


Quick Start Guide to Annual Wellness Visits

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This guide outlines key information for pharmacists who are interested in offering Annual Wellness Visits (AWV) in their practice and having them covered in the Medicare Part B fee-for-service (FFS) program. Other payer policies may vary on service requirements and coverage for the service.

Overview of AWW Services

Medicare covers two types of wellness exams focused on improving health and well-being, the Initial Preventive Physical Exam (IPPE) - also known as the “Welcome to Medicare” Exam and Annual Wellness Visits (AWV).

- IPPE: The one-time IPPE consists of a review of medical and social health history and preventive services education and must be provided within 12 months of Medicare Part B enrollment. *Pharmacists are not eligible to provide IPPEs.*
- AWVs: First and subsequent AWVs are visits to develop or update a Personalized Prevention Plan (PPP) and perform a Health Risk Assessment (HRA). AWVs are covered once every 12 months after the initial year of enrollment in Medicare Part B. *Pharmacists are eligible to provide AWVs as long as certain requirements are met.*

Pharmacist Eligibility to Perform AWVs

AWVs can be performed by a licensed pharmacist practicing within their state scope of practice and working under the direct supervision of a physician or other qualified non-physician practitioner (NPP) enrolled in the Medicare program.¹

Patient Eligibility to Receive AWVs

Medicare covers an initial or subsequent AWV for all patients who aren't within 12 months of the eligibility date for their first Medicare Part B benefit period and who didn't have an IPPE or an AWV within the past 12 months. **Medicare pays for only 1 IPPE per patient per lifetime and 1 additional AWV per year thereafter.** Because AWVs are considered a preventive service, patients are not responsible for deductibles or coinsurance for receiving an AWV but may be responsible for costs for additional medically necessary services provided on the same day as the preventive service.

Medicare Annual Wellness Visit Requirements

The first AWV a patient receives in the Medicare program includes a health risk assessment (HRA) and the development of a Personalized Prevention Plan (PPP). The first AWV must contain the following elements:²

- Performing a Health Risk Assessment (HRA), an evaluation tool that collects self-reported information about the patient - <https://www.cdc.gov/policy/opaph/hra/FrameworkForHRA.pdf>
- Establishing the patient's medical and family history
- Establishing a medical providers and suppliers list
- Measuring height, weight, body mass index, and blood pressure (and other measurements as deemed appropriate)
- Detecting any cognitive impairment a patient may have
- Reviewing the patient's potential depression risk factors, including any current or past experiences with depression or other mood disorders. (<https://www.apa.org/>)

¹ Hughes C. Coding and Documentation. *Fam Pract Manag.* 2022;29(1):32.

² MLN Educational Tool. Wellness Visits. Medicare Learning Network. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Net-work-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html>

depression-guideline/assessment)

- Reviewing patient's functional ability and level of safety
- Establishing an appropriate patient written screening schedule, like a checklist, for the next 5-10 years
- Establishing a patient's list of risk factors and conditions where you recommend primary, secondary, or tertiary interventions or report whether they're underway
- Providing personalized patient health advice and appropriate referrals to health education or preventive counseling services or programs
- *Optional:* Providing Advance Care Planning (ACP) services at patient's discretion
- If applicable: Review current opioid prescriptions
- Review for potential substance use disorders

Subsequent AWWs include reviewing and updating the above elements and performing additional assessments to create an updated PPP. Of note, the measurement element only needs to be of weight and blood pressure, and other measurements as deemed appropriate. Consult the MLN Educational Tool: Wellness Visits for more information.

Annual Wellness Service Implementation

CMS' suggested time for an AWW is 40 minutes for the first AWW and 20 minutes for subsequent AWWs. Feedback from pharmacists indicates that it may take up to 60 minutes for each visit (first and subsequent). A target number of visits per day is generally established based on the goals of the health system or physician practice:

- If the goal of offering AWW is to cover the cost of a pharmacist's salary, 4 AWWs per day has been reported as a target number.³ For health systems wanting to use the AWW to fill in gaps in care that impact quality metrics, pharmacists may be encouraged to do as many AWWs as possible.
- For pharmacists also offering chronic disease management or other services, a daily target may be difficult to achieve, depending on how large the established practice is.
- Revenue (both direct and downstream) may be used to support pharmacy service expansion.

Reimbursement for Services

Under the Medicare Physician Fee Schedule (PFS), Medicare pays for AWW services using Healthcare Common Procedure Coding System (HCPCS) codes G0438, G0439, or G0468 to report the service. Code G0438 is used for the first AWW, code G0439 is used for subsequent annual AWWs, and code G0468 is used for reporting AWWs provided in federally qualified health centers (FQHC). An AWW code can only be

used once in a 12-month period. For medically necessary Evaluation and Management (E/M) services provided on the same day as the AWW, the modifier -25, should be used with the appropriate E/M code.

Providers of AWW services must use the documentation guidelines for E/M services to document the AWW service in the medical record. Referrals to other providers and a written medical plan must be included in the documentation.⁴

Pharmacists cannot directly bill Medicare Part B for AWW services. However, a Medicare Part B recognized provider (physician or other NPP) may bill Medicare for AWW services provided by a pharmacist. The service provided by the pharmacist must occur within the provider's office or clinic via face-to-face or telehealth visits. A physician or NPP must be on the premises when the services are performed. Note that during the pandemic, physician supervision of the pharmacist can occur virtually via real-time audio and video technology.

Billing Codes

Medicare Code	G0438**	G0439**	G0468
Description	First AWW	Subsequent AWW	FQHC AWW
Average Reimbursement (Non-facility fee)*	\$166	\$130	N/A
Average Reimbursement (Facility fee)*	\$166	\$130	N/A
2023 Work RVUs	2.60	1.92	
* Geographically adjusted			
** More info can be found at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c09.pdf#page=15			

³ Park I, Sutherland SE, Ray L, Wilson CG. Financial implications of pharmacist-led Medicare annual wellness visits. *J Am Pharm Assoc* (2003). 2014 Jul-Aug;54(4):435-40. doi: 10.1331/JAPhA.2014.13234. PMID: 25063264

⁴ Medicare Claims Processing Manual, Chapter 12, Section 30.6.1.1.

Tips from the Field

- Develop collaborative practice agreement/protocol, as authorized, and ensure shared EHR access
- Identify patients
- Determine targeted population: at-risk Medicare patients vs. all Medicare patients
 - At-risk patients: utilize ACO/ population health registries, case management patient profiles, quality coordinators
 - Consider outreaching to qualified patients already engaged in chronic disease management or other services with pharmacist
- Determine how to organize eligible patients. Large practices may have thousands of eligible patients--break this down into easier to manage lists for outreach (ex. reach out to patients to schedule based on birth month).
- Educate patients and providers on difference between AWW and “physical” visit with provider
 - Including a comprehensive medication review, earned relative value units (RVUs), improvement in quality measures, and time savings for providers are often the biggest “selling points” for creating buy-in from providers and leadership
- Make sure staff performing outreach to schedule patients for AWW are well-versed in what the AWW is and includes (NOT a physical exam with their provider), the role of the pharmacist in the clinic, charges that may be incurred, benefits of completing visit, etc.
- Consider having an FAQ sheet for staff to reference when completing outreach



Resources

- ABC's of AWWs for Providers/Pharmacists:
<http://www.ocagingservicescollaborative.org/wp-content/uploads/2014/07/1.4-ABCs-of-AWW-2015.pdf>
- List of covered CMS preventive services:
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243319>
- HealthCare.gov Preventive Health Services:
<https://www.healthcare.gov/coverage/preventive-care-benefits/>

Appendix 1: Example Protocol Workflow Survey *(Note: some aspects of this protocol involve expanded pharmacists' scope of practice via collaborative practice agreements)*

Goal: To utilize the clinical pharmacist to conduct AWW and subsequent AWWs for Medicare beneficiaries to identify areas of improvement for preventative care, educate patients on risk factors and health conditions, and provide referrals to appropriate providers and services.

Eligibility: Beneficiaries will be eligible if they have had Medicare Part B coverage for at least 12 months, and have not completed an initial preventative physical examination (also known as the "Welcome to Medicare" visit) within the last 12 months. The benefit provides for a one-time initial AWW and subsequent AWWs if at least 12 months have passed since the previous AWW.

- Patients may be scheduled for up to a **1-hour appointment slot** with a clinical pharmacist.
- Pharmacists maintain the authority to adjust medications based on renal function.
- Pharmacists also maintain the authority to conduct additional screening, order labs/screenings, or perform other functions in concordance with the **Medicare Learning Network (MLN) Matters Number MM7079**. Access the policy at: <https://wayback.archive-it.org/2744/20110805133215/http://www.cms.gov/transmittals/downloads/R134BP.pdf>

Task:			
Patient was roomed for the appointment			<input type="checkbox"/>
The following was recorded:			
• Height	<input type="checkbox"/>	• BMI	<input type="checkbox"/>
• Weight	<input type="checkbox"/>	• Pulse	<input type="checkbox"/>
• Blood pressure	<input type="checkbox"/>		
The following was reviewed and updated in the electronic medical record (EMR):			
• Medical history	<input type="checkbox"/>	• List of providers	<input type="checkbox"/>
• Family history	<input type="checkbox"/>	• List of pharmacies used	<input type="checkbox"/>
• Social history	<input type="checkbox"/>	• Allergies	<input type="checkbox"/>
A comprehensive medication review was performed and recorded in the EMR.			<input type="checkbox"/>
The following was screened using the Health Risk Assessment form and updated in the EMR:			
• Mood disorders	<input type="checkbox"/>	• Functional ability/safety	<input type="checkbox"/>
• Cognitive impairment	<input type="checkbox"/>	• Advanced care planning	<input type="checkbox"/>
Notified the Primary Care Physician (PCP) if a referral to the following specialties based on screening should be placed:			
• Audiology	<input type="checkbox"/>	• Occupational therapy	<input type="checkbox"/>
• Social work	<input type="checkbox"/>	• PCP	<input type="checkbox"/>
• Physical therapy	<input type="checkbox"/>		
Personalized Prevention Plan was completed, and a copy was provided to the patient.			<input type="checkbox"/>
The following labs were ordered if appropriate:			
DEXA scan			<input type="checkbox"/>
PSA			<input type="checkbox"/>
Lipid panel			<input type="checkbox"/>
Basic or complete metabolic panel			<input type="checkbox"/>
Hemoglobin A1C			<input type="checkbox"/>
Fasting blood glucose			<input type="checkbox"/>
Mammogram			<input type="checkbox"/>
Colonoscopy			<input type="checkbox"/>
Hepatitis C			<input type="checkbox"/>
HIV screening			<input type="checkbox"/>
Abdominal aortic aneurysm screening ultrasound			<input type="checkbox"/>
Health risk assessment was completed including providing education to patient on risk reduction.			<input type="checkbox"/>
PCP was notified with any medication adjustment recommendations for therapy optimization, reduction of drug-drug interactions, or prevention of side effects.			<input type="checkbox"/>
Follow-up plans with the PCP were made as needed.			<input type="checkbox"/>

Appendix 2: Example Health Risk Assessment

Annual Wellness Visit

Patient Name _____ Date of Birth _____

Date of Service _____ Type of Medicare Visit: ☐ Welcome ☐ Initial AWV ☐ Subsequent AWV

CURRENT PROVIDERS AND SUPPLIERS

PROVIDER'S SPECIALTY	PROVIDER / SUPPLIER NAME	REASON

HEALTH RISK ASSESSMENT

INSTRUCTIONS: Select either "Yes" or "No" as the best answer to the questions below.

My physical health limited social activities with family, friends, neighbors, or groups in the last four (4) weeks.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My emotional health limited social activities with family, friends, neighbors, or groups in the last four (4) weeks.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has someone been available when you needed help?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pain is present in the last four (4) weeks. DESCRIBE LOCATION OF PAIN BELOW.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you sexually active?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you feel safe at home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you wear seat belts when driving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you fallen in the last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you worried about falling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a normal gait?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you use a walker or a cane?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you notice any hearing difficulties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have difficulty with your memory?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you use any calcium and/or Vitamin D supplements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Courtesy of Indiana University Health

Appendix 3: Example Personalized Prevention Plan

Service	Recommendation	Last Done Date	N/A to Patient
Annual Wellness Visit	Once every 12 months		
Screening mammogram	Once every 2 years until age 75		
Bone mass measurement	Age 65 for all individuals, repeat testing if necessary		
PSA	At discretion of provider and patient		
Fecal Occult Blood Test (FIT) OR	Once every 12 months for all individuals >50 years old; >75 years old left to provider discretion		
Screening colonoscopy or Cologuard	Colonoscopy: once every 10 years for individuals over 50 years old; >75 years old left to provider discretion Cologuard: once every 3 years for individuals over 50 years old; >75 years old left to provider discretion		
Glaucoma screening	Once every 12 months or as recommended by patient's ophthalmologist		
Hepatitis C screening	Once in a lifetime for patients 18-79 years old		
Cholesterol panel	Once every 5 years; more often if necessary		
Diabetes screening	Once every 3 years; more often if necessary		
Abdominal Aortic Aneurysm Screening Ultrasound (AAA)	Once in a lifetime for patient with following criteria: referral at Welcome to Medicare Visit; must have met 1 of the following risks—family hx, male age 65-75 years old who have smoked 100 cigarettes in lifetime		
Pneumonia vaccine	PPSV23: Once at age 65 or thereafter (at least 5 years after previous doses of PPSV23) PCV13: may consider in high risk patients (should be given at least 1 year before PPSV23)		
Influenza vaccine	Yearly		
Shingles vaccine	Zostavax: Once at age 60 or thereafter Shingrix (preferred option): 2 doses at age 50 or thereafter separated by 2-6 months		

Courtesy of Indiana University Health

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