



# Telehealth Annual Wellness Visits

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Table of Contents

Purpose .....2

Chapter 1: Background – Annual Wellness Visit.....2

    Who is Eligible?.....2

Chapter 2: TeleHealth AWW General Information .....3

    Who can complete a Video Annual Wellness visit? .....3

    Can the providers care team assist in the collection and documentation of the AWW components? .....3

    What is the cost to our patients for a video AWW?.....3

    Can I bill for Advanced Care Planning visits as part of the AWW? .....3

    How do I document vital signs when completing a video AWW? .....4

    How do I document the Mini-Mental State Exam (MMSE)? .....4

    How do I document the Falls Risk Screening? .....4

Chapter 3: Annual Wellness Video Visit Invitation Scripting .....4

Chapter 4: Phone Call Prep Sheet .....5

Chapter 6: Chart Prep for AWW Quality and HCC.....7

Chapter 7: Preventative Visit Tip Sheet with Coding Guidance.....9

Chapter 8: AWW Video-Visit Workflow.....9

Chapter 9: Additional Resources.....9

## Purpose

The purpose of this document is to provide resources and guidance on how to conduct Annual Wellness Visits (AWV) via telehealth. **An AWV is an excellent opportunity to address preventative care, close quality gaps, document chronic conditions (hierarchical condition categories (HCCs)\*), and coordinate care with other providers.**

\*Additional information on HCCs can be found in the table at the end of this document – See Chapter 9.

## Chapter 1: Background – Annual Wellness Visit

The AWV is an ongoing yearly benefit starting after 12 months of enrollment in Part B Medicare coverage. Please note, in the first 12 months of Medicare Part B coverage, the patient is eligible for an Initial Preventative Physical Examination (IPPE) which must be conducted in person.

AWV is designed to provide clinical preventive services across all three stages of disease development: 1) before disease occurs, 2) before disease is clinically evident, and 3) before established disease has made its maximal impact. The information from the AWV is used to develop or update a plan to prevent disease and disability based on the beneficiary's current health status and risk factors. The AWV involves filling out a Health Risk Assessment as part of the visit. The AWV includes:

- A review of the patient's medical history
- Developing or updating a list of current providers and prescriptions
- Height, weight, blood pressure and other routine measurements such as body mass index
- Detection of any cognitive impairment
- Personalized health advice
- Developing a list of risk factors and treatment options
- Utilizing a screening schedule checklist for appropriate preventive services

**Who is Eligible?** Nearly 90 percent of Medicare beneficiaries visit a physician at least once a year, and, on average, make six visits during the year. Despite this, the Centers for Disease Control and Prevention has reported that only 33% of women and 40% of men aged 65 and over receive the full range of recommended, age-specific preventive services. The Affordable Care Act addressed this gap by expanding coverage for preventive services in seniors. On January 1, 2011, Medicare began paying for Annual Wellness Visits (AWV) designed to prevent disease and/or disability and to slow the progression of chronic disease. Following the coverage expansion, use of the AWV has been low. In 2014, CMS reported that only 14.5% of eligible Part B fee for service beneficiaries had taken advantage of the service, a proportion that had scarcely budged a year later.

Adapted from:  
**Annual Wellness Visit (AWV): The Big Picture**  
The Why, What, Who & How  
PRACTICE CHANGE PACKAGE  
Quality Insights, May, 2017

**Providers should work with their analytics team to identify Medicare beneficiaries who have not had a Welcome to Medicare Visit, an Initial Annual Wellness Visit, or a Subsequent Annual Wellness Visit within the past 12 months.**

You may provide an AWW via telehealth. Document AWWs in the EHR as if the telehealth visit was an in-person visit. Include the time spent and any deviation in the service because the visit was not performed in-person.

## Chapter 2: TeleHealth AWW General Information

### ***Who can complete a Video Annual Wellness visit?***

- Qualified providers who are eligible to provide this service include physicians and practitioners such as nurse practitioners and physician assistants.
- Rural Health Centers (RHC) and Federally Qualified Health Centers (FQHC) sites may have different rules. Please consult billing and coding prior to scheduling visits in these sites.

### ***Can the providers care team assist in the collection and documentation of the AWW components?***

- As in other video visits, the care team can assist in the process of scheduling, chart preparation and abstraction.
- Historical data may be abstracted/updated in the chart prior to the visit.
- All components of the AWW must be reviewed and documented in the progress note at the time of the service.

### ***What is the cost to our patients for a video AWW?***

- The Annual Wellness Visit, when properly documented, is provided to patients with no out of pocket costs.
- If other services are combined with the AWW, there may be costs to the patient
  - If the Advanced Care Planning is done on the same date of service as the AWW, there is no additional charge to the patient
- An AWW may be combined with E&M services and Advanced Care Planning.
  - This includes chronic or acute care E&M codes and/or Advanced Care Planning in combination with an AWW.
  - This is an excellent opportunity to address chronic condition documentation.
  - Please see AWW billing and coding guidance for additional information regarding patient co-pay responsibility. Other services performed at the time of the preventive service or as a result of the preventive service, may have out-of-pocket expense to the patient per their individual benefit policy. Please refer to Chapter 7 for more details.

### ***Can I bill for Advanced Care Planning visits as part of the AWW?***

- Advanced Care Planning (ACP) is a component of AWWs and can be offered. If the patient declines this discussion, the provider needs to document their declination in the encounter note.
- Billing for the additional ACP service requires time components that are specific to the advance care planning discussion. Other portions of the AWW do not count towards this time-related coding. See the Coding Excel document for CPT codes and time requirements found in Chapter 7. If this time frame is not met, do not submit the separate ACP code.

- Practices may opt to split the AWW and Advanced Care Planning portions of the visit between a provider and a nurse to avoid copay by providing the two visits on the same day.

#### ***How do I document vital signs when completing a video AWW?***

- Gather patient-reported weight, height, BMI, BP, & any other routine measures as deemed appropriate based on medical and family history and current clinical standards. Document this data as part of your encounter note.
- CMS does not accept patient-reported vital signs for meeting quality requirements. Please document patient-reported data as part of your encounter notes and not in the Vitals section or flow sheet.
  - Trinity Health is actively working with our Advocacy team to ask CMS to reconsider using patient reporting data for quality metrics.
- If the patient is unable to obtain any of these vitals on their own, the provider should document that the patient was unable to perform / provide them.

#### ***How do I document the Mini-Mental State Exam (MMSE)?***

- The mini-mental state exam requires a video-visit (cannot be audio only). Have the patient gather a piece of paper and a writing tool. Have patient conduct the exam as you would in the office:
  - Ask patient to show you the drawing of the clock via video
- Please see the resources below for dementia screening via telehealth:
  - <https://www.mocatest.org/remote-moca-testing/>
  - <https://www.mdpi.com/2075-4426/11/8/688/pdf>

#### ***How do I document the Falls Risk Screening?***

- The falls risk assessment requires a video-visit (cannot be audio only). Conduct the exam as you would in-person. If there are any concerns, document the concern and schedule an in-person visit for follow-up.
- If patient responds “yes” to any of the questions below, they are at risk:
  - Feels unsteady when standing or walking?
  - Worries about falling?
  - Has fallen in past year? - If YES ask, “How many times?” “Were you injured?”
- Please see the resource below for falls risk assessment via telehealth:
  - <https://www.cdc.gov/steady/pdf/STEADI-Algorithm-508.pdf>

## **Chapter 3: Annual Wellness Video Visit Invitation Scripting**

Intended to assist outreach staff within the practices.

"Hello [patient name]. My name is [name, clinical title], with the [office name/location]. It looks like you are due for an appointment with [provider name] and [he/she] would like to provide your visit virtually. The annual wellness visit is a benefit of your insurance where we discuss your overall health, ensure that you are up to date on your labs, screenings, medication refills. There is no extra cost for the Medicare Annual Wellness portion of the visit; however, if other care needs are addressed, they could result in additional payment. [Instruct the patient to register in the EHR portal.]

Do you have access to a computer, smart phone, or tablet that has a camera?

**(If No)** Do you have a family member that has access to such a computer, smart phone, or tablet?

**(If No)** That's okay, I will let [provider name] know we would like to schedule you for an in-person visit at one of our Well-Clinic locations. Thank you so much for your time and we will get back to you shortly. [End phone call.]

**(If Yes to access)**

That's great! [Instruct patient on how they will be able to access the video visit via their computer, tablet, or smart phone depending on your ministries video-visit vendor/method.]

May I verify your email address?

I need to confirm your insurance information for our records. I see that you have [insurance name]. Is this still current?

**(If No)** Obtain current information

**(If Yes)** Thank patient for confirming this

I would like to provide you with some information about your upcoming video visit. Plan on a [\_\_\_ minute] visit with [provider]. It looks like I can schedule you at [new date and time].

[Instruct patient on how to access video-visit platform and pre-visit steps required for a successful visit.] Please complete this process at least 3 days before your visit.

We will be reaching out to you prior to your appointment to offer any assistance that you may need with using [insert platform name], verifying medical information, and connecting to your video visit. May I verify that this is the best number to get a hold of you? Great, thank you and we look forward to seeing you at your video visit on [date] at [time]."

## Chapter 4: Phone Call Prep Sheet

**Purpose:** To capture relevant information prior to the scheduled AWV for the provider's review.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Appt. date & time: \_\_\_\_\_

Insurance: \_\_\_\_\_ Initial or Subsequent AWV: \_\_\_\_\_

Pharmacy Name & Location: \_\_\_\_\_ Allergies: \_\_\_\_\_

**Eligibility:** Has been enrolled in Medicare Part B for more than 12months: \_\_\_\_\_

No AWW has been performed in the past 12 months. This includes a home visit from a health care provider from an insurance company who has performed a similar visit: \_\_\_\_\_

Medications and Supplements	

Surgeries/Procedures/Diagnostic tests			
Surgery/Procedure/Test	If "yes", Date of service	Surgery/Procedure/Test	If "yes", Date of service
Appendectomy		Hysterectomy	
Arthroscopic Surgery		Knee Replacement	
Back Surgery		Lumpectomy	
Bronchoscopy		Mastectomy (unilateral or bilateral)	
CABG (coronary artery bypass graft)		Pacemaker	
Cesarean Section		Thyroidectomy	
Carpal Tunnel Surgery		Tonsillectomy	
Cataract Surgery		Tubal Ligation	
Cholecystectomy		Vasectomy	
Colonoscopy		Urethral Stent	
Coronary artery stent		Any other orthopedic surgeries:	
EGD			
Gastric Bypass		Other:	
Hernia repair			
Hip Replacement			

Any specialists you are currently seeing		
Doctor:	Reason & frequency:	Facility:
Doctor:	Reason & frequency:	Facility:
Dentist:	Last exam & frequency:	Facility:
Eye Doctor:	Last exam & frequency:	Facility:

Please indicate with a check mark whether you experience any of the following:					
	Yes	No		Yes	No
A fib			Heart Failure		
ADD/ADHD			High Cholesterol		

Alcoholism			Hypertension		
Allergies			Irritable bowel disease		
			Mental illness		
Arthritis			Myocardial Infarction (MI)		
Asthma			Migraines		
Blood disease			Obesity		
Coronary Artery Disease			Osteoporosis		
Cancer Type:			Peripheral Artery Disease		
Dementia			Renal disease		
Depression			Seizure disorder		
Diabetes			Thyroid Disease		
Eczema			Other:		
Hearing deficiency			Stroke		

#### IMPORTANT PATIENT REMINDERS:

Please have the following available & ready for the appointment:

Medication bottles or current list of medications

- Instruct patient to collect BP, Pulse Ox, Scale devices to collect vital signs prior to the appointment
- Any medical records from other organizations that would be helpful to update your health record
- Insurance card/cards available if needed
- **An Advance Directive** is a written set of instructions that explains a patient's wishes for medical care/treatment if he or she is unable to speak for him or herself. If one has an advanced directive, he or she should have a copy available at the visit for the provider to review.
- Remind patient of date and time of their appointment.

## Chapter 6: Chart Prep for AWW Quality and HCC

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Appt. date & time: \_\_\_\_\_

#### Most Recent Labs: Result and Date of Service

Lab	Date of Service	Findings
HgbA1c		
PSA		
Lipid Panel		
CMP (fasting glucose)		
Hep C		
CBC		
Any other relevant lab work		

#### Preventative Screenings: Findings and Date of Service

Screening	Date of Service	Findings
Colon cancer screening		
Mammogram (for women)		

Bone Density (for women)		
AAA Ultrasound/Scan (for some men)		
Dilated eye exam (for diabetics)		

#### Immunizations: Date of Administration

Immunization	Date of Administration
Influenza	
Pneumococcal (PPSV-23, Pneumovax)	
Pneumococcal (PCV-13, Prevnar)	
Tdap	
Zostavax	
Shingrix	

\*Please verify immunization history with as many sources as necessary to update the chart. Any immunizations found in state immunization registry and not in the patient's EHR, please update their chart. You may also need to reference other EHRs in order to collect all sufficient data.

Below please see an example of HCC documentation. The information is a summary and is not intended to be used in place of a medical diagnosis or treatment. Please evaluate your patient to determine whether the conditions listed below are still active conditions that are actively being **Monitored, Evaluated, Assessed, and/or Treated**.

HCCs: Validate, document, and code all conditions applicable to patient				
Date	ICD-10	Condition	Status	N/A
<b>Breast, Prostate, and Other Cancers and Tumors</b>				
	C50.411	Malig neoplasm of upper-outer quadrant of right female breast	Suspected	<input type="checkbox"/>
11/19/2019	C50.911	Malignant neoplasm of unsp site of right female breast	Open	<input type="checkbox"/>
<b>Chronic Obstructive Pulmonary Disease</b>				
1/9/2020	J44.1	Chronic obstructive pulmonary disease w (acute) exacerbation	Coded	
<b>Coagulation Defects and Other Specified Hematological Disorders</b>				
1/9/2020	D68.69	Other Thrombophilia	Coded	

## Chapter 7: Preventative Visit Tip Sheet with Coding Guidance

Please see embedded excel document below:



AWV Billing and  
Coding.xlsx


## Chapter 8: AWV Video-Visit Workflow

Please see embedded PDF for AWV Video-Visit workflow:



Annual Wellness  
Visit\_Workflow\_May 21

## Chapter 9: Additional Resources

West Michigan AWV Video Visit Toolkit:  *Special thanks to Dr. Michelle Klanke and team for this great information!	 Annual Wellness VIDEO Visit Toolkit.pdf
The ABCs of Hierarchical Condition Coding (HCC)  Medical Billing and Coding Webinar	<a href="https://www.medirevv.com/abcs-of-hcc-coding-webinar">https://www.medirevv.com/abcs-of-hcc-coding-webinar</a>
Caravan Health  Adapting the Annual Wellness Visit to Telehealth	<a href="https://caravanhealth.com/CaravanHealth/media/Resources-Page/Telehealth_AWV_AWV-033-20200406-APP.pdf">https://caravanhealth.com/CaravanHealth/media/Resources-Page/Telehealth_AWV_AWV-033-20200406-APP.pdf</a>
Annual Wellness Visit Toolkit	Click here for more resources on conducting AWVs  <a href="https://pulselink.trinity-health.org/docs/DOC-31631">https://pulselink.trinity-health.org/docs/DOC-31631</a>