Exploring Annual Wellness Visit
Agenda

- Opening Remarks
- Housekeeping
- Polling Question
- Presentation
- Q&A
- Closing Remarks
Introduction to the atom Alliance

Multi-state alliance for powerful change composed of three nonprofit, healthcare QI consulting companies.
Housekeeping Items: Chat

To ensure maximum sound quality, participant lines have been muted; however we welcome ALL questions and comments via the chat board on the right hand side of your screen.

To submit questions or comments:

- Use WebEx chat – send messages to the panelists or all participants using the chat feature drop down menu.
Housekeeping Items: Q & A

To ask panelists questions directly, and privately

- The panelist can then decide to answer the question privately (only the person that asked the question will see the response), or the panelist can answer publicly, and all participants will see the question and the answer.
Exploring Annual Wellness Visit

January 27, 2017
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- Novitas Solutions does not permit videotaping or audio recording of training events.
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<tr>
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<th>Definition</th>
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<td>AWV</td>
<td>Annual Wellness Visit</td>
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<td>FAQ</td>
<td>Frequently Asked Questions</td>
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<td>HRA</td>
<td>Health Risk Assessment</td>
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<td>IOM</td>
<td>Internet Only Manual</td>
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<td>IPPE</td>
<td>Initial Preventive Physical Examination</td>
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<td>NPI</td>
<td>National Provider Identifier</td>
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Agenda

- Initial Preventive Physical Exam (IPPE)
- Annual Wellness Visit (AWV)
- Self-Service Options
- Important Updates and Reminders
Objectives

- Explain the purpose and guidelines of Medicare’s AWV
- Describe the key elements of the AWV
- Define the criteria for evaluating risk assessments and identify high risk patients
- Understand how to properly code and bill for the AWV and preventive services
- Understand how to code for associated Evaluation and Management visits performed
- Explain the importance of using modifiers for successful reimbursement
- Explain the Medicare “8 Minute Rule” for time documentation of preventive screenings
Initial Preventive Physical Examination (IPPE)
Initial Preventive Physical Examination

- Welcome to Medicare Visit
- Procedure code G0402 – IPPE, face to face, limited to new beneficiary during first 12 months of Medicare enrollment
- One time benefit for Medicare Part B enrollees
- Deductible and copayment waived
- Who provides the IPPE:
  - Physician (a doctor of medicine or osteopathy):
    - Includes an MD with a specialty of psychiatry
  - Qualified non-physician practitioner:
    - Physician Assistant
    - Nurse Practitioner
    - Certified Clinical Nurse Specialist
- Does not require a specific diagnosis
IPPE Components

- Review medical and social history:
  - Past medical/surgical history
  - Current medications and supplements
  - Family history
  - History of alcohol, tobacco and drug use
  - Diet
  - Physical activities

- Review potential risk factors for depression and other mood disorders

- Review functional ability and level of safety

- Exam and obtain:
  - Height, weight, body mass index and blood pressure
  - Visual acuity screen
  - Other factors
IPPE Elements

- End of life planning with patient’s agreement is verbal or written information:
  - Ability to prepare an advance directive
  - Whether or not you are willing to follow patient’s wishes
- Educate, counsel, refer based on results of review and evaluation
- Education, counsel, and refer for other preventive services including a brief written plan/checklist:
  - Once-in-a-lifetime optional screening EKG:
    - G0403 – EKG, routing with 12 leads, with interpretation
    - G0404 – EKG, routing with 12 leads, tracing only, without interpretation and report
    - G0405 – EKG, routing 12 lead, interpretation and report only
    - Both deductible and copayment apply
  - Appropriate screenings and preventive services

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Annual Wellness Visit (AWV)
Annual Wellness Visit

- Eligible beneficiary:
  - Patient is no longer within 12 months of Medicare enrollment
  - Not received either an IPPE or AWV within the past 12 months

- Two procedure codes:
  - G0438 – AWV; includes a personalized prevention plan of service (PPPS), initial visit (only one per lifetime)
  - G0439 – AWV; includes a personalized prevention plan of service (PPPS), subsequent visit

- No deductible or co-insurance

- Doesn’t require a specific diagnosis

- Reference:
  - MLN Matters Article 7079:
Who Provides the Annual Wellness Visit

- Physician (a doctor of medicine or osteopathy):
  - Includes an MD with a specialty of psychiatry
- Qualified non-physician practitioner:
  - Physician Assistant
  - Nurse Practitioner
  - Certified Clinical Nurse Specialist
- Medical Professional, or a team of medical professionals, working under the direct supervision of a physician and billing under NPI of supervising physician:
  - Health educator
  - Registered dietitian
  - Nutritional professional
  - Other licensed practitioner:
    - Includes a Clinical Psychologist
Direct Supervision

- Supervising physician must be present in the office suite and immediately available for assistance and direction
- Does not have to be in the same room
- Supervising physician can be a member of the group
- Services are billed under NPI of supervising physician
Initial AWV Health Risk Assessment (HRA)

- Administered independently by the patient or administered by a health professional prior to or as part of AWV
- Tailored to and takes into account communication needs such as limited English proficiency or health literacy needs
- Takes no more than 20 minutes to complete
- Addresses at a minimum:
  - Demographic data such as age, gender, race and ethnicity
  - Self assessment of health status, frailty and physical functioning
- Psychosocial risks including depression/life satisfaction, stress, anger, loneliness/social isolation, pain and fatigue
- Behavioral risks including tobacco use, physical activity, nutritional and oral health, alcohol consumption, sexual health, motor vehicle safety and home safety
HRA

- Activities of daily living including dressing, feeding, toileting, grooming, physical ambulation and bathing:
  - Instrumental activities of daily living including:
    - Shopping
    - Food preparation
    - Using the telephone
    - Housekeeping
    - Laundry
    - Mode of transportation
    - Responsibility of own medications
    - Ability to handle finances

- More information and sample HRA:
Initial AWV Components

- Establish list of current providers and suppliers that are regularly providing medical care
- Establish individual’s medical/family history, at a minimum collect:
  - Past medical and surgical history, illnesses, hospital stays, operations, allergies, injuries, and treatments
  - Use of, or exposure to medications and supplements including calcium and vitamins
  - Medical events in parents, siblings and children including diseases that may be hereditary or indicate increased risk
- Obtain measurement of height, weight, Body Mass Index (BMI), blood pressure, and other routine measurements
- Detection of any cognitive impairment:
  - By direct observation
  - Consider patient reports and concerns of family members, friends, caretakers
Initial AVW Includes

- Review individuals potential for depression:
  - Current or past experiences with depression
  - Other mood disorders
- Review individual’s functional ability and level of safety based on direct observation, screening questions or standard questionnaires and access:
  - Ability to successfully perform activities of daily living
  - Hearing impairment
  - Fall risk
  - Home safety
- Establish written screening schedule, such as a checklist for next 5 to 10 years:
  - Age appropriate preventive services
Establish list of risk factors and conditions for primary, secondary, or tertiary interventions are recommended:

- Mental health conditions or conditions identified through an IPPE

Furnish personalized health advice and referral to health education or preventive counseling aimed to reduce risk factors and improve self management:

- Programs or community-based lifestyle interventions such as weight loss, physical activity, smoking cessation, fall prevention and nutrition

CMS IOM Publication 100-04, chapter 12, section 30.6.1.1:

Annual subsequent AWVs are conducted after the patient's initial AWV.

**Question:**
- How does a provider know if a patient has received his/her first AWV from another provider and, therefore, know to bill for a subsequent AWV even though this is the first AWV provided by this particular provider?

**Answer:**
- This information is available under the Eligibility section of the Novitasphere; our web-based portal.
- Also, available through the Novitas call center Interactive Voice Response (IVR).
Update HRA

- Administered independently by the patient or administered by a health professional prior to or as part of AWV
- Takes no more than 20 minutes to complete
- Addresses at a minimum:
  - Demographic data such as age, gender, race and ethnicity
  - Self assessment of health status, frailty and physical functioning
- Psychosocial risks including depression/life satisfaction, stress, anger, loneliness/social isolation, pain and fatigue
- Behavioral risks including tobacco use, physical activity, nutritional and oral health, alcohol consumption, sexual health, motor vehicle safety and home safety
- Activities of daily living including shopping, housekeeping, managing own medications and handling finances
Subsequent AWV Components

- Update list of current providers and suppliers that are regularly providing medical care
- Update individual’s medical/family history, at a minimum collect:
  - Past medical and surgical history, illnesses, hospital stays, operations, allergies, injuries, and treatments
  - Use/exposure to medications and supplements including calcium and vitamins
  - Medical events in parents, siblings and children including diseases that may be hereditary or indicate increased risk
- Obtain measurement of height, weight, Body Mass Index (BMI), blood pressure, and other routine measurements
- Detection of any cognitive impairment:
  - By direct observation
  - Consider patient reports and concerns of family members, friends, caretakers
Elements of Subsequent AWV

- Update written screening schedule:
  - Age appropriate preventive services
- Update to the individual's list of risk factors and conditions for which primary, secondary, or tertiary interventions are recommended or underway
- Furnish appropriate personalized health advice to the individual and a referral, as appropriate, to health education or preventive counseling services or programs
Advance Care Planning (ACP)

- Separate Part B service or an optional element of Initial or Subsequent AWV:
  - Enables Medicare patients to make important decisions over the type of care they receive and when
  - Face-to-face by physician or other qualified health care professional with patient, family members(s) and/or surrogate
  - With or without completing relevant legal forms

- Procedure codes and instructions:
  - 99497-ACP including explanation and discussion of advance directives (first 30 minutes)
  - 99498 – each additional 30 minutes
  - Add modifier 33 if billed along with AWV; deductible and co-insurance will be waived

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Who Provides the ACP

- Physician (a doctor of medicine or osteopathy):
  - Includes an MD with a specialty of psychiatry
- Chiropractor
- Podiatrist
- Psychologist
- Clinical Psychologist
- Physician Assistant
- Nurse Practitioner
- Certified Clinical Nurse Specialist
- Nurse

Reference:
Preventive Services and Screenings Covered by Medicare

- Abdominal Aortic Aneurysm Screening
- Alcohol Misuse Screening and Behavioral counseling Intervention in Primary Care
- Bone Mass Measurements
- Cancer Screenings:
  - Breast Cancer, Cervical and Vaginal Cancer, Colorectal Cancer
  - Fecal Occult Blood Test, Flexible Sigmoidoscopy, Colonoscopy
  - Barium Enema, Prostate, Lung Cancer
- Cardiovascular Disease Screening
- Depression Screening in Adults
- Diabetes Screening
- Diabetes Self-Management Training
- Glaucoma Screening
- Hepatitis C
- Human Immunodeficiency Virus (HIV) Screening
- Immunizations (Seasonal Influenza, Pneumococcal, and Hepatitis B)
- Intensive Behavioral Therapy for Cardiovascular Disease
- Intensive Behavioral Therapy for Obesity
- Medical Nutrition Therapy
- Sexually Transmitted Infections Screening and High-Intensity Behavioral Counseling
- Tobacco Cessation Counseling
Preventive Services

- Quick Reference Chart for Medicare Preventive Services:
  - [https://www.cms.gov/Medicare/Prevention/PreventionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html](https://www.cms.gov/Medicare/Prevention/PreventionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html)

- Time Based Codes:
  - Should not bill for less than 8 minutes
  - Units are constrained by the total time
  - Time must be documented in the medical record as either:
    - Total number of timed minutes
    - Beginning and ending time
  - Examples:
    - Alcohol Misuse Screening:
      - G0442 – Annual alcohol misuse screening, 15 minutes
      - G0443 – Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes
    - Depression Screening:
      - G0444 – Annual depression screening, 15 minutes
Question:
  • How are units billed when the procedure code description indicates 15 minutes?

Answer:

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<th>Units</th>
<th>Number of Minutes</th>
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<td>≥ 8 minutes through 22 minutes</td>
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<td>≥ 23 minutes through 37 minutes</td>
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<td>≥ 38 minutes through 52 minutes</td>
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<td>≥ 53 minutes through 67 minutes</td>
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<td>≥ 68 minutes through 82 minutes</td>
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<td>≥ 83 minutes through 97 minutes</td>
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<tr>
<td>7</td>
<td>≥ 98 minutes through 112 minutes</td>
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Question:
- Clarify the exact timeframe between AWVs; is it 365 days from the date of the last AWV or 11 months?

Answer:
- AWVs are covered by Medicare at 12 month intervals which means that 11 full calendar months must pass after the month in which a patient had received an AWV.
- For example, a patient received an AWV at the end of January 2016, then in the following January 2017, the patient would be eligible for an AWV in the beginning of that month.
- Therefore 365 days would not need to elapsed between visits, provided that 11 full months had passed since the last visit.
Question:
- Can an Evaluation and Management be billed along with AWV?

Answer:
- E/M must be medically necessary to treat beneficiary’s illness or injury or to improve functioning of a malformed body member
- Documentation must illustrate a significant, separately identifiable E/M
- Report E/M with modifier 25
  - Modifier 25 - Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Day of a Procedure or Other Service
  - Modifier 25 Flowchart:
  - Modifier 25 Article:
    - [Link](http://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00097341)
Billing Example

- G0439 – Subsequent AWV
- 99211 – Established Patient E/M
  - Report E/M with 25 modifier if it is medically necessary to treat beneficiary’s illness or injury or to improve functioning of a malformed body member
  - Documentation must illustrate a significant, separately identifiable E/M
- G0444 – Depression Screening (Annually)
- 90674 – Influenza injection
- 80061 – Cardiovascular Disease Screening Test (Every 5 years ICD-10 – Z13.6)
NCCI

- CMS developed NCCI to:
  - Promote national correct coding methodologies
  - To control improper coding
- NCCI edits are automated prepayment edits:
  - This means that when a submitted claim is processed by the Medicare processing system, the claim is analyzed to determine if the procedures comply with the NCCI edit policy
- Columns One/Column Two Correcting Coding Initiative (CCI) edit file:
  - Hospital CCI edit
  - Physician CCI edit
- Applies to bill:
  - By the same physician or provider
  - For the same beneficiary
  - On the same date of service
- Use modifiers to report special circumstances
NCCI Associated Modifiers

- **NCCI Modifiers:**
  - E1, E2, E3, E4, FA, F1, F2, F3, F4, F5, F6, F7, F8, F9, LC, LD, LM, RI, RC, LT, RT, TA, T1, T2, T3, T4, T5, T6, T7, T8, T9, 24, 25, 27, 57, 58, 59, 78, 79, and 91

- **Reference:**

- **How to use NCCI tools:**
Modifier Indicators

<table>
<thead>
<tr>
<th>Modifier Indicator</th>
<th>Definition</th>
</tr>
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<tr>
<td>0 (Not Allowed)</td>
<td>There are no modifiers associated with NCCI that are allowed to be used with this code pair; there are no circumstances in which both procedures of the code pair should be paid for the same beneficiary on the same day by the same provider</td>
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<td>1 (Allowed)</td>
<td>The modifiers associated with NCCI are allowed with this code pair when appropriate</td>
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<td>9 (Not Applicable)</td>
<td>This indicator means that an NCCI edit does not apply to this code pair. The edit for this code pair was deleted retroactively</td>
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### Example of Modifier Indicators

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NCCI Reminder

- Modifier 59 and other NCCI associated modifiers should NOT be used to inappropriately bypass an NCCI edit.
- Modifier 59 is an important NCCI associated modifier that is often used incorrectly:
  - Proper use of Modifier 59:
- Documentation in the medical record must satisfy the criteria required by any NCCI associated modifier used.
Modifier 59

- Distinct Procedural Service:
  - For the same patient
  - On the same day
  - By the same provider

- Documentation must support one of the following not ordinarily encountered or performed on the same day by the same individual:
  - Different session or patient encounter
  - Different procedure or surgery
  - Different site or organ system
  - Separate incision or excision
  - Separate lesion

- When another already established modifier is appropriate, it should be used rather than modifier 59

- Different diagnosis not necessary

- Modifier 59 Article and Flow Chart:
  - JH Providers:
  - JL Providers:
Specific Modifiers for Distinct Procedural Services

- Change Request # 8863:
  - Effective: January 1, 2015
  - Implementation: January 5, 2015

- Key Points:
  - Four new HCPCS modifiers to define specific subsets of the 59 modifier:
    - ✓ XE - Separate Encounter
    - ✓ XS - Separate Structure
    - ✓ XP - Separate Practitioner
    - ✓ XU - Unusual Non-Overlapping Service
  - At this time providers can report either a 59 modifier or a more selective X modifier:
    - ✓ Providers are encouraged to begin using the X modifiers
    - ✓ Do not report both modifiers on a LIDOS

- Reference:
Continued Use of Modifier 59 after January 1, 2015

- Special Edition Article SE1503:
  - Effective: January 1, 2015
  - Implementation: January 5, 2015

- Key Points:
  - Providers may continue to use Modifier 59 when appropriate
  - Modifiers XE, XP, XS or XU may be used in place of Modifier 59
  - Additional guidance and education forthcoming from CMS
  - Inquiries about the new X modifiers:
    - NCCIPTPMUE@cms.hhs.gov

- Reference:
Self-Service Options
JH Customer Contact Information

- Providers are required to use the IVR unit to obtain:
  - Claim Status
  - Patient Eligibility
  - Check/Earning
  - Remittance inquiries
- Customer Contact Center- 1-855-252-8782
- Provider Teletypewriter- 1-855-498-2447
- Patient / Medicare Beneficiary:
  - 1-800-MEDICARE (1-800-633-4227)
  - http://www.medicare.gov
Automated Claim Correction Using the IVR

- New feature for all Part B providers allowing an unlimited number of claims to be corrected using the IVR:
  - Adding, changing or deleting a modifier
  - Changing a primary diagnosis code
  - Changing an ordering/referring provider
  - Changing a procedure code (and billed amount)
  - Changing the quantity billed (and billed amount)
  - Changing a date of service
  - Completing a history correction

- Correct claims within one year of finalized date using the IVR

- Claims billed in error must be corrected using:
  - Return of Monies to Medicare Form
  - Part B Redetermination and Clerical Error Reopening Request Form

- Claim corrections not accepted via IVR may use:
  - Novitasphere
  - Part B Redetermination and Clerical Error Reopening Request Form
Novitasphere

- Free Web-based portal
- Part A – Access to Eligibility, Medical Review Record Submission, Claim Submission with File Status, and Audit and Reimbursement Cost Reports Submission
- Part B - Access to Eligibility, Claim Information and Remittance Advice, Claim Submission with File Status, Electronic Remittance Advice (ERA), Claim Correction, Secure Messaging and a MailBox
- Live Chat feature
- Dedicated Help Desk- 1-855-880-8424
- Visit our website for demonstrations and more information at http://www.novitas-solutions.com
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  - Novitas e-News
  - Medicare Newsletters and Reports
Website Satisfaction Surveys

Rate Your Website Experience

You've been selected to participate in a customer satisfaction survey to help us improve your website experience.

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No Thanks  Yes, I'll Help!
Summary

- Initial Preventive Physical Exam (Welcome to Medicare Visit) is performed within the first 12 months of being eligible for Medicare.
- Initial Annual Wellness Visit is performed after effective with Medicare for 12 months.
- Subsequent Annual Wellness Visit is performed once every 12 months after the initial Annual Wellness Visit.
- Advance Care Planning is an optional element of an Annual Wellness Visit.
Resources

- The ABC’s of IPPE:

- The ABC’s of AWV:

- CMS IOM Publication 100-02, chapter 15, section 280.5:

- CMS IOM Publication 100-04, chapter 12, section 30.6.1.1:
References

- CMS IOM Publication 100-04 chapter 18, section 140.8:

- ACP Frequently Asked Questions:
  - https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/FAQ-Advance-Care-Planning.pdf

- Questions and Answers from “ABCs of the IPPE & AWV National Provider Call:

- Improve Your Patients’ Health with the Initial Preventive Physical Examination (IPPE) and Annual Wellness Visit (AWV):
Thank You

Denise Church  
Manager, Provider Outreach and Education 
412-802-1739 
Denise.Church@novitas-solutions.com

Greg Hart  
Supervisor, Provider Outreach and Education 
501-690-2931  
Gregory.Hart@novitas-solutions.com

Janet Hunter  
Education Specialist, Provider Outreach and Education 
Janet.Hunter@novitas-solutions.com
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