

Annual Wellness Visit (AWV)

What is the measure?

This measure looks at the percentage of patients that had one Annual Wellness Visit as of December 31st of the measurement year. The main benefit of the AWV to patients is the creation of a personalized prevention plan, a written plan that can help guide their preventive care decisions for the next five to 10 years. This plan includes age-appropriate preventive services, recommendations offered by both the U.S. Preventive Services Task Force, and personalized health advice that identifies risk factors and suggests referrals or programs to address them.

Three Types of Annual Wellness Visits:

Initial Preventive Physical Examination (IPPE): “Welcome to Medicare Visit” – A one-time physical exam performed within the first 12 months of a patient’s enrollment under Part B Medicare

Initial AWV: Can be provided 12 months after the patient first enrolled or 12 months after he or she received the IPPE

Subsequent AWV: Performed annually after two options have been documented



Annual Wellness Visit Components

Information Gathering:

- Illnesses
- Hospital stays
- Operations
- Allergies
- Injuries and treatments
- Medication and supplement utilization (including calcium and vitamins)
- Opioid use
- Behavioral risks
- Activities of daily living (ADLs)
- Instrumental ADLs (IADLs)
- Fall risk
- Home safety
- List of current providers and suppliers regularly involved in the patient’s care

Exam/Assessment:

- Vital signs
- Pain assessment
- Cognitive function assessment
- Risk factors for depression or other mood disorders (depression screenings)
- End-of-life planning (if patient agrees)
- Cognitive impairment detection

Counseling:

- Establish a written screening schedule, such as a checklist for the next 5 to 10 years, as appropriate.
- Establish a list of risk factors and conditions for which interventions are recommended or underway
- Furnish personalized health advice and a referral as appropriate to health education or preventive counseling services or programs.

Quality Care Measures to Address During an Annual Wellness Visit

Description	Details	Source
Adult Body Mass Index (BMI) Assessment	Calculate BMI at annual visit (HEDIS, IHA). Provide follow-up plan for abnormal BMI ranges (Collaborative). - Ages 18–64: Less than 18.5 or more than 25 - Ages 65 and over: Less than 23 or more than 30	Collaborative, HEDIS, IHA, MSSP
Advanced Care Planning	Discuss advance care planning or include the patient's advance care plan in the medical record.	HEDIS
Aspirin Use and Discussion	Discuss risks and benefits of preventive aspirin use in men ages 46–79 and women ages 56–79.	HEDIS
Breast Cancer Screening	Provide mammogram within the past 27 months.	Collaborative, HEDIS, IHA, MSSP
Colorectal Cancer Screening	Perform colonoscopy in past 10 years, flexible sigmoidoscopy in past five years, or fecal occult blood test annually.	Collaborative, HEDIS, IHA, MSSP
Fall Risk Assessment	Document any falls in the past 12 months, discuss falls or problems with balance or walking, treat balance or walking problems, and recommend how to prevent falls.	HEDIS, MSSP
Functional Status Assessment	Evaluate activities of daily living annually.	HEDIS
Management of Urinary Incontinence in Adults	Document any urinary incontinence symptoms in the past six months and how it affects the patient's life, and discuss treatment options.	HEDIS
Medication Review	Reconcile prescription and nonprescription drugs, vitamins, herbal remedies, and other supplements at least once a year.	HEDIS
Osteoporosis Testing in Older Women	Complete at least one dual-energy X-ray absorptiometry (DEXA) scan in women ages 65–85.	HEDIS
Pain Screening	Perform a pain evaluation or document a pain management plan at least once a year.	HEDIS
Physical Activity in Older Adults	Document level of exercise, and advise patient to start, increase, or maintain current level of exercise.	HEDIS
Screening for Clinical Depression and Follow-Up Plan	Perform depression screening and determine follow-up plan.	MSSP
Special Needs Care Plan Management	Perform a health risk assessment annually.	HEDIS
Statin Therapy for Patients with Cardiovascular Disease	Prescribe a moderate- or high-intensity statin for patients with atherosclerotic cardiovascular disease (males ages 21–75 and females ages 40–75).	HEDIS, MSSP
Tobacco Use Screening and Cessation Intervention	Screen for smoking and counsel the patient to stop smoking.	MSSP
Vaccinations	Administer influenza and pneumococcal vaccines.	HEDIS, MSSP

Coding

Description	HCPCS Codes	Details
IPPE / "Welcome to Medicare Visit"	G0402	Initial preventive physical examination: face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment
	G0403	Electrocardiogram, routine ecg with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report
	G0404	Electrocardiogram, routine ecg with 12 leads; tracing only, without interpretation and report, performed as a screening for the initial preventive physical examination
	G0405	Electrocardiogram, routine ecg with 12 leads; interpretation and report only, performed as a screening for the initial preventive physical examination
	G0468	Federally qualified health center (FQHC) visit, IPPE or AWW; 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 member receiving an IPPE or AWW. (Only valid when billed with location code 50, for our contracted FQHC providers)
Initial AWW	G0438	Annual Wellness Visit includes a personalized prevention plan of service (pps), initial visit
Subsequent AWW	G0439	Annual Wellness Visit includes a personalized prevention plan of service (pps), subsequent visit

Common Errors

- Not allowing enough time for a patient visit to meet all the necessary criteria required by CMS.
- Completing a yearly physical instead of a Medicare Annual Wellness Visit (AWV).
- Creating a new visit appointment just for Annual Wellness Visit criteria that is not on patient's regular follow-up schedule set by the medical provider.

How To Improve Score

- Develop protocols on how to best schedule appointments and workflow due to the many components required for AWV completion.
- Understand that in addition to a physician, a qualified non-physician practitioner (NPP) such as a physician assistant (PA), nurse practitioner (NP) or certified clinical nurse specialist (CCNS) can complete an Annual Wellness Visit.
- Have set forms or templates within the EMR or paper forms where providers document and attest to their findings.
- Ask patients to bring a wide array of information to the visit, including medical records, immunizations, detailed family health histories, complete list of medications, complete list of care providers and suppliers, list of durable medical equipment, the completed health risk assessment (HRA), and a list of their questions or concerns. This not only aids in the quality of care but can also promote accuracy of documentation of services.
- Include medical staff members such as medical assistants and nurses to begin to assist in documentation of histories and concerns.
- Research alternative methods and processes for completing the AWV such as virtual care or enlisting AWV nurses.

References:

- Cuenca, A. E., & Kapsner, S. (2019, April 1). Medicare Wellness Visits: Reassessing their value to your patients and your practice. American Academy of Family Physicians. Retrieved April 29, 2022, from <https://www.aafp.org/fpm/2019/0300/p25.html>
- Hughes, C. (2011, August 1). Medicare annual wellness visits made easier. Family Practice Management. Retrieved April 29, 2022, from <https://www.aafp.org/fpm/2011/0700/p10.html#fpm20110700p10-bt>
- Center for Medicare and Medicaid Services (CMS). (2021, February 1). Medicare Wellness Visits . Retrieved April 29, 2022, from <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html>