - D. $198

HCPCS Code Description | Total RVU's | Allowable charge
--- | --- | ---
G0101 | Screening breast and pelvic exam | 1.1 | $39
G0102 | Digital rectal exam for prostate cancer screening | 0.57 | $20
G0436 | Tobacco use counselling (3-10 mins) | 0.60 | $14
G0444 | Depression screening | 0.51 | $18
G0403 | Screening EKG in connection with IPPE, 12 leads, interpretation and report | 0.56 | $17
G0404 | Screening EKG in connection with IPPE, 12 leads, tracing only | 0.31 | $9
G0405 | Screening EKG in connection with IPPE, 12 leads, interpretation and report only | 0.25 | $9

Be warned!

- April 2015 AAFP and 6 other organizations called on CMS
- Commercial groups offering AWV services without ongoing care relationships
- Check with your Medicare Administrative Contractor to see what options exist to verify eligibility

New Codes began Jan 1, 2015

- Transition Care Management
  - 99495
  - 99496
- Chronic Care Management
  - 99490

Transition Care Management

- 99495, reimbursement $166
- “Interactive contact” with patient or caregiver within two business days of discharge
  - by phone, e-mail, or in person
  - medical decision making of at least moderate complexity complexity
  - face-to-face visit within 14 days of discharge
Transition Care Management

- 99496- reimbursement $234
- "Interactive contact" with patient or caregiver within two business days of discharge
- Medical decision making of **high** complexity
- A face-to-face visit within 7 days of discharge

Transition Care Management: To Provide

- Review discharge information
- Medication reconciliation
- Follow-up on tests, procedures
- Interact with specialists
- Provide education
- Facilitate referrals

Transition Care Management Documentation

- Date the beneficiary was discharged
- Date you made an interactive contact with the beneficiary and/or caregiver
- Date you furnished the face-to-face visit
- The complexity of medical decision making (moderate or high)

Transition Care Management Resources

- [https://www.acponline.org/running_practice/payment_coding/transitional_care_codes.htm](https://www.acponline.org/running_practice/payment_coding/transitional_care_codes.htm)
  - Includes sample documentation flowsheet

Chronic Care Management

- 99490, reimbursement $43
- 20 mins per calendar month
- Non face-to-face care for patients with 2 or more chronic conditions
- EHR data management
- Comprehensive care plan, provided to patient
- Patient written consent
- 24/7 availability

CCM Care Plan

- Problem list
- Expected outcome and prognosis
- Measurable treatment goals
- Symptom management
- Planned interventions and identification of the individuals responsible for each intervention
- Medication management
- Community/social services ordered
- A description of how services of agencies and specialists outside the practice will be directed/coordinated
- Schedule for periodic review/revision of the care plan
Chronic Care Management Resources

- [https://www.acponline.org/running_practice/payment_coding/medicare/chronic_care_management_toolkit.pdf](https://www.acponline.org/running_practice/payment_coding/medicare/chronic_care_management_toolkit.pdf) — Sample letter to patients, time log, etc

Coming January 1, 2016

- CMS to cover Advance Care Planning
- 99497- Advance Care Planning discussion up to 30 mins
- 99498- additional 30 mins discussion (add-on code)
- Reimbursement not yet determined

Advance Directives Forms

- [www.Agingwithdignity.org](http://www.Agingwithdignity.org) — $1 per form, translated into many languages
- [www.caringinfo.org](http://www.caringinfo.org) — includes tips for communication and Spanish translations
- [http://uslwr.com/formslist.shtm](http://uslwr.com/formslist.shtm)
- [http://www.polst.org/](http://www.polst.org/)

Practice Recommendations

- Educate staff and patients regarding expectations for IPPE/AWV
- Use a checklist or EMR template to be sure all required points are documented
- Consider practicality of Transition and Chronic Care Management codes in your practice setting

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Q & A