FAQ: Medicare Annual Wellness Visits
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1. What types of preventative health visits exist for Medicare beneficiaries?

Traditional Medicare offers three preventative health visits. The Initial Preventative Physician Examination (IPPE), which is sometimes referred to as "Welcome to Medicare" preventive visit, and two types of Medicare Annual Wellness Visits (AWV). These visits are provided as an "initial AWV" or "subsequent AWV".

Traditional Medicare does not provide beneficiaries with a yearly physical. Some commercial or Medicare Advantage plans may provide for a physical, in addition to the preventative health visits above. Patients should review their personal benefits or contact their Advantage plan for more information.

Resources and References: https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html. Accessed December 12, 2017.

2. What are the Medicare AWV billable codes?

The initial AWV is billed as "G0438" and the subsequent AWV is billed as "G0439". Patients do not pay any coinsurance, co-pay, or deductible for the AWV. An AWV can be provided on the same day as another E/M visit by utilizing a "-25 modifier" when billing. Co-insurance, co-pay, and deductibles would apply to this E/M visit but not to the AWV component.

Resources and References: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/AWV_chart_ICN905706.pdf. Accessed December 12, 2017

3. What are the requirements for an AWV visit and the codes to be billed?

Visit Providers:

The IPPE exam may be provided by a physician or a qualified non-physician practitioner (defined as a physician assistant, nurse practitioner, or certified clinical nurse specialist). A pharmacist ***cannot*** provide an IPPE exam. While details with the IPPE exam are out of the scope of this FAQ document, more information can be found here: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MPS_QRI_IPPE001a.pdf. Accessed March 28, 2018

Both types of AWVs may be provided by a physician, qualified non-physician practitioner (as defined above), or a medical professional or team of professionals who are directly supervised by a physician. Pharmacists qualify to perform AWVs as a medical professional under the direct supervision of a physician. When speaking with your billing department, you can direct them to the definition of a medical professional listed in the Centers for Medicare and Medicaid Services (CMS) Medicare Learning Network (MLN) document to include pharmacists under "other licensed practitioner" component since it does not explicitly list pharmacists.

AWV types and billing codes:

AWVs can be billed if the patient is 1) not within the first 12 months of their Medicare Part B coverage period ***and*** 2) if it has been at least 12 months since the patients IPPE exam or previous AWV. Of note, some commercial or Medicare Advantage plans do allow for an AWV on a once per calendar year basis.

The "initial AVW" is the first time a patient receives an AWV regardless of the time period for the patient. For example, if a 72-year-old patient has had Medicare since their 65th birthday, but has never had a Medicare AWV, their Medicare AWV at this time is still an initial visit.

The "subsequent AWV" are all AWVs after the initial AWV. For traditional Medicare, each subsequent AWV can occur 12 months after the last visit. Specific plans should be checked with yearly to confirm.

While pharmacists are eligible service providers for AWVs, pharmacists do not serve as the billing provider for these encounters. AWV billing codes are generally sent out under the physician providing direct supervision of the service. Therefore, you will want to ensure that all "incident to" billing rules are satisfied in order to provide and bill for these services in this manner.

Requirements for billing AWV:
AWV Components Quick Overview. Please refer to the ABC guide for more detailed information.

	Initial AWV (G0438)	Subsequent AWV (G0439)
A: Acquire Information	Administer Health Risk Assessment (HRA)	**Update** HRA
	Establish a list of current providers and suppliers	**Update** a list of current providers and suppliers
	Establish medical/family history	**Update** medical/family history
	Review risk for depression	
	Review functional ability and level of safety	
B: Begin Assessment	Assess height, weight, BMI, and blood pressure as well as others based on history	Assess weight and blood pressure as well as others based on history
	Detect cognitive impairment	Detect cognitive impairment
C: Counsel	Establish a written screening schedule	**Update** a written screening schedule
	Establish a list of risk factors with interventions	**Update** a list of risk factors with interventions
	Provide health advice including referrals	Provide health advice including referrals
	Provide advance care planning services	Provide advance care planning services

Resources and References: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/AWV_chart_ICN905706.pdf. Accessed December 12, 2017

4. What additional information is available for required assessments and screenings during a Medicare AWV?

CMS does not require the use of specific screening tools for the AWV components. However, suggested validated tools for each required component is listed below.

Health Risk Assessment (HRA):
CMS provides minimum elements that must be addressed including demographics, self-assessment of health status, psychosocial risks, behavioral risks, and activities of daily living and instrumental activities of daily living. CDC provides A Framework for Patient-Centered Health Risk Assessments" which can be found at https://www.cdc.gov/policy/hst/HRA/FrameworkForHRA.pdf. Some HRAs may be found online, but it is recommended to review copyright information prior to utilizing in clinical practice.

Depression Screening:
Examples of validated tests that can be considered in this setting are the Patient Health Questionnaire (PHQ-2) or (PHQ-9), as well as the Geriatric Depression Scale (GDS).

Fall Risk Assessment:
Assessing fall risk is a minimum requirement for reviewing functional ability and level of safety. CDC provides materials for providers as part of their stopping elderly accidents, deaths, and injuries (STEADI) program. Examples of validated observed assessments include the 30-second chair stand, the 4 stage balance test, and the timed "Get Up and Go" test.

Cognitive Assessment:
The Alzheimer's Association published recommendations on cognitive assessment during Medicare AWVs. Examples of assessments include Mini-Cog, the General Practitioner Assessment of Cognition (GPCOG), or the Memory Impairment Screen (MIS).

Age based screening tests:
The US Preventive Services Task Force's recommendations for screenings in primary care practice are available at: https://www.uspreventiveservicestaskforce.org/Page/Name/recommendations. Accessed March 29, 2018

One can also download the "*Electronic Preventive Services Selector" (ePSS)* app for Android, iPad/iPhone/iPod, Windows. This app incorporates age, gender, and select behavioral risk factors to develop a list of screening recommendations.

Centers for Disease Control and Prevention has a prevention tool that provides a list of recommendations for preventive care based on gender and age; it also provides a list of billing codes for each service suggested. This can be found at: https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html. Accessed xxxx

Resources and References:

Savoy M, O'Gurek D. Screening your adult patients for depression. *Fam Pract Manag*. 2016 Mar-Apr;23(2):16-20.

https://www.cdc.gov/steadi/materials.html Accessed December 12, 2017

Cordell CB, Borson S, Boustani M, Chodosh J, Reuben D, Verghese J, et al. Alzheimer's Association Recommendations for Operationalizing the Detection of Cognitive Impairment During the Medicare Annual Wellness Visit in a Primary Care Setting. *Alzheimer's & Dementia*. 2013;9(2):141-150. doi:10.1016/j.jalz.2012.09.011

5. What are the opportunities and challenges to Medicare AWVs

Opportunities:

Since Medicare AWVs are billable services, one of the biggest advantages to pharmacists and their corresponding practice sites are the opportunities to generate direct revenue.

Park and colleagues have previously determined that the average reimbursement for an initial AWV (G0438) was ~$162 and a subsequent AWV (G0439) was ~$107. Park and colleagues also estimated ~1,070 AWVs would cover a pharmacist's salary and benefits at $120,000/year. This ends up being ~20 AWVs/week or 4 AWVs/day.

For the best estimation of reimbursement rates in a specific region, it is recommended to utilize the CMS Physician Fee Schedule Look-Up Tool (https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PFSLookup/index.html. Accessed June 27, 2018.)

Challenges:

One key challenge is getting support for pharmacist provided visits. Below are recommended steps to increase this support:

- Identifying key stakeholders
- Focus on time saving benefits for physicians, which can allow them time for more acute visits
- Pharmacist intervention data
    - Warshany K, Sherrill C, Cavanaugh J, Ives TJ, Shilliday BB. Medicare annual wellness visits conducted by a pharmacist in an internal medicine clinic. *Am J Health-Syst Pharm.* 2014; 71: 44 – 49.
    - Sewell MJ, Riche D, Fleming JW, Malinowski SS, Jackson RT. Comparison of pharmacist and physician managed annual medicare wellness services. *J Manag Care Spec Pharm*. 2016;22(12): 1412-16.
- Increased revenue opportunities
    - Park I, Sutherland SE, Ray L, Wilson CG. Financial implications of pharmacist led Medicare annual wellness visits. *J Am Pharm Assoc.* 2014;54:435–440.
- Patient satisfaction data
    - Sherrill C, Cavanaugh J, Shilliday BB. Patient satisfaction with medicare annual wellness visits administered by a clinical pharmacist practitioner. *J Manag Care Spec Pharm*. 2017;23(11):1125-29.
- Focused review of medication list
- Care gap closure in a value-based-care world

Resources and References:

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PFSLookup/index.html. Accessed November 11, 2017.

Park I, Sutherland SE, Ray L, Wilson CG. Financial implications of pharmacist led Medicare annual wellness visits. *J Am Pharm Assoc*. 2014;54:435–440.

https://pharmacy.unc.edu/news/2014/10/20/wellness-visits-pay-the-way-for-pharmacists-in-medical-practices/. Accessed November 11, 2017.

6. What data should you collect to show success or to identify areas for improvement?

Helpful data to report may include: number of patients seen, reimbursement amounts, number and type of interventions made, number and type of medication related problems (MRPs) identified, percent completion of preventative screening items. Depending on the state's pharmacist scope of practice in place, orders/recommendations for additional screening items may include: immunizations completed same day, referrals for vision, audiology, mammogram, colonoscopy, DEXA, AAA, necessary maintenance lab work (ie, HBgA1c or fasting lipid panel), and other care gap closures.

7. What are the suggested steps to starting a Medicare AWV service?

Identify eligible patients:

- Patients with Medicare for greater than one year are eligible for an AWV with a pharmacist. A report could be pulled to identify these patients in the clinic. If the service is looking to focus on the elderly or those at "high-risk" for medication-related problems, you could filter your report based on age (≥ 66), and/or number of chronic medications (≥ 6).
- Referrals from providers for patients who qualify and are due for an AWV and/or patients who meet pre-determined "high risk" criteria (ie, high number of chronic medications and/or chronic conditions).
- Run a report of all AWV codes charged in the past year to show potential gaps and opportunities and calculate potential revenue opportunities from data.
- Market to patients in the clinic by posting flyers in the waiting room or in exam rooms and/or send letters to eligible patients. Emphasize that it is a ***covered*** service provided every year by Medicare with no direct patient cost. Additional services provided on the same day are subject to traditional fees.
- Market to providers
    - Consider pilot with a couple of providers and then present follow up data about interventions, revenue generated, etc.
    - Present opportunities from data reports above, including potential revenue generation.

Design visit procedures and tools required:

- Due to the requirements of a Medicare AWV, these visits are typically a lengthier visit compared to other pharmacist-managed visits. CMS recommends 40 minutes for an initial AWV and 20 minutes for subsequent AWV. However, generally pharmacist-managed AWV range from 40-60 minutes for initial and subsequent visits. One may consider allotting more time, if available, when beginning the service, and adjusting visit times as providers become more comfortable with procedures.
- Create a note template to increase efficiency in documentation or consider reviewing/revising existing note templates that other providers use in clinic for Medicare AWVs, if available. If note templates are already available, we would recommend ensuring additional 'pharmacy-specific'

sections are included to assist with data collection (see above), such as medication safety concerns, recommendations made, list of referrals and/or lab orders completed.

- Create a patient education section and/or file of handouts based on health-related concerns identified in the HRA, such as fall risk, home safety issues, risky alcohol use, etc. Consider reaching out to the Information Technology (IT) department, as some Electronic Health Records (EHRs) are capable of creating an individualized patient education section based on the inputted HRA responses.
- Create an HRA tool. Examples and templates can be found on the CDC website (https://www.cdc.gov/policy/hst/hra/frameworkforhra.pdf).
- Determine which assessment tools you will use for depression and cognitive impairment screenings, and reviewing functional ability. Build these tools into your note template if possible.
- Identify which outcomes to track and build a framework to do so. The ability to demonstrate success within your specific clinic and institution is important to build support for AWVs as a pharmacy-driven service.

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