Practice Enhancement Through
Clinically Correct Documentation and Coding

2024 Curriculum

Compliant Completion of the Medicare Wellness Visit

Nick Ulmer, MD CPC FAAFP

Tonight

- THANKS for logging on…..!
- Silence your microphones/cut off cameras
- There is no CME for this session (but an option for CME purchase at the end). Coders can get CEUs as well.
- Many thanks to the AFP Academies in SC, MS, and TN for the info-share. Jim Lewis from Medical Education Associates (Practice Enhancement platform)
- If you have a question, place it in the "chat". We will address during the session. Goal is to complete our "discussion" in 45 min, be done in 60.
- The "GME Pilot" is about to launch again to run remainder of 2024. If you are in the pilot, you will get info in the next week. If you are not, please place email me (NUlmer@protimellc.com) with the "Subject" line stating "**Pilot**". If you are a private practice/medical group and want to engage the Practice Enhancement education platform, go to www.protimellc.com and follow the links….or call me to discuss.
- We will share the recording link in the coming days. PDF of slides, resources as well.

Disclaimer/Conflicts

- E. G. "Nick" Ulmer, Jr., MD CPC is the owner of the entire content of this presentation. Any questions related to interpretation of the coding guidelines discussed herein should be directed to Dr. Ulmer at:
  - NUlmer@ProtimeLLC.com or
  - 864-684-4248 (cell/text)
- The ultimate authority on the interpretation of CMS guidance rests with your Medicare Administrative Contractor (MAC).
  - Search www.cms.gov and "Who are the MACs" to locate yours.
- Spartanburg Regional Healthcare System is in no way related to the educational content of this presentation.

Objectives

- Define three types of Medicare Wellness and how to compliantly perform them
- Describe preventive services provided by Medicare and a central source to find them
- Correctly document/bill MWV and chronic disease management in the same encounter

Compliance …. What about the audits….?

- During the COVID pandemic, there was a pause on probe and educate audits
  - CGS Medicare – Part B MAC covering KY, OH. A part of BCBS of SC (!!)
    - Probe and Educate (P/E) audits planned to restart in 2023. Expectations to find in note:
      - Medications and supplements used, List of providers/suppliers, Cognitive Assessment, Depression Screening, Functional Assessment, Screening schedule for beneficiary, Risk factor assessment, Counseling programs. For subsequent AWV notation that medical/family history and health risk assessment were reviewed and updated, if needed. Copy of any ABNs and appropriate signatures
  - AAFP did a review with its National Research Network 06/30/2022 (from 03/2019) in 36 states, 145 practices and said from results that ~85% of MWV may be done wrong

What about the Penn State Health audits….?

- Penn State Health (and HHS-OIG US Attorney's Office) announced on 02/07/2024 that Penn State Health agreed to pay >$11M to resolve allegations of civil liability for improper billing to CMS for MWV services
  - When you self disclose, your case is sealed and we don't know what happened (no lessons learned)
  - What historically is known in this space is that "things get missed" and when this occurs CMS says the service was not rendered
- When improper payments are discovered, a provider must report and return self-identified overpayments to Medicare as outlined in Section 1128J(d) of the Social Security Act (the Act):
  - Payback is required within 60 days of overpayment identification. Define a set period of time (or it's 6 years – lookback period)
- Is there more to come since the Pandemic is now gone… and Penn State Health just forked over $11M….?

Why do the MWV…?

- No co-pay and no deductible visit for patients on Medicare as a stand-alone encounter
- RELATIONSHIP building (patient experience rating)
- Many Health Plans have MWV completion as a quality metric goal
  - Recommended by CMS since 2005
- Opportunity to fully update the Medicare patient's medical record
  - Remove outdated medications
  - Update the problem list with the most accurate diagnosis (HCC), remove inactive problems (Sinusitis, etc.)
    - https://link.springer.com/journal/11606 (Ziegle et al in *Journal of Gen. Internal Med.* 01/2022)
- Review, update, and order the preventive services recommended for the Medicare Beneficiary
  - Quality Metric Capture (bonus potential)

2024 Stars/ACO Quality Metrics (updated 01.2024)

Measure	Program		Star Category & Weight		Thresholds 10/17/2023	
	Stars	ACO	Part C or D?	Weight	4 Star	5 Star
Care for Older Adults - Medication Review	•		C	1	93%	98%
Care for Older Adults - Pain Assessment	•		C	1	91%	96%
Medication Adherence for Diabetes	•		D	3	88%	90%
Medication Adherence for Hypertension (RAS)	•		D	3	89%	91%
Medication Adherence for Cholesterol (Statins)	•		D	3	89%	93%
TRC: Medication Reconciliation Post-Discharge	•	•	C	0.5	68%	82%
TRC: Patient Engagement After Inpatient Discharge	•		C	0.5	64%	78%
Follow-Up After ED Visit for MCC	•		C	1	60%	68%
Plan All-Cause Readmissions	•		C	3	10%	8%
Osteoporosis Management in Women w/ Fracture	•		C	1	55%	71%
Kidney Health Evaluation for Patients with Diabetes	•		C	1	TBD	TBD
Statin Use in Persons with Diabetes	•		D	1	88%	92%
Diabetes Care - Eye Exam	•		C	1	73%	81%
Diabetes Care - Blood Sugar Controlled	•	•	C	3	80%	87%
Breast Cancer Screening	•	•	C	1	71%	79%
Colorectal Cancer Screening	•	•	C	1	71%	80%
Controlling Blood Pressure	•	•	C	3	74%	82%
Statin Therapy for Cardiovascular Disease	•	•	C	1	86%	90%
Reducing the Risk of Falling		•				
Depression Screening		•				
Influenza Immunization		•				
Tobacco Screening and Cessation Intervention		•				

"Medicare Wellness Visits"

- Initial Preventive Physical Examination (IPPE, 01-2005)
  - "Welcome to Medicare" visit (at 65 or 1st yr of Medicare, Pt B (1x)
- Annual Wellness Visit (AWV, 01-2011)
  - Initial AWV (next year after IPPE or the first AWV done, Pt B (1x)
  - Subsequent AWV (each year after the Initial AWV – yearly)
- Medicare Beneficiaries are allowed one each year
  - Medicare: once every rolling 12 months – HIPAA Eligibility Transaction System
    - https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/HETSHelp/Index or contact your Medicare Administrative Contractor (MAC)
  - Medicare Advantage: once every calendar year, not rolling 12 months
- Must be delivered in order and at the right time
  - IPPE done too early or late …. Denied

MLN6775421 (Nov., 2023)

Initial Preventive Physical Exam (IPPE)

- Effective 01-2005
- Goal: health promotion and disease prevention
- Patients eligible at entry into Medicare (usually 65, but disability)
  - One-time benefit
- MD, DO, NPP can provide service
  - NPP: non-physician practitioners
    - nurse practitioners, physician assistants, clinical nurse specialists, certified nurse midwives
  - NOT any other physician's staff – NOTE difference with Annual Wellness Visit "Healthcare Team"

https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-410#410.16, amended 11.23.2022

Medicare IPPE Requirements

- History must be updated and include such things as …
  - Medical History: surgery, medication list, major illnesses
  - Social History: Alcohol/Tobacco, diet, work history, and physical/social activities
  - SUPPORT Act (section 2002) requires IPPE (and AWV) to include review of opioid use (2021)
- Functional assessment: ADLs, hearing, falls risk, home safety
  - Falls: Timed Up and Go, STEADI

Timed "Up and Go" test

- Time to rise from chair, walk 3 meters, turn around, walk back to the chair and then sit down
- Use mobility devices as well as normal, regular foot ware
- Score: </= 10 seconds normal; 11-20 secs normal for frail and disabled; > 20 secs indicates a need for outside assistance (PT evaluation for functional assessment); 30+ seconds is prone to falls.
- Positive test is if they fail the above and further evaluation is needed and more education about falls risk is merited
- Not recommended for falls risk assessment in high-functioning older people

https://www.sciencedirect.com/book/9780323609128/gucciones-geriatric-physical-therapy

Stopping Elderly Accidents, Deaths, and Injuries

- STEADI
  - Screen → Assess → Intervene
- Screening
  - Three key questions and if YES for any, then are at risk
    1. Do you feel unsteady when standing or walking?
    2. Do you have worries about falling?
    3. Have you fallen in the past year? (if yes, ask how many times and if they were injured). FALLING makes the patient at risk and further assessment is needed

STEADI: "Stay Independent" Risk Score

- Stay Independent: 12 questions. If score 4 or more, are at risk (further assessment) OR if the patient has fallen, then at risk and further assessment is needed

1. I have fallen in the past year. (if yes, then at risk and needs further assessment)
2. I use (or have been advised to use) a cane/walker to get around.
3. Sometimes I feel unsteady when walking
4. I need to hold on to furniture to steady myself when walking at home.
5. I am worried about falling.
6. I need to push with my hands to stand up from a chair.
7. I have some trouble stepping up onto the curb.
8. I often must rush to the toilet due to bowel or bladder urgency issues.
9. I have lost some feeling in my feet.
10. I take medications that sometimes makes me feel light-headed or more tired than usual.
11. I take medications to help me sleep or improve my mood.
12. I feel sad or depressed.

(Rubenstein et al. J Safety Res; 2011: 42(6)493-499)

Medicare IPPE Requirements

- History must be updated and include
  - Medical History: surgery, medication list, major illnesses
  - Social History: Alcohol/Tobacco, diet, work history, and physical/social activities, opioid use/abuse assessment
- Functional assessment: ADLs, hearing, falls risk, home safety
  - Falls: Timed Up and Go, STEADI
- Depression risk screen: simple (PHQ-2) is OK, per provider decision
  - https://www.apa.org/depression-guideline/assessment

Medicare IPPE Requirements

- History must be updated and include
  - Medical History: surgery, medication list, major illnesses
  - Social History: Alcohol/Tobacco, diet, work history, and physical/social activities, opioid use/abuse assessment
- Functional assessment and Safety: ADLs, hearing, falls risk, home safety
  - Falls: Timed Up and Go, STEADI
  - Cognition impairment
- Depression risk screen: simple (PHQ-2) is OK, per provider decision
- PE (vital signs to include Ht., Wt., BP, BMI, visual acuity). Balance and gait as well (TUG. etc.)
  - **Visual assessment is required**, but physical exam is **not** required (as deemed appropriate based on medical/social history and current clinical standards)
  - EKG is not required, and if ordered is NOT co-pay/deductible waived (if done, patient responsibility))

Medicare IPPE

- Coverage/Requirements
  - Education, counseling, and referral for other preventive services
    - Checklist of health maintenance items to be addressed based on gender
    - Vaccinations, DEXA for osteoporosis, glaucoma screening, breast and colorectal cancer screening, medical nutrition therapy, AAA screening, other preventive services
      - For any patient with a family history of Abdominal Aortic Aneurism
      - Men 65-75 who have smoked 100 cigarettes in their life
      - No co-pay/deductible if ordered in **context of IPPE ONLY** – otherwise not "free"
        - If ordered will patient responsibility … or yours

Medicare IPPE

- Coverage/Requirements
  - End of life planning (upon individual's consent)
    - Requirement of IPPE, patient may refuse
    - Perfect time for this discussion, PCP should take lead
  - No time-base assigned to this (unless you bill ACP) and no specific requirements, but should cover …
    - Advance Directives, Living Will, HCPOA, Psychiatric Advance Directives, etc.
    - -33 modifier to be added if you perform ACP code so it will be co-pay/deductible waived (and document time spent)

*Coinsurance waived as of 2021 for ACP service

Advance Care Planning (ACP)

- The Face-to-Face conversation between a physician (or other qualified health care professional) and a patient to discuss wishes relating to medical treatment if they were unable to speak or make decisions for themselves. This can be performed with the IPPE or AWV at the patient's discretion. *In this context, with -33, it is co-pay/deductible waived*
- Explain and discussion of advance directives, forms (including completion of such –HCPOA, living will, etc.) with patient, family, and/or surrogate. Need ICD-10 diagnosis.
- Time-based code: spend 16 min (over half of the time to bill 99497)
  - 99497 first 30 minutes 1.5 wRVU (2024) (if 16+ minutes…)
  - 99498 each additional 30 minutes 1.4 wRVU (2024) (if 46+ min… bill **BOTH**)

"Medicare Wellness Visits"[1]

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  - **Subsequent** AWV (each year after the Initial AWV – yearly)
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- Must be delivered in order and at the right time
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[1]MLN6775421 (Nov., 2023)

Annual Wellness Visit (AWV)

- Medicare/Medicare Advantage covered service (just like IPPE)
- No co-pay or deductible required if stand-alone encounter for this
- Separate from the IPPE ("Welcome to Medicare")
  - Must be > 11 months from IPPE or from enrollment in Medicare – plain Medicare only
  - Medicare Advantage Plans follow a calendar year and not the 11mo, 1 day rule
- **MD, DO, NPP, medical professional of a health care team under direct supervision of physician**
  - Differs from the IPPE in who can deliver this service as compared to AWV, it is expanded

The AWV "Healthcare Team"

- Medical professional under direct supervision
  - Health educator
  - Registered dietitian
  - Nutrition professional
  - Other licensed practitioner, or
  - "A team of medical professionals who are directly supervised by a physician (doctor of medicine or osteopathy)"
- This is NOT the IPPE "Healthcare Team"
  - Physicians and NPPs

Annual Wellness Visit: requirements

- Administer a Health Risk Assessment (HRA)
  - Can be done at time of visit or before, should take < 20 minutes
  - Make understandable to the patient, delivered in an understandable way
- No mandate of what to cover, but should cover
  - Demographics
  - Self assessment of current health status
  - Risk factor assessment of behavioral and psychosocial issues
  - Activities of daily living: falls risk, dressing, bathing, walking, food prep., etc.
  - Instrumental activities: shopping, medication management, handling finances, housekeeping, laundry, etc.
  - Cognitive Assessment/screening, Social Determinants
- Many downloadable examples on-line of HRA (use one….!)

Annual Wellness Visit: requirements

- Establish/update PMH and FH (recall opioid screening, like IPPE)
- List current medical providers and pharmacies
- Measure: height, weight, BMI, BP, and other routine measurements as deemed needed
  - No physical examination otherwise recommended
- Evaluate any cognitive impairment[1]
  - Any process deemed appropriate by provider
    - MMSE, "Sweet 16 Dementia Screen", etc. to allow direct observation and/or collecting information from caregivers/family. If screening raises concerns, further evaluation may be merited.
    - Cognitive Assessment and Care Plan service (99483): 60 min interview with Care Plan. Usually done separately outside of AWV.

[1]Arch Intern Med. 2011;171(5):432-437. doi:10.1001/archinternmed.2010.423

Sweet 16 Dementia Screen

- Archives of Internal Medicine, 2010
- Fong, Hebrew SeniorLife, Beth Israel Deaconess Medical Center, Harvard developed
- May replace MMSE due to speed (ave. 2.0 minutes to administer) and ease (no pencil, paper, props)
- Cross-walked to MMSE for comparison
- See Handouts

Annual Wellness Visit: requirements

- Establish/update PMH and FH with opioid attention
- List current medical providers and pharmacies
- Measure: height, weight, BMI, BP, and other routine measurements as deemed needed
- Evaluate any cognitive impairment: Sweet 16 Dementia Screen
- *Evaluate the potential risk for depression*
  - *Usually from a depression screening tool, no mandate as to which to use*
    - https://www.apa.org/depression-guideline/assessment

Annual Wellness Visit: requirements

- Evaluate the patient's functional ability, hearing and level of safety
  - Is there a history of a fall or treatment for falling?
  - Direct observation or standardized screening tool
    - "Timed Up and Go", STEADI, etc.
  - Personalized health advice on home safe environment, nutrition, physical activity, falls risk, tobacco use/cessation, SUD, etc.
    - Patient handout to address globally, focus on positives to speed up visit
- Smoking, alcohol use and counseling if needed

Annual Wellness Visit: requirements

- Establish or update a screening schedule for 5-10 years based on personal risk. Provide written to patient. (checklist, US Preventive Services Task Force and Advisory Committee on Immunization Practices as basis)
- Furnish personalized recommendations and referrals for health education or preventive services
  - Personalized Prevention Plan Services (PPPS)

Annual Wellness Visit: requirements

- Establish or update a screening schedule for 5-10 years based on personal risk. Provide written to patient. (checklist)
- Furnish personalized health advice and referrals for health education or preventive services
  - Personalized Prevention Plan Services (PPPS)
- "End of life" discussions are not required but Advance Medical Care Planning Directives and such discussions are appropriate here
  - If so, use "-33" modifier to allow co-pay deductible waiver of cost and document the time spent if you use the ACP code

Annual Wellness Visit: requirements

- No required labs, but some are optional - True for IPPE as well
  - PSA (q yr), Lipid (q5 yr only certain labs), glucose (pre-diabetes), HIV, etc.
- No mandated examination criteria except vital signs (BP, Ht, Wt, BMI)
- No required x-rays, procedures (EKG is *not*)
  - Payment for such would need additional diagnoses to link charges, co-pay/deductible is NOT waived
- Follow-up AWVs are at least 11+ months later and require same topics to be covered
  - Medicare Advantage Plans differ here (calendar), so check for clarification

AWV: SDOH Risk Assessment Option (2024)

- Risk Assessment that focuses on 4 areas
  - Food insecurity
  - Housing insecurity
  - Transportation needs
  - Utility difficulties

Focus is on the patient's social risk factors that influence the diagnosis and treatment of medical conditions – assumption is that there are unmet needs present that affect care

- Optional, but if during the assessment in the AWV (not noted for IPPE) coinsurance and deductible is waived if …
  - Billed w AWV, by the same provider, with -33, using an evidence-based tool. Every 6-month limit.
    - https://www.cms.gov/priorities/innovation/files/worksheets/ahcm-screeningtool.pdf
    - https://prapare.org/
- Outside of AWV, coinsurance and deductible applies (0.18 w RVU; $18.66 non-facility) – G0136
- Reporting a diagnosis code is optional w/ AWV -- may choose any diagnosis code consistent with a patient's exam. If you perform this assessment, assumed you can act on findings – or refer to meet needs

This is not a "complete physical" exam …

- The "complete physical" is not covered by Medicare
  - Code of Federal Regulations, Title 42. Chapter IV: Subchapter B, Part 411.
  - …BUT, some Medicare Advantage plans DO cover the over 65 Preventive CPX (case by case …. So ask before you bill this)
- Focus of encounter should be
  - Wellness and prevention
  - Relationship building
  - Chart clean-up and refresh
  - Planning and "next steps"
- When acute/chronic conditions need to be addressed, we can do so

MWV and Chronic Disease (2024)

- For example….pick **ONE** (note that any MWV as stand-alone, still needs an appropriate ICD-10 dx code)
  - IPPE G0402 2.60 wRVU
  - Initial AWV G0438 2.60 wRVU
  - Subsequent AWV G0439 1.92 wRVU
- Then add chronic disease…. pick **ONE**
  - 99213 1.30 wRVU
  - 99214 1.92 wRVU
  - 99215 2.80 wRVU
- The **Medicare Wellness** part of the visit is co-pay deductible waived. So, no out of pocket for the patient
- The **chronic disease** part of the visit (99212 → 215) is not "free" and the patient will have to pay a deductible ($240 for 2024) and after that is met, a co-pay of 20%. For the chronic disease part, the patient responsibility (after deductible) will be from $15-30. The "-25" modifier is applied to this CPT code.
- Due to the complexities of the MWV, new patients should NOT* be seen as an initial visit for this encounter. A new patient visit should be used for the patient to get established, then a f/u MWV visit should be scheduled, if indicated. (**My* Best Practice Recommendation)

Preventive Services for Medicare

- Search *cms.gov* and look for "interactive Medicare preventive services" chart
  - Medicare Learning Network (MLN) Education Tool
- Many of these may need to be scheduled as f/u due to time constraints on the schedule.
- Interactive chart notes which services can be done via Telehealth
  - G0402 (IPPE) is NOT covered via Telehealth – FTF ONLY
  - G0437/G0438 (AWV) ARE covered via Telehealth
    - And during the PHE the AWVs are covered when performed by tele**PHONE** only

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

Final Thoughts

- All need to get the MWV – shoot for a best practice goal of >70% completion
- Streamline the process (pre-visit calls for HRA, post-visit gap closure, HCC/med rec.)
- Streamline the encounter: do the same for both (vision, cognition screen, Depression screen, HRA, ACP, list pharmacy, list the providers, SDOH, review HM schedule, etc.)
- Combine with chronic disease management (and bill accordingly)

Practice Enhancement Through

Clinically Correct Documentation and Coding

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Understanding the Preventive Services in Medicare

Nick Ulmer, MD CPC FAAFP

Preventive Services for Medicare

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Reducing the Risk of Falling		•				
Depression Screening		•				
Influenza Immunization		•				
Tobacco Screening and Cessation Intervention		•				

Preventive Services for Medicare – reschedule…?

Advance Care Planning (ACP) … if so, then not “free”

Alcohol Misuse Screening and Counseling, Counseling to Prevent Tobacco Use, Depression Screening

Bone Mass Measurements, Glaucoma Screening, Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)

Cardiovascular Disease Screening, Intensive Behavioral Therapy (IBT) for Cardiovascular Disease (CVD), IBT for Obesity, Diabetes Screening, Diabetes Self-Management Training (DSMT), Medicare Diabetes Prevention Program, Medical Nutrition Therapy (MNT)

Screening Mammography, Screening Pap Tests, Screening Pelvic Examination (includes a clinical breast examination), Colorectal Cancer Screening, Lung Cancer Screening, Prostate Cancer Screening, Screening for Cervical Cancer with Human Papillomavirus (HPV) Tests, Screening for Sexually Transmitted Infections (STIs) and High Intensity Behavioral Counseling (HIBC) to Prevent STIs,

Flu, Pneumococcal, and Hepatitis B Shots and their Administration, Hepatitis B Screening, Hepatitis C Screening, Human Immunodeficiency Virus (HIV) Screening

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https://www.cms.gov/medicare/prevention/prevntiongeninfo/medicare-preventive-services/mps-quickreferencechart-1.html (MLN006559)

mln EDUCATIONAL TOOL

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Telehealth Eligible Services

Medicare Preventive Services

Select a Service | FAQs | Resources

Alcohol Misuse Screening & Counseling (T)	Annual Wellness Visit (T)	Bone Mass Measurement	Cardiovascular Disease Screening Test	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	Pneumococcal Shot & Administration	Prolonged Preventive Services (T)	Prostate Cancer Screening	Screening Pap Test	Screening Pelvic Exam
STI Screening & HIBC to Prevent STIs (T)	Ultrasound AAA Screening					

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Telehealth Eligible Services

Medicare Preventive Services

Select a Service | FAQs | Resources

Alcohol Misuse Screening & Counseling (T)	Annual Wellness Visit (T)	Bone Mass Measurement	Cardiovascular Disease Screening Test	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	Pneumococcal Shot & Administration	Prolonged Preventive Services (T)	Prostate Cancer Screening	Screening Pap Test	Screening Pelvic Exam
STI Screening & HIBC to Prevent STIs (T)	Ultrasound AAA Screening					

Quick Start | Advance Health Equity

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Telehealth Eligible Services

Medicare Preventive Services

Select a Service | FAQs | Resources

Alcohol Misuse Screening & Counseling (T)	Annual Wellness Visit (T)	Bone Mass Measurement	Cardiovascular Disease Screening Test	Cervical Cancer Screenir	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	Pneumococcal Shot & Administration	Prolonged Preventive Services (T)	Prostate Cancer Screening	Screening Pap Test	Screening Pelvic Exam
STI Screening & HIBC to Prevent STIs (T)	Ultrasound AAA Screening					

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Annual Wellness Visit (AWV)

HCPCS & CPT Codes

G0438 — Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit

G0439 — Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit

G0468 — Federally qualified health center (fqhc) visit, ippe or awv; a fqhc visit that includes an initial preventive physical examination (ippe) or annual wellness visit (awv) and includes a typical bundle of medicare-covered services that would be furnished per diem to a patient receiving an ippe or awv

99497 — Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate

99498 — Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)

What's Changed?

- No changes from the last quarter

Medicare Preventive Services Interactive Chart

- ICD-10 codes, coverage determinations, and frequency of care delivery

ICD-10 Codes

Note: Additional ICD-10 codes may apply. Find individual Change Requests (CRs) and specific ICD-10-CM service codes that we cover on the CMS ICD-10 webpage. Find your MAC's website for more information.

Medicare Covers

Patients with Medicare Part B who:

- Aren't within 12 months after effective date of their first Medicare Part B coverage period
- Haven't had an Initial Preventive Physical Exam (IPPE) or AWV within the past 12 months

Frequency

- Once per lifetime G0438 (first AWV)
- Annually G0439 (subsequent AWV) and G0468 (AWV in FQHC)
- Annually optional 99497, 99498

Note: See FAQ on how to check eligibility.

Medicare Preventive Services Interactive Chart

Patient Pays

G0438 and G0439:

- No copayment, coinsurance, or deductible

G0468:

- You must provide AWV or IPPE with a standard bundle of services available to all patients; get more information at section 60.2 of Medicare Claims Processing Manual, Chapter 9
- No copayment, coinsurance, or deductible

99497 and 99498:

- No copayment, coinsurance, or deductible for Advance Care Planning when provided as optional AWV element
  - Bill using modifier –33 (Preventive Service) on same AWV claim
  - Must deliver on same day by same AWV provider

Other Notes

- Advance Care Planning is an optional preventive service when provided with an AWV.
  - You may deliver Advance Care Planning (ACP) outside the AWV multiple times in a year. You must document a patient's health change for each additional ACP service in a year.
  - Deductible and coinsurance apply when delivering ACP outside an AWV.
- Medicare Wellness Visits educational tool has more information.

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Medicare Preventive Services Interactive Chart

Colorectal Cancer Screening Tests (NCD 210.3)

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HCPCS & CPT Codes

00812 — Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy

81528 — Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result

82270 — Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided 3 cards or single triple card for consecutive collection)

G0104 — Colorectal cancer screening; flexible sigmoidoscopy

G0105 — Colorectal cancer screening; colonoscopy on individual at high risk

G0106 — Colorectal cancer screening; alternative to g0104, screening sigmoidoscopy, barium enema

G0120 — Colorectal cancer screening; alternative to g0105, screening colonoscopy, barium enema

G0121 — Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk

G0327 — Colorectal cancer screening; blood-based biomarker

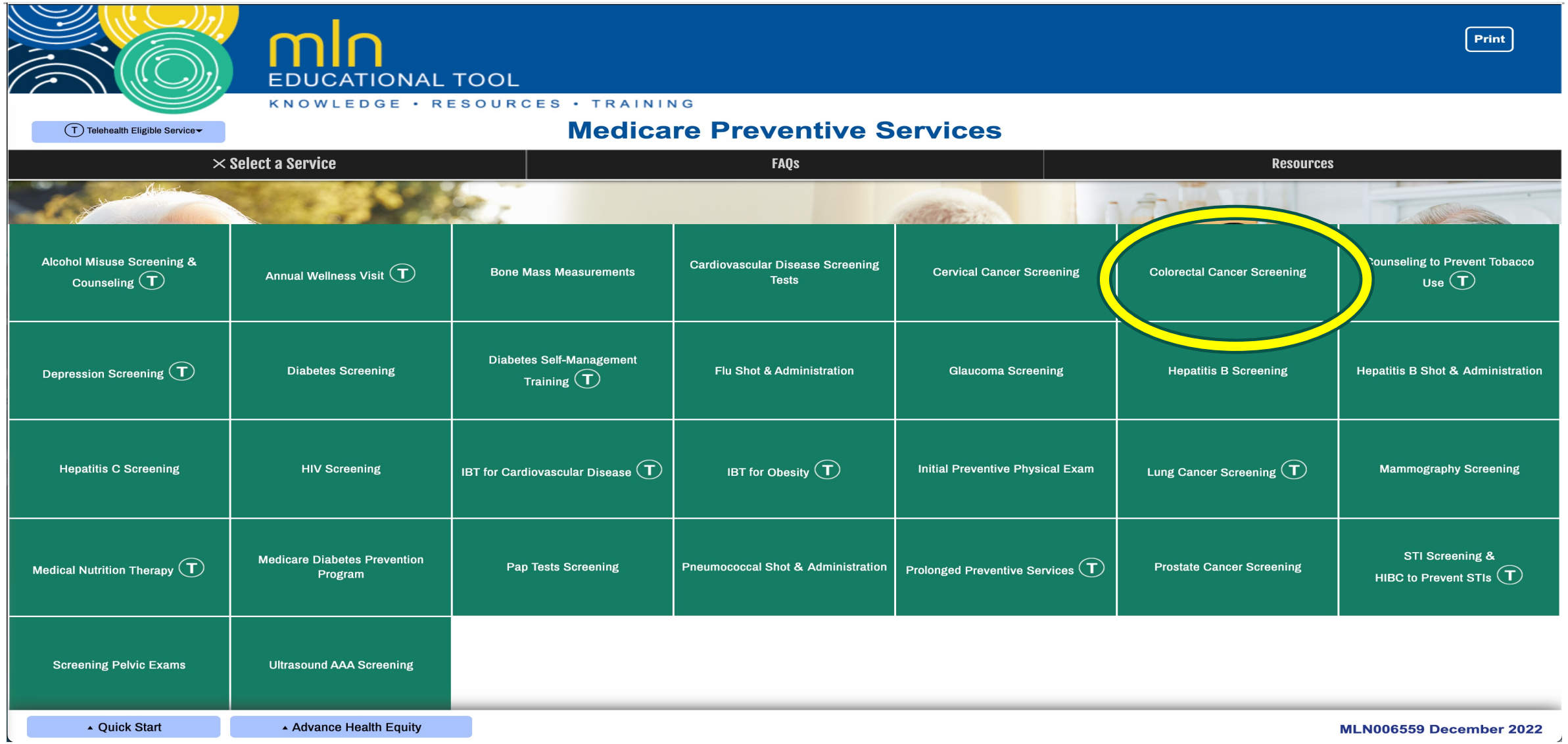
G0328 — Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous

ICD-10 Codes

What's Changed?

- Added information about reduced coinsurance (starting January 1, 2023) when a screening colorectal cancer procedure becomes diagnostic or therapeutic
- Effective January 1, 2023, reduced the minimum age for colorectal cancer screening tests from 50 to 45
- Effective January 1, 2023, colorectal cancer screening tests include a follow-on screening colonoscopy if a non-invasive stool-based test returns a positive result

Medicare Preventive Services Interactive Chart: *MLN006559*



Colon CA Screening

- Due to the ACA, this is a "first dollar" covered service for all individuals with a group insurance (unless a waiver applies) since screening test USPSTF A/B rating
- Multiple options (see MLN)
  - MT-sDNA (Cologuard®) and blood-based biomarker tests, screening colonoscopies, guaiac/fecal occult blood tests (FOBTs), flexible sigmoidoscopies, and barium enemas

Colon CA Screening

- CMS covers for the multi-target stool-DNA test for screening
  - Quantitative real-time target and signal amplification of 10 DNA markers for CRC or precancerous polyps
- CMS covers blood-based biomarker tests for CRC

Coverage for BOTH is

- Asymptomatic is now aged **45** to 85 years and asymptomatic
- At average risk of developing colorectal cancer
- Repeat every 3 years
- ICD-10 screening codes
  - Z12.11 (colon) and Z12.12 (rectum)

Colon CA Screening

- Due to the ACA, this is a "first dollar" covered service for all individuals with a group insurance (unless a waiver applies) since screening test USPSTF A/B rating
- Multiple options (see MLN)
  - FOBT: yearly
  - Flexible sigmoidoscopy: every 48 mo*
  - Colonoscopy: every 10 years*
  - Screening Barium Enema: 48 mo* years

*https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html#COLO_CAN

Colon CA Screening

- Due to the ACA, this is a "first dollar" covered service for all individuals with a group insurance (unless a waiver applies) since screening test USPSTF A/B rating
- Multiple options (see MLN)
  - MT-sDNA (Cologuard®) and blood-based biomarker tests, screening colonoscopies, guaiac/fecal occult blood tests (FOBTs), flexible sigmoidoscopies, and barium enemas. A Multi-Target (MT) -RNA (ColoSense®) is still not FDA approved in process.

Colon CA Screening

- Due to the ACA, this is a "first dollar" covered service for all individuals with a group insurance (unless a waiver applies) since screening test USPSTF A/B rating
- Multiple options (see MLN)
  - The multi-target stool-DNA test (MT-sDNA) (Cologuard®), blood-based biomarker tests, screening colonoscopies, guaiac/fecal occult blood tests (FOBTs), flexible sigmoidoscopies, and barium enemas. A MT-RNA (ColoSense®) is still not FDA approved.
    - Epi proColon® is FDA approved, but not approved by USPSTF or the US Multi-Society Guidelines (must have both sensitivity ≥74% and specificity ≥90% in detection of CRC compared to the recognized standard of care -- colonoscopy). CMS has this as "noncovered".

National Coverage Analysis Decision Memo CAG-00454N

Colon CA Screening

- Due to the ACA, this is a "first dollar" covered service for all individuals with a group insurance (unless a waiver applies) since screening test USPSTF A/B rating
- Multiple options (see MLN)
  - The multi-target stool-DNA test (MT-sDNA) (Cologuard®), blood-based biomarker tests, screening colonoscopies, guaiac/fecal occult blood tests (FOBTs), flexible sigmoidoscopies, and barium enemas. A MT-RNA (ColoSense®) is still not FDA approved.
  - **High Risk (any one):**
    - Personal history of adenomatous polyps; personal history of colorectal cancer (CRC); personal history of IBS (including Crohn's Dz and Ulcerative colitis); close relative (sibling/parent/child) w CRC or adenomatous polyp; FH of familial adenomatous polyposis; FH of hereditary nonpolyposis CRC

Colon CA Screening

- Due to the ACA, this is a "first dollar" covered service for all individuals with a group insurance (unless a waiver applies) since screening test USPSTF A/B rating
- Multiple options (see MLN)
  - The multi-target stool-DNA test (MT-sDNA) (Cologuard®), blood-based biomarker tests, screening colonoscopies, guaiac/fecal occult blood tests (FOBTs), flexible sigmoidoscopies, and barium enemas. A MT-RNA (ColoSense®) is still not FDA approved.
  - **High Risk (any one):**
    - Personal history of adenomatous polyps; personal history of colorectal cancer (CRC); personal history of IBS (including Crohn's Dz and Ulcerative colitis); close relative (sibling/parent/child) w CRC or adenomatous polyp; FH of familial adenomatous polyposis; FH of hereditary nonpolyposis CRC. ***Start at 40 or 10 years earlier than the earliest age of person presenting with the inclusionary condition. Re-screen varies based on findings.***

Colon CA Screening

- If initial non-invasive stool-based screening test (FOBT or MT-sDNA test) is positive, Medicare will cover follow-up colonoscopy as a screening test. Add modifier –KX to the claim for the screening colonoscopy
  - The patient pays nothing for the screening test(s) (if provider accepts assignment)
  - The frequency limitations described for screening colonoscopy do not apply
- If a screening colorectal cancer procedure (flex sig/colonoscopy) becomes a diagnostic (due to finding) then add modifier –PT to at least 1 code on the claim
  - Deductible is waived and, for dates of service from January 1, 2023–December 31, 2026, will apply a reduced coinsurance of 15% for all procedure codes identified here that are performed on that date of service and billed on the same claim ("polyp penalty")

Lung Cancer Screening and Counseling

- Low-dose Lung Cancer Screening by CT (LDCT) and Counseling
  - Must meet all categories:
  - Age: 50 (was 55*)-77 years old who is asymptomatic (no signs/symptoms of lung CA)
  - Smoker of at least 20 (was 30*) pack-years and current smoker or who quit with last 15 years
  - Written order with: pt DOB, smoking pack-year hx, note current smoker or # years since quit, and state patient is asymptomatic. Include your NPI on Rx.
  - ICD-10 Codes: F17.210 (nicotine dependence), F17.211, F17.213, F17.218, F17.219, Z87.891(history of nicotine exposure)
  - G0296: Counseling visit to discuss need for lung cancer screening using low dose ct scan (ldct) (service is for eligibility determination and shared decision making). Add -25 as well to note separate service. Now a permanent telehealth code and was restricted to physicians or NPPs
    - 0.52 wRVU

*as of Feb 2022

Counseling for LDCT

Must include all of the following elements:

- Determination of beneficiary eligibility including age, absence of signs or symptoms of lung cancer, a specific calculation of cigarette smoking pack-years; and if a former smoker, the number of years since quitting;
- Shared decision making, including the use of one or more decision aids, to include benefits and harms of screening, follow-up diagnostic testing, over-diagnosis, false positive rate, and total radiation exposure;
- Counseling on the importance of adherence to annual lung cancer LDCT screening,
- Impact of comorbidities and ability or willingness to undergo diagnosis and treatment;
- Counseling on the importance of maintaining cigarette smoking abstinence if former smoker; or the importance of smoking cessation if current smoker and, if appropriate, furnishing of information about tobacco cessation interventions

Intensive Behavioral Therapy – Cardiovascular Disease

- CV disease is the leading cause of mortality in the US
  - CV disease is comprised of HTN, CAD, HF, and stroke
- Leading cause of hospitalizations, even though overall adjusted mortality rate has declined over past 10 years
  - Risk factors:
    - Overweight (BMI>25) and greater with increasing obesity
    - Physical inactivity
    - HTN
    - Hyperlipidemia
    - +FH MI
    - Increased risk with increased age
- CMS has determined that the evidence is present to conclude that IBT for CV Disease prevention is reasonable and necessary.

https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R137NCD.pdf; Accessed 01.2024

IBT – CVD Risk Reduction Visit (NCD 210.11)

- The CV Risk Reduction intervention should focus on
  1) Encouraging ***aspirin use*** for the primary prevention of CVD when the benefit outweighs the risk for men (45-79) and women (55-79)
  2) Screening for hypertension in adults >18 (<140/<90)
  3) Intensive behavioral counseling to promote a healthy diet for adults with hyperlipidemia, hypertension, advancing age, and other known CV risk factors for CV and other diet-related chronic disease
- "We note that only 4% of the Medicare population is <45 (M) or 55 (F), so the vast majority of beneficiaries should receive all three components"
- "IBT counseling to promote a healthy diet is broadly recommended to cover close to 100% of the population due to the prevalence of known risk factors."

Food for Thought

- The CV Risk Reduction intervention should focus on
  - ***Encouraging aspirin use for the primary prevention of CVD when the benefit outweighs the risk for men (45-79) and women (55-79)***
- Trial data (2018) incorporated into a metanalysis that includes decades of trial experience on use of ASA in primary prevention
  - Early trials showed benefit of aspirin in reducing CV events, more recent trials have challenged these findings with even a signal towards net harm.
  - ARRIVE (*Lancet* 2018; 392:1036-46), ASCEND (NEJM 2018; 379:1529-39), ASPREE (NEJM 2018; 379: 1499-1528)
    - Clinical benefit in primary prevention is debatable, especially in 70 years of age and older
    - Avoid with prior bleeding issues (esp. for primary prevention)
- USPSTF 10/2021 and 04/2022 recommends AGAINST ASA in primary prevention in > 60 yoa
- HAVE THE DISCUSSION, but educate on risk/benefit

IBT for CV Dz Prevention – Billing and Coding

- G0446: Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes (>7½ min)
  - 0.45 wRVUs
  - If with Initial/Subsequent AWV or the IPPE is no co-pay or deductible. No modifier.
  - Outside of MWV, use -25 and co-insurance may apply
- Use any diagnoses related to conditions that increase CV risk (HTN, Obesity, DM, hyperlipidemia, CVA, etc.)
  - If none, use Z13.6, screening for cardiovascular disease
- Annually (w/ MWV). Telehealth allowed with PHE
- Screen for CV Dz (asympt.) is 100% covered q 5 yr (Lipid panel) w/ Z13.6

Intensive Behavioral Therapy – Obesity

- National Coverage Determination (NCD) for Intensive Behavioral Therapy for Obesity (210.12)
  - Obesity is "epidemic" in the US
  - Directly associated with multiple chronic diseases and musculoskeletal conditions (CV, DM, etc.)
- G0447 — Face-to-face behavioral counseling for obesity, 15 minutes.
  - 0.45 wRVU
- G0473 — Face-to-face behavioral counseling for obesity, group (2–10), 30 minutes
  - 0.23 wRVU
- BMI 30+
  - Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, or Z68.45
- Co-pay/deductible waived with MWV, no modifier. Telehealth allowed with PHE.

IBT– Obesity Parameters

- Medicare pays up to 22 visits billed with the codes G0447 and G0473, combined, in a 12-month period:
  - **First month:** 1 face-to-face visit every week
  - **Months 2–6:** 1 face-to-face visit every other week
  - **Months 7–12:** 1 face-to-face visit every month if the patient meets certain requirements
- At the 6-month visit, you must perform a reassessment of obesity and a determination of the amount of weight loss.
- eligible for additional If the patient loses at least 3 kg (6.6#) during the first 6 months they're face-to-face visits occurring once a month for months 7–12.
- For patients who don't achieve a weight loss of at least 3 kg during the first 6 months, a reassessment of their readiness to change and BMI is appropriate after an additional 6-month period.

2024 Stars/ACO Quality Metrics

Measure	Program		Star Category & Weight		Thresholds 10/17/2023	
	Stars	ACO	Part C or D?	Weight	4 Star	5 Star
Care for Older Adults - Medication Review	✓		C	1	93%	98%
Care for Older Adults - Pain Assessment	✓		C	1	91%	96%
Medication Adherence for Diabetes	✓		D	3	88%	90%
Medication Adherence for Hypertension (RAS)	✓		D	3	89%	91%
Medication Adherence for Cholesterol (Statins)	✓		D	3	89%	93%
TRC: Medication Reconciliation Post-Discharge	✓	✓	C	0.5	68%	82%
TRC: Patient Engagement After Inpatient Discharge	✓		C	0.5	64%	78%
Follow-Up After ED Visit for MCC	✓		C	1	60%	68%
Plan All-Cause Readmissions	✓		C	3	10%	8%
Osteoporosis Management in Women w/ Fracture	✓		C	1	55%	71%
Kidney Health Evaluation for Patients with Diabetes	✓		C	1	TBD	TBD
Statin Use in Persons with Diabetes	✓		D	1	88%	92%
Diabetes Care - Eye Exam	✓		C	1	73%	81%
Diabetes Care - Blood Sugar Controlled	✓	✓	C	3	80%	87%
Breast Cancer Screening	✓	✓	C	1	71%	79%
Colorectal Cancer Screening	✓	✓	C	1	71%	80%
Controlling Blood Pressure	✓	✓	C	3	74%	82%
Statin Therapy for Cardiovascular Disease	✓	✓	C	1	86%	90%
Reducing the Risk of Falling		✓				
Depression Screening		✓				
Influenza Immunization		✓				
Tobacco Screening and Cessation Intervention		✓				

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Medicare Wellness Resources

- Medicare Learning Network (MLN) 6775421 – Medicare Wellness Visits
- CMS IOM Pub.100-04, Chapter 12, Sections 30.6.1.1, 30.6.6, and 100.1.1.C
- CMS IOM Pub 100-04, Chapter 18, Section 140
- CMS IOM Pub. 100-02 Medicare Benefit Policy Manual, Chapter 15

Compliant Completion of the Medicare Wellness Visit

- THANKS for joining me for the session!
- Q/A … unmute to speak, but better to place question in "chat"

Reach out for questions…

- Nick Ulmer, MD CPC FAAFP (NUlmer@protimellc.com)

CEU/CME LINKS

- https://courses.protimellc.com/medicare-webinar-for-physicians/

- https://courses.protimellc.com/medicare-webinar-for-non-physicians/

Practice Enhancement Through

Clinically Correct Documentation and Coding

2024 Curriculum

Compliant Completion of the Medicare Wellness Visit

Nick Ulmer, MD CPC FAAFP