

Annual Wellness Visits

Differences between the visits

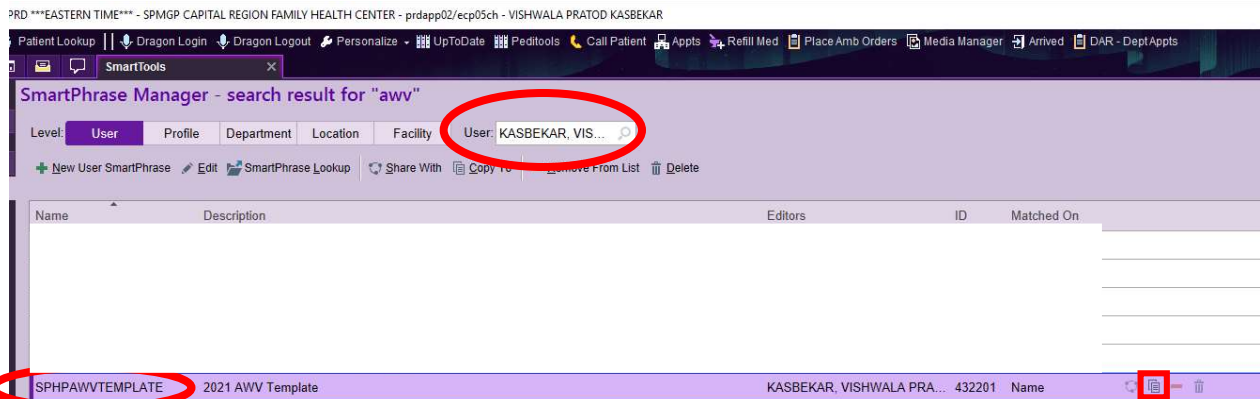
	IPPE	First AWW	Subsequent AWW
Required Components	Obtain and document medical and surgical history and family history	Obtain and document medical and surgical history and family history	Update medical and surgical history
	Document current medications and supplements	Document current medications and supplements	Update current medications and supplements
		Review current opioid medications	Review current opioid medications
		Screen for potential substance abuse	Screen for potential substance abuse
	Review risk factors for depression and other mood disorders	Review risk factors for depression and other mood disorders	Review risk factors for depression and other mood disorders
	Review patient's functional ability and level of safety	Review patient's functional ability and level of safety	Review patient's functional ability and level of safety
	Document height, weight, body mass index, blood pressure, and visual acuity	Document height, weight, body mass index, and blood pressure	Document height, weight (or waist circumference), body mass index, and blood pressure
		Assess the beneficiary's cognitive function	Assess the beneficiary's cognitive function
		Establish a list of the beneficiary's risk factors, conditions, and treatment options	Update the list of risk factors, conditions, and recommended interventions
	Provide end-of-life counseling and planning (following patient consent)	Provide end-of-life counseling and planning (following patient consent)	Provide end-of-life counseling and planning (following patient consent)
		Establish a list of current providers and suppliers involved in the patient's care	Update a list of current providers and suppliers involved in the patient's care
	Establish a written screening schedule of preventive services for the next 5-10 years	Establish a written screening schedule of preventive services for the next 5-10 years	Update a screening schedule of preventive services for the next 5-10 years
	Provide education, counseling, and referrals based on the components of the visit	Provide education, counseling, and referrals based on the components of the visit	Provide education, counseling, and referrals based on the components of the visit

Coding and Billing

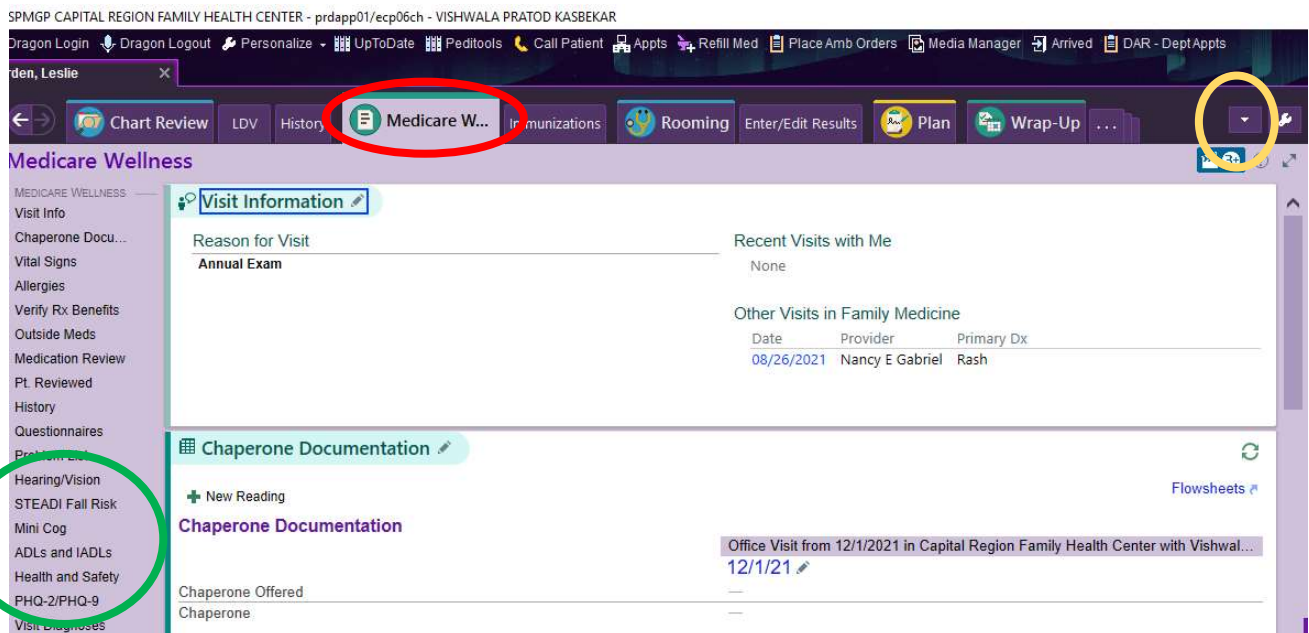
1. Can be combined with *new and distinct* or *routine* chronic care
 - a. Must be an appropriate time interval
 - b. Great opportunity to turn chronic care visits into AWV + chronic care to maximize your coding in the assessment and plan.
2. Documentation of wellness exam and any *New/Chronic condition* can be done in **one** note
 - a. Make sure documentation is clear to distinguish between the wellness portion and new issue or chronic conditions
 - b. The G0438/G0439 is the first code
 - c. Use *modifier 25* with your 99213 or 99214 code
 - d. *Cannot* be combined with a 99215 visit
3. *Pending* confirmation on insurance coverage of Physical examination & AWV—Stay tuned

Documentation of the Visit

1. Personalize
2. My SmartPhrases
3. Copy “SPHPAWVTEMPLATE” from User: Kasbekar, Vishwala



4. You can pull this up in the Note as you would any other smart phrase.
5. Please also find and favorite the Medicare Wellness tab under the Yellow Circle below



6.

7. You will need to fill out the areas highlighted in the green circle below (Hearing/Vision, STEADI Fall Risk, MiniCog, ADLs & IADLs, & Health and Safety, PHQ-2/PHQ-9). These sections will populate into your note.

- a. If you do not feel that there are any cognitive deficits and do not feel the need to perform a MiniCog or SLUMS, you *MUST* document that you did not find any cognitive deficits on your exam explicitly in the note.

Medicare Wellness

Mini COG

Time taken: 12/1/2021 1741 Responsible

☐ Show Row Info ☒ Show Last Filed Value ☐ Show Details

Mini COG

1. Instruct the patient to listen carefully to and remember 3 unrelated words (APPLE, TABLE, PENNY) and then to repeat the words. The same 3 words may be repeated to the patient up to 3 tries to register all 3 words. This part isn't scored until you get to #3. 2. Instruct the patient to draw the face of a clock, either on a blank sheet of paper or on a sheet with the clock circle already drawn on the page. Then ask him or her to draw the hands of the clock to read 11:10. (Note: The CDT is considered normal if all number are present in the correct sequence and position, and the hands readably display the requested time). 3. Now have the patient repeat the 3 words and score accordingly.

Clock Drawing Test ☐ 2=Normal 0=Abnormal

Word Recall ☐ 0=No Words 1=One Word 2=Two Words 3=Three Words

Mini Cog Score

Mini Cog Results ☐ Positive screen for dementia Negative screen for dementia

Restore Close Cancel Previous Next

ADLs and IADLs

New Reading

Flowsheets

b.

Medicare Wellness

ADLs and IADLs

Time taken: 12/1/2021 1741 Responsible

☐ Show Row Info

Activity of Daily Living (ADLs)

Do you need help from others for your personal care such as eating, dressing, toileting, or getting around the house? ☐ Yes ☐ No

Do you experience incontinence? ☐ Yes ☐ No

Instrumental Activities of Daily Living (IADLs)

Do you need help with using the telephone? ☐ Yes ☐ No

Do you need help with shopping? ☐ Yes ☐ No

Do you need help with food preparation? ☐ Yes ☐ No

Do you need help with housekeeping? ☐ Yes ☐ No

Do you need help with laundry? ☐ Yes ☐ No

Do you need help handling finances? ☐ Yes ☐ No

Do you drive? ☐ Yes ☐ No

Do you manage your own medication? ☐ Yes, independent Yes, independent with pre pour No

Restore Close Cancel

c.

Medicare Wellness

Health and Safety

Time taken: 12/1/2021 1741 Responsible

Health Status:

In general, the patient reports health as ☒ excellent ☐ good ☐ fair ☐ poor

In general, patient reports life as ☐ excellent ☐ good ☐ fair ☐ poor

Patient reports sleep pattern as ☐ sleeping well ☐ up all night ☐ restless ☐ sleeping more

Have you seen a dentist in the last year? ☐ Yes ☐ No

Physical Activity:

Do you exercise for about 20 minutes or more three days a week? ☐ No ☐ Yes, sometimes ☐ Yes, most of the time ☐ Yes, always

Nutritional Assessment:

Do you eat a balanced diet including daily serving of fruits, vegetables, and whole grains? ☐ No ☐ Yes, sometimes ☐ Yes, most of the time ☐ Yes, always

Safety:

Does the patient live alone? ☐ Yes ☐ No

Does your home have throw rugs, poor lighting, or a slippery bathtub/shower? ☐ Yes ☐ No

Does your home have functioning smoke detection? ☐ Yes ☐ No

Do you use any assistive devices? ☐ Yes ☐ No

Do you always fasten your seatbelt? ☐ Yes ☐ No

Restore Close Cancel

d.

8. Here is where the above can be found in the Note

Risk Assessments

- There is no height or weight on file to calculate BMI. The BMI (BMI plan (MU NQF measure 421):19504)
- Fall Risk: . .

- No data recorded

Depression Severity: None-minimal

Proposed Treatment Actions: None

Hearing

No data recorded

Vision Screening

No data recorded

Health Status

No data recorded

Activity of Daily Living (ADLs)

No data recorded

Instrumental Activities of Daily Living (IADLs)

No data recorded

Physical Activity

No data recorded

Nutritional Assessment

No data recorded

Mini Cog

No data recorded

Depression Screening (PHQ2)

No data recorded

a.

9. You can complete the rest of your note in your usual fashion
10. Billing: If you are performing your AWV along with another visit please make sure to use the 25 modifier along with your second

Level of Service

PR EXAMINATION INITIAL PREVENTIVE PHYSICAL NE HCPCS

Modifiers: +

Additional E/M codes: +

Additional E/M Codes

	E/M Codes	Modifier 1	Modifier 2	Modifier 3	Modifier 4
1	PR VISIT OFFICE OUTPATIENT ESTABLISHED STR	25			
2					

AcceptCancel

Level of Service

PR EXAMINATION INITIAL PREVENTIVE PHYSICAL NE HCPCS

Modifiers: +

Additional E/M codes: +

PR VISIT OFFICE OUTPATIENT ESTABLISHED STRAIGH...

Billing area: ST PETERS IM 1240 NEW SCOT

Calculate LOS based on time

Telehealth mode:

Patient Type: New Established

Total time (min.): 5 10 20 30 40

Estimated time: + 27 Min.

EST2 EST3 EST4 EST5 NEW2

NEW3 NEW4 NEW5 LVL2 PHO... 99386

99387 99381 MCWV LVL3 PHO... 99385

99383 99392 tcm 7 99395 99396

99393 99397 tcm 14 NO CHG CHG RVW

2 E/M, 25