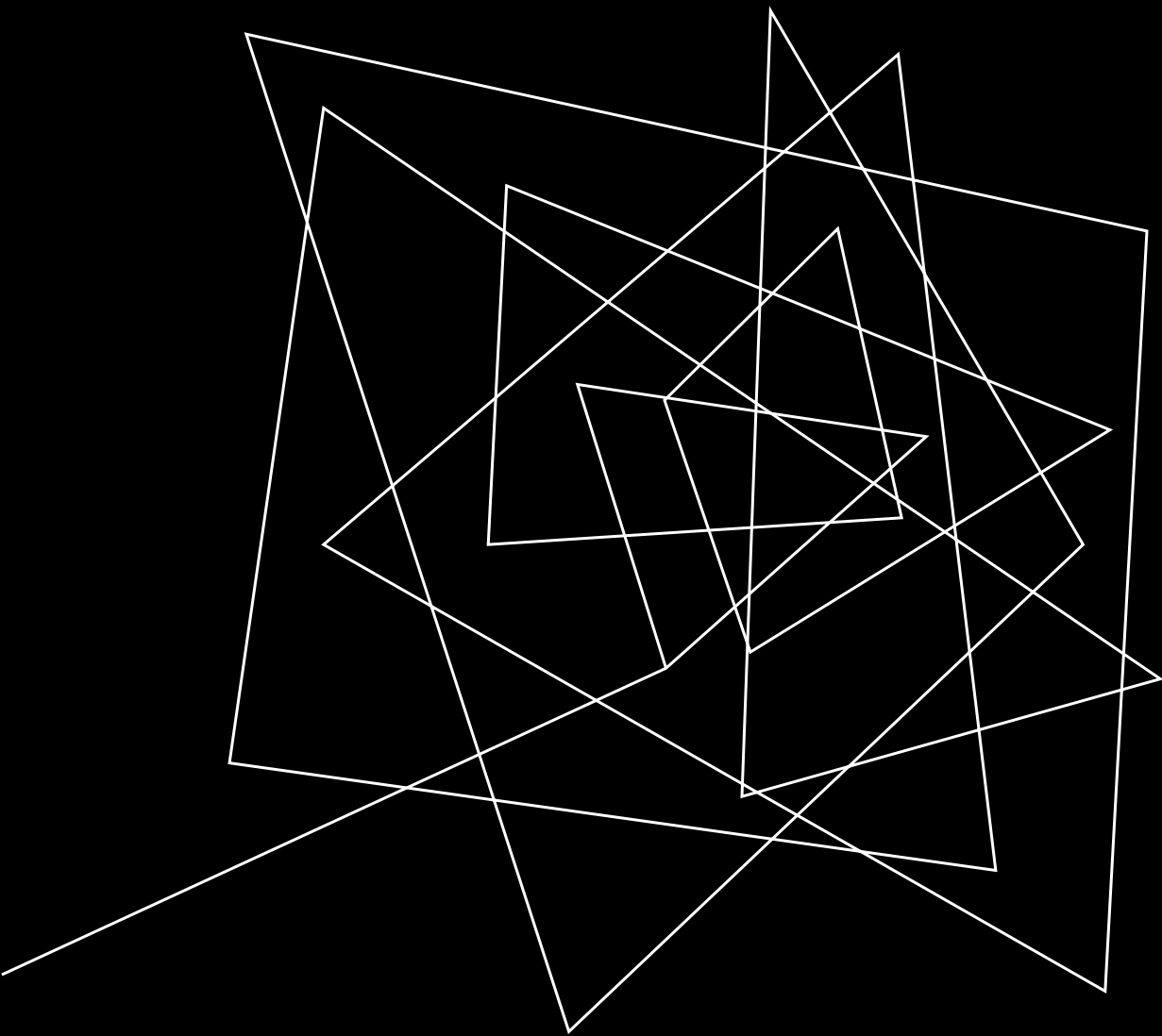


MEDICARE WELLNESS VISITS

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NOTHING TO
DISCLOSE

PURPOSE

Develop or update a personalized plan to help prevent disease or disability, based on the patient's current health and risk factors.

BENEFITS

- Focused visit on wellness, prevention and goal setting
- Connects patients to the care team
- Opportunity to close care gaps
 - Increased screening rates in patients that have had AWW*
- Capture relevant medical information in one visit
- Reduces patient utilization in subsequent 11 months and 5.7% reduction in the total cost of care*

<https://pubmed.ncbi.nlm.nih.gov/30176266/>

[Medicare Annual Wellness Visit Association With Healthcare Quality and Costs \(ajmc.com\)](#)

GENERAL INFORMATION



Who can receive an AWV?

All Medicare patients with Part B Benefits



Who can perform an AWV?



MEDICARE WELLNESS VISIT TYPES

WELCOME TO MEDICARE
(IPPE)

ANNUAL WELLNESS VISIT

REQUIRED COMPONENTS

	Welcome (IPPE)	Initial/Subs AWV
Health Risk Assessment		X
Past History – <i>illnesses, hospital stays, surgeries, allergies, injuries, other treatments</i>	x	x
Medication Review – <i>prescriptions, OTC, supplements</i>	x	x
Family History	x	x
Vision Screening	x	
Opioid/Substance Abuse Screening – <i>review opioid use/risk factors</i>	x	x
Depression Screening	x	x
Hearing, ADLs, Fall Risk, Home Safety, Diet, Physical Activity	x	x
Updated Provider List – <i>providers, DME suppliers, home health agencies</i>		x
Vital Signs – <i>Height, Weight, BP, BMI</i>	x	x
Cognitive Assessment		x
Written 5-10 year plan	x	x
List of Risk Factors		x
End of Life planning	x	x
Health Advice and Referrals – <i>health education, lifestyle modifications, exercise, weight loss program, smoking cessation, fall prevention, nutrition</i>	x	x

NAME: _____

DOB: _____

Health and Wellness Assessment

GENERAL WELLNESS

In general, would you say your health is?

- Excellent
- Good
- Fair
- Poor

In the past 12 months, have you stayed overnight as a patient in a hospital?

- None
- Once
- Two or three times
- Four or more times

In the last 12 months, how many times did you visit a physician or clinic?

- None
- Once
- Two or three times
- Four to six times
- Seven or more times

Do you feel you have adequate social/emotional support?

- Yes No

Do you experience a high stress level or difficulty coping?

- Yes No

LIFESTYLE

Do you usually eat a diet that has four servings of fruit and vegetables, includes whole grain and fiber and avoids other than occasional servings of high fat foods?

- Yes No

Do you usually exercise at least 30 minutes or more, four days a week?

- Yes No

In the past seven days, how much pain have you felt?

- None
- Some
- A lot



How would you describe the condition of your mouth and teeth (including false teeth or dentures)?

- Excellent
- Good
- Poor

In the past seven days, have you had any trouble falling or staying asleep?

- Yes No

In the past seven days, have you had problems with constipation?

- Yes No

Many people experience problems with urinary incontinence or the leakage of urine. In the past six months, have you been affected by the accidental leakage urine?

- Yes No

Do you have any problems with your hearing?

- Yes No

Do you or any of your family members have concerns about your memory?

- Yes No

In a typical week, how much alcohol do you drink?

- None
- Two drinks per day or less
- More than two drinks per day



PERSONAL SAFETY

Do you know where to locate and properly use a first aid kit and fire extinguisher in case of emergency?

- Yes No

Do you wear sunscreen?

- Yes No

Does your home have rugs in the hallway?

- Yes No

Does your home have grab bars in the bathroom?

- Yes No

Does your home have handrails on the stairs?

- Yes No

Does your home have good lighting?

- Yes No

Do you have smoke detectors in your home?

- Yes No



Do you have Carbon Monoxide detectors in your home?

- Yes No

Has your home been positive for Radon?

- Yes No

Is the heat in your home adequate?

- Yes No

Do you feel safe at home?

- Yes No

INDEPENDENCE

In the past seven days, did you need help from others to perform everyday activities such as eating, getting dressed, grooming, bathing, walking or using the toilet?

- Yes No

In the past seven days, did you need help from others to take care of things such as laundry and housekeeping, banking, shopping, using the telephone, food preparation, transportation, or taking your own medications?

- Yes No

Have you fallen in the last year?

- Two or more falls in the last year or fall with injury in the last year
 No falls in the last year, or one fall with no injury in the last year

MENTAL HEALTH

Over the last two weeks, how often have you felt little interest or pleasure in doing things?

- Not at all
 Several days
 More than half of the days
 Nearly every day

Over the last two weeks, how often have you felt down, depressed or hopeless?

- Not at all
 Several days
 More than half of the days
 Nearly every day

PLANNING AHEAD

Please select all of the below that you have completed:

- Power of Attorney
 Living Will
 Advanced Directive

Please bring these documents with you to your appointment.



Please list the names of your doctors, medical providers, nurses and medical suppliers that you see outside of Utica Park Clinic.

NAME	SPECIALTY	SERVICES YOU RECEIVE

Please provide the date and location for the last time the following tests were performed.

TEST	DATE	LOCATION
Colonoscopy		
Mammogram		
Pap Smear		
Bone Density		
Eye Exam		

Please provide the date and location for the last time the following immunizations were given.

IMMUNIZATION	DATE	LOCATION
Flu		
Pneumonia		
Shingles		

Question

In the past 12 months, have you stayed overnight as a patient in a hospital?	2 - 3 times
In the last 12 months, how many times did you visit a physician or clinic?	None
In general, how satisfied are you with your life?	Satisfied
Over the last 2 weeks, how often have you been bothered by any of the following problems?	
Little Interest or Pleasure in Doing Things	Not at all
Feeling Down, Depressed, or Hopeless	Not at all
Do you feel you have adequate social/emotional support?	Yes
Do you experience a high stress level or have difficulty coping?	No
In general, would you say your health is?	Good
Do you usually eat a diet that has at least 4 servings of fruit & vegetables, includes whole grain & fiber and avoids other than occasional servings of high fat foods?	Yes
Do you usually exercise at least 30 minutes or more, 4 days a week?	No
How would you describe the condition of your mouth and teeth (including false teeth or dentures)?	Good
In the past 7 days, how much pain have you felt?	None
In the past 7 days have you had any problems staying or falling asleep?	No
In the past 7 days have you had problems with constipation?	No
Do you have any problems with your hearing?	Yes
Do you or any of your friends or family members have any concerns about your memory?	No
In a typical week, how much alcohol do you drink?	Two drinks per day or less
Do you ever drive after drinking or ride with a driver who has been drinking?	No
Do you always fasten your seat belt when you are in the car?	Yes
Do you know where to locate and properly use a first aid kit and fire extinguisher in case of an emergency?	Yes
In the past 7 days, did you need help from others to perform everyday activities such as eating, getting dressed, grooming, bathing, walking, or using the toilet?	No
In the past 7 days, did you need help from others to take care of things such as laundry and housekeeping, banking, shopping, using the telephone, food preparation, transportation, or taking your own medications?	No
Have you fallen in the last year?	No falls in the last year or 1 fall with no injury in the last year
Does your home have rugs in the hallway?	No
Does your home have grab bars in the bathroom?	No
Do you have smoke detectors in your home?	Yes
Does your home have handrails on the stairs?	No
Does your home have good lighting?	Yes
Do you wear sunscreen?	Yes
Do you take a daily aspirin?	No
Do you have carbon monoxide detector(s) in your home?	Yes
Has your home been positive for radon?	No
Is the heat in your home adequate?	Yes
Do you feel safe at home?	Yes

MEDICATION RECONCILIATION

Remind patients to have their meds with them during their visit – including vitamins, supplements, otc meds

Great opportunity to find out what your patients are actually taking

Good time to send in refills of chronic meds

COGNITIVE ASSESSMENT

Directly observe patient behaviors and abilities to complete tasks. Document A&O

Can use screening exam of your choice such as MMSE, Mini-Cog, Slums, etc.

Alternative screening may be used for video visits – Telephone Interview for Cognitive Status (TICS)

DEPRESSION SCREEN

Common screening tools

PHQ-2, PHQ-9

Beck Depression Inventory (BDI)



SUBSTANCE ABUSE SCREENING

Alcohol, opioids, THC, illicit drugs

For a patient with a current opioid prescription:

- Review any potential opioid use disorder (OUD) risk factors
- Evaluate their pain severity and current treatment plan
- Provide non-opioid treatment options information
- Refer to a specialist, as appropriate

WRITTEN 5-10 YEAR PLAN

USPTF screening
recommendations

ACIP
recommendations

Any other age-
appropriate
preventative services
covered by medicare

PREVENTATIVE SERVICES COVERED BY MEDICARE

T Telehealth Eligible Service

Medicare Preventive Services

× Select a Service		FAQs			Resources	
Alcohol Misuse Screening & Counseling T	Annual Wellness Visit T	Bone Mass Measurements	Cardiovascular Disease Screening Tests	Cervical Cancer Screening	Colorectal Cancer Screening	Counseling to Prevent Tobacco Use T
Depression Screening T	Diabetes Screening	Diabetes Self-Management Training T	Flu Shot & Administration	Glaucoma Screening	Hepatitis B Screening	Hepatitis B Shot & Administration
Hepatitis C Screening	HIV Screening	IBT for Cardiovascular Disease T	IBT for Obesity T	Initial Preventive Physical Exam	Lung Cancer Screening T	Mammography Screening
Medical Nutrition Therapy T	Medicare Diabetes Prevention Program	Pap Tests Screening	Pneumococcal Shot & Administration	Prolonged Preventive Services T	Prostate Cancer Screening	STI Screening & HIBC to Prevent STIs T
Screening Pelvic Exams	Ultrasound AAA Screening					

▸ Quick Start

▸ Advance Health Equity

Ultrasound Abdominal Aortic Aneurysm (AAA) Screening

Print

Select another service

HCPCS & CPT Codes

🕒 **76706** — Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)

ICD-10 Codes

Note: Additional ICD-10 codes may apply. Find individual change requests and specific ICD-10-CM service codes we cover on the [CMS ICD-10](#) webpage. Find your [MAC's website](#) for more information.

What's Changed?

- No changes from the last quarter

Medicare Covers

Patients with Medicare Part B who meet these criteria:

- Certain AAA risk factors
- Referred by a physician, physician assistant, nurse practitioner, or clinical nurse specialist

Frequency

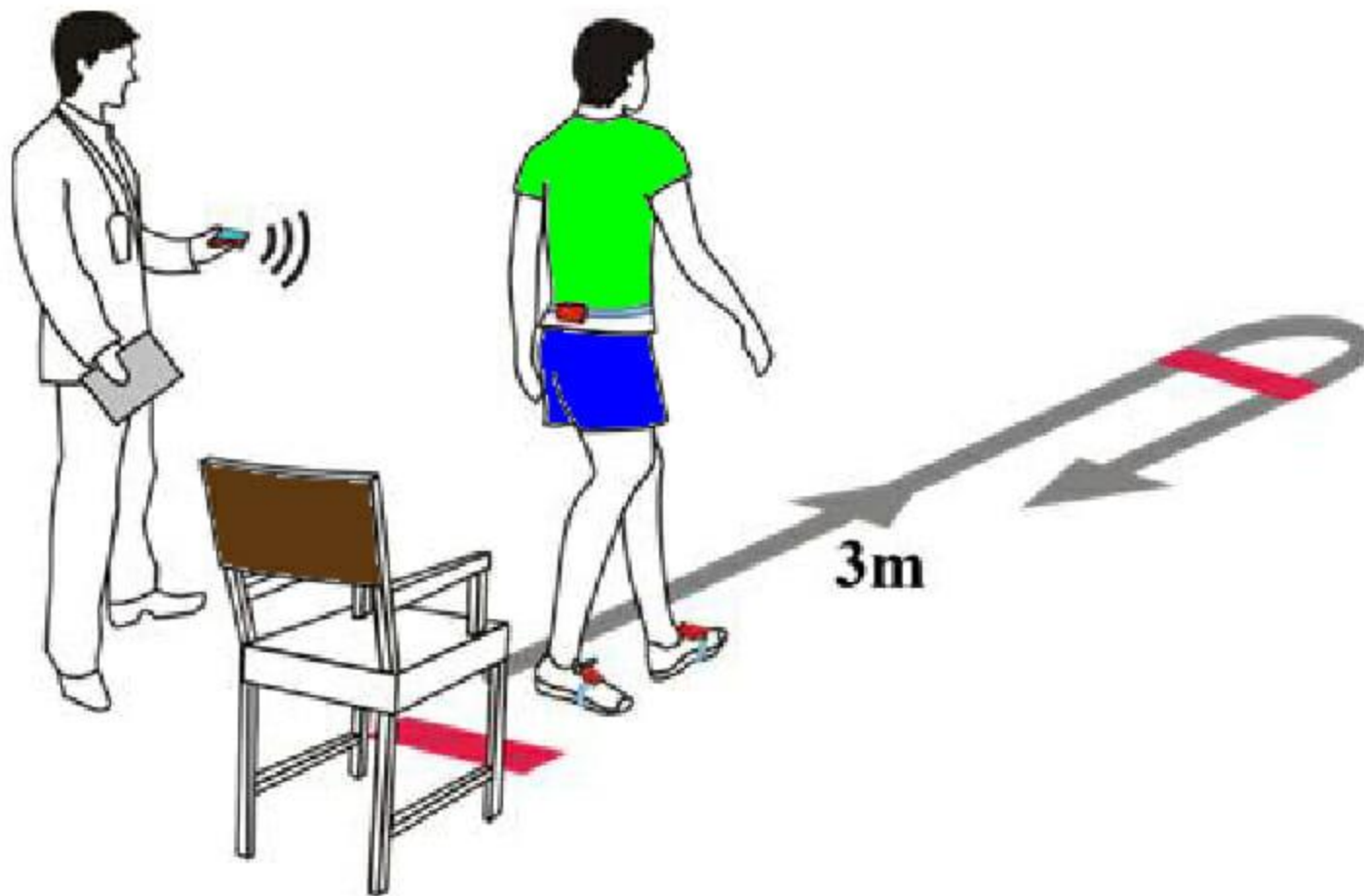
- Once per lifetime

Note: See FAQ on [how to check eligibility](#).

Patient Pays

- No copayment, coinsurance, or deductible

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FALL RISK

Various questionnaires available

Timed Up & Go (TUG) test to assess mobility

>12 seconds to complete indicates a high-risk for fall

Risk Factors

none
history of diabetes
history of hypertension
history of hyperlipidemia
overweight
tobacco use
alcohol use
illicit drug use
generally poor health/frailty
frequent hospital/physician visits
high stress/difficulty coping
poor nutrition
inadequate exercise
significant pain
dental/oral problems
sleep problems
bladder control problems
lack of sun protection
needs assistance with ADLs
needs assistance with IADLs
potential for or history of a fall

Health Advice

Pneumococcal vaccine
Influenza vaccine
Hepatitis B vaccine
Tetanus vaccine
COVID vaccine
Shingles vaccine
Screening electrocardiogram
Prostate cancer screening
Colorectal cancer screening
Lung cancer screening
Diabetes screening
Glaucoma screening
Nutrition counseling
Smoking cessation counseling
Advanced directives: {advanced directive:12455}
Weight loss
Exercise program
Fall prevention
AAA screening
Medications
Asthma action plan

END OF LIFE PLANNING

Discussion of important documents

- Advance Directive
- Living Will
- Power of Attorney
- DNR

A medical crisis could occur at any time and you may lose the ability to state your wishes. An Advance Directive will help:

- Initiate the discussion about your wishes to your family
- Ease the decision-making burden on your loved ones
- Reduce the likelihood of disputes among family members
- Provide clear guidance to health care providers
- Ensure you avoid unwanted procedures



Frequently Asked Questions

- **Is the Oklahoma Advance Directive the same as a DNR (Do Not Resuscitate)?**
The Advance Directive states your health care wishes in case you are unable to make decisions for yourself. It is more detailed than a simple DNR.
- **Who can sign my Oklahoma Advance Directive as a witness?**
In the state of Oklahoma, a witness must be at least 18 years of age and cannot be a relative or other person that stands to inherit from your estate.
- **Who needs a copy of my Oklahoma Advance Directive?**
You should keep a copy for your own records and give a copy to your health care proxies. It is critical that your health care provider have it on file as well to ensure your wishes are known in the case of an emergency.
- **How often should my Advance Directive be updated?**
An Advance Directive should be updated any time the information in it changes. It should be reviewed on a regular basis to make sure the information is still accurate.

To get your documents to your health care provider, you can:

- Deliver a copy of your documents at your local doctor's office.
- Mail a copy of the documents directly to your doctor's office.
- Upload your documents into your mychart account.

If you want more information, call Utica Park Clinic Wellness Point and arrange for a time to meet with a social worker to discuss your own unique situation. Call 918-579-5500.

You can register for free classes on Advance Directives and other Advance Care Planning topics at uticaparkclinic.com/events.

ASSESSMENT AND PLAN

First code should be Z00.00 or Z00.01 – Encounter for general adult medical examination

Should include all significant chronic conditions

BMI code

Plan can be simple and direct

If billing for acute visit at time of AWV

Include any acute or unstable chronic diagnoses addressed

Plan for acute concerns should be appropriately documented

RISK ADJUSTMENT

Many employers participate in ACO's or contract with Medicare Advantage Plans



Obtaining Shared Savings dollars is dependent on many factors, but appropriate HCC coding is a key component.



Appropriate Risk Adjustment justifies medical expense and improves utilization measures

RISK ADJUSTMENT FACTOR (RAF)

Developed by CMS to identify

Severity of chronic illness

Cost to provide care to patients

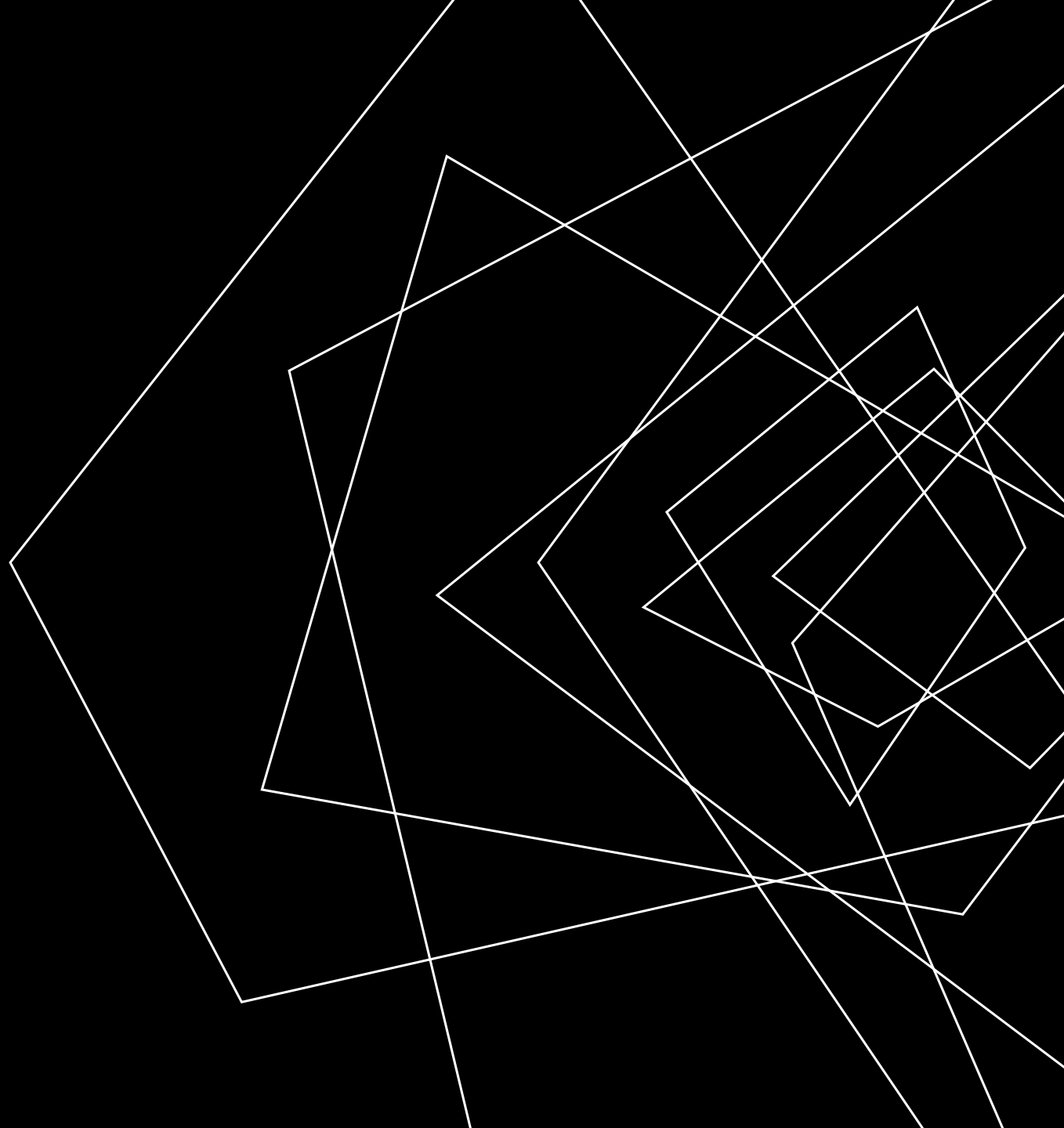
Based on

Age

Demographics

Severity of chronic conditions

Severity is shown by using HCC diagnosis codes



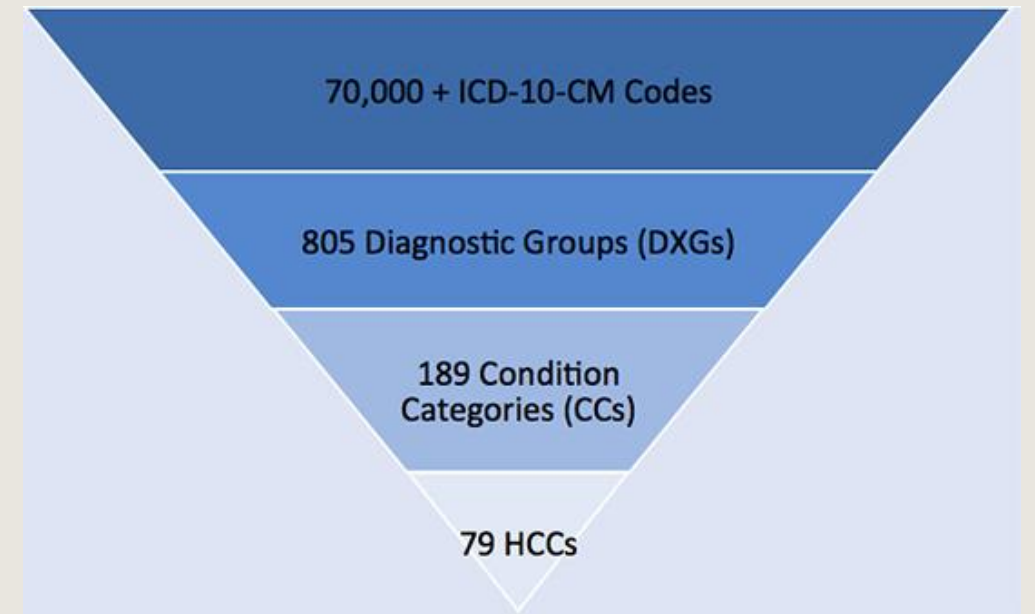
HIERARCHICAL CONDITION CATEGORY CODES (HCC)

Method of categorizing and prioritizing a patient's severity of illness via diagnosis codes

Groupings of clinically related diagnoses with similar cost complications

Only those diagnoses that map to an HCC are used in risk score calculation

HCC Diagnoses must be documented every year





COMMON AND COMMONLY MISSED HCC CODES

Atrial fibrillation

CHF

Specific Diabetes Codes

COPD

CKD

Dementia

Seizure disorder

Active Cancers

Atherosclerosis of Aorta

Morbid Obesity – BMI>40 ()

Morbid Obesity – BMI 35-39.9 with comorbidity

Recurrent Major Depression ()

Lung Granuloma

Secondary Hypercoagulable state

Immunocompromised

Senile Purpura

Breast Cancer on preventative medication

SIDE NOTE

Documenting statin intolerance

Our Medicare Advantage plans hold us responsible for statin use in people with diabetes, ASCVD, and hypercholesterolemia (CMS 347)

For patients that cannot tolerate a statin, one of the following codes must be documented.

“Statin Intolerance” Z78.9 does not meet the metric

G72.0	Drug induced myopathy
G72.2	Myopathy due to other toxic agents
G72.89	Other Specified Myopathies
G72.9	Myopathy, unspecified
M62.82	Rhabdomyolysis
N18.5; N18.6	End Stage Renal Disease
K70.30; K70.31; K71.7; K74.3; K74.4; K74.5; K74.60; K74.69	Cirrhosis



BILLING OPPORTUNITIES

Dual visits

Acute visits with wellness visits

- Can bill for acute E&M code such as 99213, 99214 with modifier 25
- Patient will have to pay normal copay associated with those visits

Annual Wellness Visits with other preventative visits

- Some MA plans allow to bill for yearly physical at the same time – 99397 for 65+

Additional codes

Smoking Cessation

- 3-10 minutes – 99406
- >10 minutes - 99407

Advance Care planning

- 16-30 minutes spent- 99497
- >30 minutes - 99498



RESOURCES

[MLN6775421 – Medicare Wellness Visits
\(cms.gov\)](#)

<https://www.cms.gov/Medicare/Prevention/PreventionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html>

[FPM Topic Collection | AAFP](#)