



MEDICARE ANNUAL WELLNESS VISIT

Hammad Mahmood, MD
Grand Rounds May 11, 2021
Baylor College of Medicine



Which one of the following will be the most appropriate visit for a patient presenting first time to a Primary Care Provider 1.5 yrs after enrolling in Medicaid Part B?

- Annual Physical exam
- Initial Preventative Physical Exam
- Initial Annual Wellness Visit
- Preventative Service Visit





Match the appropriate visit at which you can bill for the following services (if performed) :



1. Annual Depression Screen (G0444)

A) Initial Preventative Physical Exam (G0402)

2. AAA scan referral (G0389)

B) Initial Annual Wellness visit (G0438)

C) Subsequent Annual Wellness visit (G0439)

+ Objectives



- List essential components of Initial Preventative Physical Exam (IPPE) aka Welcome to Medicare visit
- Differentiate between IPPE vs. Annual Wellness Visits (initial & subsequent)
- Identify associated additional services



Back to... Medicare



- Federal health insurance program (Parts A, B, D)
- ≥ 65 yrs – life time SS payment X 40 quarter-yrs (10 yrs)
- Disability – 24 months after receiving SSDI
- SSDI due to ALS – immediately
- ESRD

+ IPPE/AWV timeline

IPPE

- Once in a lifetime of Medicare beneficiary (CPT G0402)
- First 12 months of getting Medicare part B
- Not a preventative service/yearly physical visit



AWV initial

- Once in a lifetime of Medicare beneficiary (CPT G0438)
- > 12 months after getting Medicare Part B
- NO PREVIOUS IPPE / AWV
- Not a preventative service/yearly physical visit



AWV subsequent

- >11 months after previous IPPE/AWV (CPT G0439)

1. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243320.html>
2. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1246474.html>



IPPE essential components: Information Review & Update



- PMH → past illness, chronic disease, allergies
- PSH → surgeries, hospitalizations
- Family history →
- Social history → smoking, tobacco, illicit drug use, diet
- Psych → Depression, mood disorder
- Functional evaluation → ADLs, IADLs, home safety, fall risk, hearing impairment
- Medications and supplements

+ IPPE essential components: Exam & Discussion

- Vitals, BMI
- Vision screen
- Pertinent physical exam (not comprehensive)
- End of Life planning (get pt's consent first) → provide information for Advance Directive
- Education, counseling and referrals based on findings
- Education, counseling and referrals for preventive services → EKG (as screening once in lifetime CPT G403/G404/G405)



AWV essential components: Information Review & Update



- Health Risk Assessment --> pt self reported health assessment, Psychosocial risks, Behavior Health risks, ADLs, IADLs
- List of current provider → health providers, DME, HH
- PMH → past illness, chronic disease, allergies
- PSH → surgeries, hospitalizations
- Family history →
- Medications and supplements

1. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1246474.html>
2. <https://www.cdc.gov/policy/hst/HRA/>
3. https://www.acponline.org/system/files/documents/running_practice/payment_coding/medicare/hra.pdf



AWV essential components: Exam & Discussion



- Cognitive Assessment → direct observation, HRA, family/caregiver information
- Vitals, BMI
- Pertinent physical exam (not comprehensive)

- Written preventative health screening schedule for next 5-10yrs
- Establish risk factors from health conditions and treatment options
- Education, counseling and referrals for reducing health risks and promoting wellness → fall prevention, nutrition, PT, Smoking cessation, weight loss
- Advance Care Planning → advance directive plus form completion [optional CPT 99497 (F2F 30min), 99498 (F2F add 30min)]



IPPE vs. AWV

IPPE (CPT G0402)

- PMH → past illness, chronic disease, allergies
- PSH → surgeries, hospitalizations
- Family history →
- Social history → smoking, tobacco, illicit drug use, diet, abuse assessment
- Psych → Depression, mood disorder
- Functional evaluation → ADLs, IADLs, home safety, fall risk, hearing impairment
- Medications and supplements

AWV (G0438, G0439)

- Health Risk Assessment --> pt self reported health assessment, Psychosocial risks, Behavior Health risks, ADLs, IADLs
- List of current provider → health providers, DME, HH
- PMH → past illness, chronic disease, allergies
- PSH → surgeries, hospitalizations
- Family history →
- Medications and supplements





IPPE vs. AWV

IPPE (CPT G0402)

- Vitals, BMI
- Vision screen
- Pertinent physical exam (not comprehensive)
- End of Life planning (get pt's consent first) → provide information for Advance Directive
- Education, counseling and referrals based on findings
- Education, counseling and referrals for preventive services → EKG (as screening once in lifetime CPT G403/G404/G405), AAA screening (G0389)

AWV (G0438, G0439)

- Cognitive Assessment
- Vitals, BMI
- Pertinent physical exam (not comprehensive)
- Written screening schedule for next 5-10yrs
- Establish risk factors from health conditions and treatment options
- Education, counseling and referrals for reducing health risks and promoting wellness → fall prevention, nutrition, PT, Smoking cessation, weight loss
- Advance Care Planning → advance directive plus form completion [optional CPT 99497 (F2F 30min), 99498 (F2F add 30min)]



+ IPPE vs. AWWV (2017 data*)



CPT Code	Description	Typical
Reimbursement		
G0402	Initial Preventative Physical Exam (IPPE)	\$159.17
G0438	Annual Wellness Visit, initial visit	\$164.12
G0439	Annual Wellness Visit, subsequent visit	\$108.98
PREVENTATIVE SERVICES (NOT PAID FOR BY MEDICARE)		
99387	New Patient Annual Physical Exam	\$160.93
99397	Established Patient Annual Physical Exam	\$131.94

* Reimbursement rates may change annually. Please check for latest rates.

+ Additional Services



CPT Code	Description	Typical Reimbursement
G0436	Smoking Cessation Counseling (3-10min)	\$13.92
G0437	Smoking Cessation Counseling (10-20min)	\$27.62
G0442	Annual Alcohol Screen (15min)	\$17.05
G0443	Alcohol Counseling (15min)	\$17.05
G0444	Annual Depression Screen (15min)	\$17.05
(Note: G0444 can not be billed with either G0402 or G0438, Can be billed with G0439)		
G0446	Annual Cardiovascular Disease Therapy (15min)	\$25.50
G0447	Obesity Counseling (15min)	\$25.50
G0328QW	Colorectal FOBT Annual Test (\$3 Kit Cost)	\$21.70
G0389	AAA Scan (IPPE Referral Only - 1st 12 mo.) (10min)	\$62.87

+ Practice Improvement



- Make patients aware IPPE/AWV → Free Service
- Additional services may billed for (Not free for pt) → immunizations, labs, procedure, E/M services (use modifier -25 on E/M code)
- Ensure eligibility (verify with Medicare Administrative Contractor)
- Team approach → HRA and data collection
- Plan follow-up visit based on findings → e.g. Cognitive Impairment Assessment [99483 (\$178.92)]

+ Questions ?



+ AWW & Additional Prevention Screen



New Medicare Patients	Reimbursement Rate	1st Annual Visit	Reimbursement Rate	Subsequent Annual Visits	Reimbursement Rate
Initial Medicare Visit - IPPE	\$159.17	Annual Wellness Visit	\$164.12	Subsequent Annual Wellness Visit	\$108.98
Annual Alcohol Screen	\$17.05	Annual Alcohol Screen	\$17.05	Annual Alcohol Screen	\$17.05
Obesity Counseling	\$25.50	Obesity Counseling	\$25.50	Annual Depression Screen	\$17.05
Colorectal FOBT Annual Test	\$21.70	Colorectal FOBT Annual Test	\$21.70	Colorectal FOBT Annual Test	\$21.70
Total Per Patient	\$223.42		\$228.37		\$164.78

+

And now...

Questions from previous session



A 75 yr old man with PMH of HTN and osteoarthritis presents for major depression symptoms for which he had previously refused medication. He denies having HI or SI. Pt reports compliance with his HCTZ 12.5mg daily and takes acetaminophen occasionally prn. He has been taking St. John's wort for past 6 wks for his depression but reports no improvement in symptoms and agrees to begin treatment. Which of the following is the best recommendation for treating his depression?

- A.** Start amitriptyline
- B.** Start on paroxetine
- C.** Stop St. John's wort and start on paroxetine
- D.** Stop St John's wort and start on sertraline
- E.** Continue St. John's wort and start on paroxetine

An 89 yr old woman is admitted to the hospital with UTI and AMS. History includes DM, Depression, Anxiety. Her family note that her short term memory is impaired and she has visual hallucinations of children in the house. On exam pt is unable to recite months of the year or days of the week. Although nonpharmacological measure are initiated for delirium pt becomes severely agitated at night. Which of the following is the most appropriate treatment for acute agitation in this patient?

- A. Trazadone**
- B. Physical restraints**
- C. Rivastigmine**
- D. Quetiapine**
- E. Haloperidol**