Annual Wellness Visit (AWV) and Advanced Care Planning (ACP) Workflow

Task	Responsible Party (WHO)	Action (WHAT)	Date (WHEN)	Notes/Comments	Codes
Identify Population	Medical Office Assistant, Clerical Support Staff	Medicare covers an AWV providing a Personalized Prevention Plan Services for Patients who are: 1) no longer within 12 months after the effective date of their first Medicare Part B Coverage Period 2) Have not received an Initial Preventive Physical Exam or AWV within the past 12 months. <u>Considerations-</u> How do you identify the population? Options -Search for population of Medicare eligible for Initial and Annual Wellness Visit -Search for population of Medicare eligible who are due for Initial and Annual Wellness Visit by query of last 6 months of billing codes	Monthly-6 months before the due date for each patient or at last AWV	The AWV is not a routine Physician Checkup. Medicare does not cover routine physical exams- No labs are to be included as part of the AWV. Both coinsurance/copayment and deductible are waived.	<u>Billing Codes</u> **G0438** Annual Wellness Visit, Initial (AWV) Annual wellness Visit, including a personalized prevention plan of service (PPPS), first visit. **G0439** Annual Wellness Visit, Subsequent (AWV) Annual Wellness visit, including a personalized prevention plan of service (PPPS), subsequent visit.
Pre-visit planning	Medical Office Assistant, Clerical Support Staff	Prepare patient education on outstanding health maintenance services	!-3 days prior to AWV	Generate the health maintenance reports prior to the exam i.e. Run the report on whether or not they are due for preventive health services	
Schedule Patient	Medical Office Assistant, Clerical Support Staff	Health Risk Assessment must be completed for the AWV. This can be sent via the patient portal or completed when the patient arrives for appointment.	As identified during the task of population identified as schedule allows	Workflow decisions: The AWV is done as a completely separate visit or it is done with an MD office visit.	
Patient arrives and is checked in	Medical Office Assistant, Clerical Support Staff				

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AWV Begins **HRA Administered /Updated**	MD, DO, PA, NP or CCNS, or **Medical Professional (Including-Heath Educator, Registered dietitian, nutritional professional or other licensed practitioner OR a team of medical professionals who are directly supervised by a physician)** Use current staff and enable them to practice at the highest level of their scope of practice/job duties This person will be referred to as the AWV Coordinator	HRA should include: • Demographic Data • Self-assessment of health status • Psychosocial Risk • Behavioral risk • Activities of Daily Living(ADL's), including but not limited to dressing, bathing and walking • Instrumental ADL's including but limited to shopping, housekeeping, managing own medications and handling finances Screening for depression (PHQ-2/9) as well identification for inclusion in chronic care management can be completed at the time of the HRA	At AWV		ICD 10 Codes **Z00.0** Encounter for general adult medical examination **Z00.00** …… without abnormal findings **Z00.01** …… with abnormal findings CPTII Codes Tobacco Use **1034F** Current tobacco smoker **1035F** Current smokeless tobacco user **1036F** Current tobacco non-user **4000F** Tobacco use cessation intervention, counseling **4001F** Tobacco use cessation intervention, pharmacologic therapy
Establish/ Review list of current providers and suppliers	AWV Coordinator	Include current clinicians and suppliers (DME, Home Health, Meals on Wheels) that regularly provide medical care/services to the beneficiary	At AWV	Obtain and update contact information	
Establish /Review patient Medical /Family History	AWV Coordinator	Family Medical History Past Medical and Surgical History Medication review including nonprescription medications	At AWV	MIPS Quality Measure 130	
Depression or other mood disorder screening	AWV Coordinator	PHQ 2 or PHQ 9, AUDIT	At AWV Annually	MIPS – QM 371- Depression MIPS- QM 431- Alcohol MIPS- 226 Tobacco Screening	Billing Codes: **G0444**-Annual Depression Screening(Included in AWV) **GO442-** Annual Alcohol Misuse screening. (Add on)

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Review patients functional ability and level of safety	AWV Coordinator	Tools- Direct observation and fall risk assessment (Consider Home setting)	At AWV	MIPS- QM 154 – Fall Risk	CPTII Codes **1100F** Patient screened for future fall risk; documentation of two or more falls in the past year or any fall with injury in the past year **1101F** Patient screened for future fall risk; documentation of no falls in the past year or only one fall without injury in the past year **3288F** Falls risk assessment documented
Capture BMI, HT, WT, BP includes other routine measurements	AWV Coordinator	Assess and Document in Medical Record	At AWV	MIPS QM 128 – BMI with F/U QM 317- B/P and Follow up	CPTII Codes **3008F** Body Mass Index (BMI) documented **3074F** Most recent systolic blood pressure < 130 mm Hg **3075F** Most recent systolic blood pressure 130-139 mm Hg **3077F** Most recent systolic blood pressure > 140 mm Hg **3078F** Most recent diastolic blood pressure < 80 mm Hg **3079F** Most recent diastolic blood pressure 80-89 mm Hg **3080F** Most recent diastolic blood pressure >90
Observe for Cognitive impairment	AWV Coordinator	Tools- Direct Observation, family member/caretaker feedback or a standardized like the Mini Cog	At AWV		

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Establish a written screening schedule for the patient and update EHR with due dates for next 5-10 years.	AWV Coordinator	Identify age/gender appropriate screening. United State Preventive Services task Force Advisory Committee on Immunization Practices Medicare Preventive Services	At AWV	MIPS QM 185 Colon Ca Screening MIPS QM 112-Breast Ca Screening MIPS QM 309 Cervical Cs Screening MIPS QM 110 Preventive Care and Screening: Influenza Immunization MIPS QM 111 Pneumonia Vaccination Status for Older Adults	CPTII Codes **3014F** Screening mammography results documented and reviewed **3017F** Colorectal cancer screening results documented and reviewed **3015F** Cervical cancer screening results documented and reviewed **1030F** Influenza immunization status assessed **4274F** Influenza immunization administered or previously received **4037F** Influenza immunization ordered or administered **1022F** Pneumococcus immunization status assessed **4040F** Pneumococcal vaccine administered or previously receive
Schedule needed referrals/immunizations/ self-management and wellness resources and next AWV as well as document appropriate ICD 10 codes for the patient	AWV Coordinator	Evaluate enrollment in Chronic Care Management Program Tobacco-use cessation counseling, Obesity counseling, Diabetes Self-management Training	At AWV	If a non-provider is performing the AWV, all ICD 10 codes used must have been previously documented by the MD, NP or PA. (Alert MD if new ICD 10 codes are identified during the AWV) If performed with another E/M service, use the 25 modifier	**All current Diagnosis should be include**. This will impact your cost score of MIPS.

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Advanced Care Planning (Optional but highly recommended)	AWV Coordinator	Face to Face conversation between a qualified heath care professional and a beneficiary to discuss the patient's wishes and preference for medical treatment if he or she were unable to speak or make decision in the future.		MIPS- QM 47 Care Plan -Bill with modifier 33 and may be billed at the same time as the AWV -Deductible/coinsurance for ACP is waived once per year when billed with the AWV. -An advanced directive form does not have to be a product of the conversation. -30 minute code-min. threshold is 16 minutes	CPT Billing Codes **99497**-Advanced care planning including the explanation and discussion of advance directives-first 30 minutes **99498**-Advanced care planning including the explanation and discussion of advance directives-each additional 30 minutes CPTII Codes **1157F** Advance care plan or similar legal document present in the medical record **1158F** Advance care planning discussion documented in the medical record **1123F** Advance Care Planning discussed and documented; advance care plan or surrogate decision maker documented in the medical record
Patient checks out	Medical Office Assistance Clerical Assistance				

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