



**MPC, Inc.
October 2011**



CELEBRATING 19 YEARS OF EXCELLENCE

MEDICAL PRACTICE CONSULTANTS, INC.

Medicare Annual Wellness Visit

For dates of service on or after January 1, 2011, the Affordable Care Act allows for coverage of the Annual Wellness Visit (AWV), providing Personalized Prevention Plan Services (PPPS). All components of the AWV must be provided, or provided and referred, prior to submitting a claim for the AWV. Note that the AWV is a separate service from the Initial Preventive Physical Examination (IPPE), and that the AWV is not covered during the first 12 months of a beneficiary's initial enrollment into Medicare Part B. This newsletter is divided into two sections: the first explains the elements included in the first AWV a beneficiary receives, and the second explains the elements included in all subsequent AWVs.

Elements of the FIRST AWV Providing PPPS

ACQUIRE BENEFICIARY HISTORY

- Establishment of the beneficiary's medical/family history
 - ◇ At a minimum, collect and document the following:
 - Past medical and surgical history, including experiences with illnesses, hospital stays, operations, allergies, injuries, and treatments;
 - Use or exposure to medications and supplements, including calcium and vitamins; and
 - Medical events in the beneficiary's parents and any siblings and children, including diseases that may be hereditary or place the beneficiary at increased risk.
- Review of the beneficiary's potential risk factors for depression, including current or past experiences with depression or other mood disorders
 - ◇ Use any appropriate screening instrument for persons without a current diagnosis of depression, which the health professional may select from various available standardized screening tests designed for this purpose and recognized by national professional

medical organizations.

- Review of the beneficiary's functional ability and level of safety
 - ◇ Use direct observation of the beneficiary, or any appropriate screening questions or a screening questionnaire, which the health professional may select from various available screening questions or standardized questionnaires designed for this purpose and recognized by national professional medical organizations to assess, at a minimum, the following topics:
 - Hearing impairment;
 - Ability to successfully perform activities of daily living;
 - Fall risk; and
 - Home safety.

BEGIN EXAMINATION

- An examination
 - ◇ Obtain the following:
 - Height, weight, body mass index (or waist circumference, if appropriate), and blood pressure; and
 - Other routine measurements as deemed appropriate, based on medical and family history.
- Establishment of a list of current providers and suppliers
 - ◇ Include current providers and suppliers that are regularly involved in providing medical care to the beneficiary.
- Detection of any cognitive impairment that the beneficiary may have
 - ◇ Assess the beneficiary's cognitive function by direct observation, with due consideration of information obtained by way of patient reports and concerns raised by family members, friends, caretakers, or others.

COUNSEL BENEFICIARY

- Establishment of a written screening

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schedule for the beneficiary, such as a checklist for the next 5-10 years, as appropriate

- ◇ Base written screening schedule on:
 - Recommendations from the United States Preventive Services Task Force (USPSTF) and the Advisory Committee on Immunization Practices (ACIP);
 - The beneficiary’s health status and screening history; and
 - Age-appropriate preventive services covered by Medicare.
- Establishment of a list of risk factors and conditions of which the primary, secondary, or tertiary interventions are recommended or underway for the beneficiary
- ◇ Include the following:
 - Any mental health conditions or any such risk factors or conditions that have been identified through an IPPE; and
 - A list of treatment options and their associated risks and benefits.
- Furnishing of personalized health advice to the beneficiary and a referral as appropriate to health education or prevention counseling services
- ◇ Includes referrals to programs aimed at:
 - Community-based lifestyle interventions to reduce health risks and promote self-management and wellness;
 - Weight loss;
 - Physical activity;
 - Smoking cessation;
 - Fall prevention; and
 - Nutrition.

Elements of SUBSEQUENT AWW Providing PPPS

ACQUIRE BENEFICIARY HISTORY

- An update of the beneficiary’s medical/family history
- ◇ At a minimum, collect and document the following:
 - Past medical and surgical history, including experiences with illnesses, hospital stays, operations, allergies, injuries, and treatments;
 - Use or exposure to medications and supplements, including calcium and vitamins; and
 - Medical events in the beneficiary’s parents and any siblings and children, including diseases that may be hereditary or place the beneficiary at increased risk.

BEGIN EXAMINATION

- An examination
- ◇ Obtain the following:
 - Weight (or waist circumference, if appropriate) and blood pressure; and
 - Other routine measurements as deemed appropriate, based on medical and family history.
- An update of the list of current providers and suppliers, as that list was developed for the first AWW providing PPPS
- ◇ Include current providers and suppliers that are regularly

involved in providing medical care to the beneficiary.

- Detection of any cognitive impairment that the beneficiary may have
- ◇ Assess the beneficiary’s cognitive function by direct observation, with due consideration of information obtained by way of patient reports and concerns raised by family members, friends, caretakers, or others.

COUNSEL BENEFICIARY

- Update to the written screening schedule for the beneficiary, as that schedule was developed at the first AWW providing PPPS
- ◇ Base written screening schedule on:
 - Recommendations from the USPSTF and the ACIP;
 - The beneficiary’s health status and screening history; and
 - Age-appropriate preventive services covered by Medicare.
- Update to the list of risk factors and conditions of which the primary, secondary, or tertiary interventions are recommended or underway for the beneficiary, as that list was developed at the first AWW providing PPPS
- ◇ Include any such risk factors or conditions that have been identified.
- Furnishing of personalized health advice to the beneficiary and a referral as appropriate to health education or prevention counseling services
- ◇ Includes referrals to programs aimed at:
 - Community-based lifestyle interventions to reduce health risks and promote self-management and wellness;
 - Weight loss;
 - Physical activity;
 - Smoking cessation;
 - Fall prevention; and
 - Nutrition.

Effective for dates of service on or after August 25, 2010, Medicare provides coverage of counseling to prevent tobacco use.

Use the following Healthcare Common Procedure Coding System (HCPCS) codes, listed below, when filing claims for the AWW.

- ◆ **G0438** - Annual wellness visit, includes Personalized Prevention Plan of Service (PPPS), first visit
- ◆ **G0439** - Annual wellness visit, includes PPPS, subsequent visit



“Listen! The wind is rising, and the air is wild with leaves, we have had our summer evenings, now for October eves!”

~Humbert Wolfe

