

WELCOME TO MEDICARE

WELLNESS EXAMS THAT ARE REIMBURSED BY MEDICARE

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Disclosures:

I have no relevant relationships with ineligible companies to disclose within the past 24 months. (Note: Ineligible companies are defined as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.)

Learning Objectives:

- Describe the differences in Medicare coverage of physical exams
- Identify the components of the Initial Preventative Physical Exam (IPPE)
- Identify the components of the initial and subsequent Annual Wellness Visit
- Use the Health Risk Assessment

Three types of wellness exams that Medicare beneficiaries may or may not qualify for:

- Initial Preventative Physical Exam
- Annual Wellness Visit
- Routine Physical Exam

Initial Preventative Physical Exam (IPPE)

- Review of medical and social health history and preventative services education
- Covered only once within first 12 months of Part B enrollment
- No charge to patient if provider accepts Medicare assignment
- This is also known as the “Welcome to Medicare Visit”

Annual Wellness Visit (AWV)

- Visit to develop or update a personalized prevention plan and perform a health risk assessment
- Covered every 12 months
- Patient pays nothing if provider accepts assignment
- This is known as the Initial Annual Wellness Visit the first time a beneficiary receives the service.
- It must be done after the first 12 months of Part B coverage

All Annual Wellness visits done subsequent to the Initial AWW are known as Subsequent Annual Wellness Visits.

To be reimbursed, there can be no IPPE or AWW in the past 12 months

Routine Physical Exam

- Prohibited by statute for coverage by Medicare
- Patient pays 100% out of pocket

Not included

- Hands-on physical exam
- Any new health or medical concerns
- X-rays
- Bloodwork
- Diagnosis or treatment of illnesses



Why do IPPE and AWWV?

Closing gaps

- Effectively manage complex patients
 - Opportunity to update charting
 - Identify hospital and emergency encounters
- Deliver USPSTF A & B recommendations

Pay for Performance measures which may be included during the AWW:

- Adult body mass index (BMI) assessment
- Advance care planning
- Aspirin use and discussion
- Breast cancer screening
- Cervical cancer screening
- Colorectal cancer screening
- Fall risk management
- Functional status assessment
- Management of urinary incontinence in older adults
- Medication review

- Osteoporosis testing in older women
- Pain screening
- Physical activity in older adults
- Screening for clinical depression and follow-up plan
- Special needs plan care management
- Statin therapy for patients with cardiovascular disease
- Tobacco use screening and cessation intervention
- Vaccinations

Deter problems

- Vision & hearing referrals
- Weight management
- Mood disorder interventions
- Cognitive assessment & measures
- Fall risk
- Other issues such as incontinence

E/M services in conjunction with IPPE or AWW

- An E/M service may be reported if it is medically necessary.
- CMS may pay for the additional service (99202-99215) with modifier 25.
- The service must be significant, separately identifiable.
- You do NOT get paid extra if in a RHC

Components of the IPPE

Review patient's medical and social history

- Past medical and surgical history
- Review current patient providers and suppliers that regularly provide medical care, including behavioral health care.
- Current medications and supplements (including calcium and vitamins)
- Family history
- Diet
- Physical activities
- History of alcohol, tobacco, and illegal drug use

- Review patient's potential depression risk factors, including current or past experiences with depression or other mood disorders
- Review other psychosocial risks including stress, anger, loneliness/social isolation, pain, and fatigue
- Behavioral risks including but not limited to tobacco use, physical activity, nutrition and oral health, alcohol consumption, sexual health, motor vehicle (for example, seat belt use), and home safety

****Medicare does not dictate which screening tools to use****

Review patient's functional ability and safety level

Use direct patient observation, or appropriate screening questions or standardized questionnaires recognized by national professional medical organizations to review, at a minimum, these areas:

- Ability to perform Activities of Daily Living
dresssing, feeding, toileting, grooming, physical ambulation, balance/risk of falls and bathing
- Instrumental ADLs
using the phone, housekeeping, laundry, mode of transportation, shopping, managing medications, and handling finances
- Vision impairments
- Hearing impairments
- Fall risks
- Home safety

Exam

Measure:

- Height, weight, Body Mass Index (BMI) (or waist circumference, if appropriate), and blood pressure
- Visual acuity screen
- Other factors deemed appropriate based on medical and social history and current clinical standards

End-of-life planning

End-of-life planning is verbal or written information offered to the patient about:

- Advance directives for health care, including assistance with completing standard forms
- Future care decisions
- How to communicate care preferences
- Caregiver identification

Review current opioid prescriptions

For a patient with a current opioid prescription:

- Review potential Opioid Use Disorder (OUD) risk factors
- Evaluate pain severity and current treatment plan
- Provide information on non-opioid treatment options
- Refer to a specialist, as appropriate

Screen for potential Substance Use Disorders (SUDs)

Review the patient's potential risk factors for SUDs and, as appropriate, refer them for treatment. A screening tool isn't required but you may use one

Educate, counsel, and refer based on previous components

- Discuss lifestyle interventions to reduce health risks and promote wellness including:
 - Fall prevention
 - Nutrition
 - Physical activity
 - Tobacco-use cessation
 - Weight loss
 - Cognition

Educate, counsel, and refer for other preventive services

Includes a brief written plan, such as a checklist, for the patient to get the following preventative tests which Medicare does cover:

- EKG offered only once in conjunction w/ IPPE
- Bone Mass Measurements
- Cardiovascular Disease Screening Tests
- Colorectal Cancer Screening
- Diabetes Screening
- Glaucoma Screening
- Hepatitis B Screening
- Hepatitis C Screening
- Human Immunodeficiency Virus (HIV) Screening

- Lung Cancer Screening
- Prostate Cancer Screening
- Screening for Cervical Cancer with Human Papillomavirus (HPV) Tests
- Screening for Sexually Transmitted Infections
- Screening Mammography
- Screening Pap Tests
- Screening Pelvic Examination (includes a clinical breast examination)
- Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)

Provide an appropriate written screening schedule, such as a checklist for next 5–10 years.

Utilize:

United States Preventive Services Task Force, Advisory Committee on Immunization Practices, as well as

Patient's Health Risk Assessment, health status and screening history, and covered age-appropriate preventive services.

Annual Wellness Visit

- Visit to develop or update a personalized prevention plan, and perform a health risk assessment
- Covered once every 12 months

Medicare Part B covers AWV if it is furnished by

- Physician (doctor of medicine or osteopathic medicine)
- PA
- Nurse practitioner
- Clinical nurse specialist
- Medical professional (including a health educator, a registered dietitian, nutrition professional or other licensed practitioner) or a team of such medical professionals working under the direct supervision of a Physician (MD or DO)

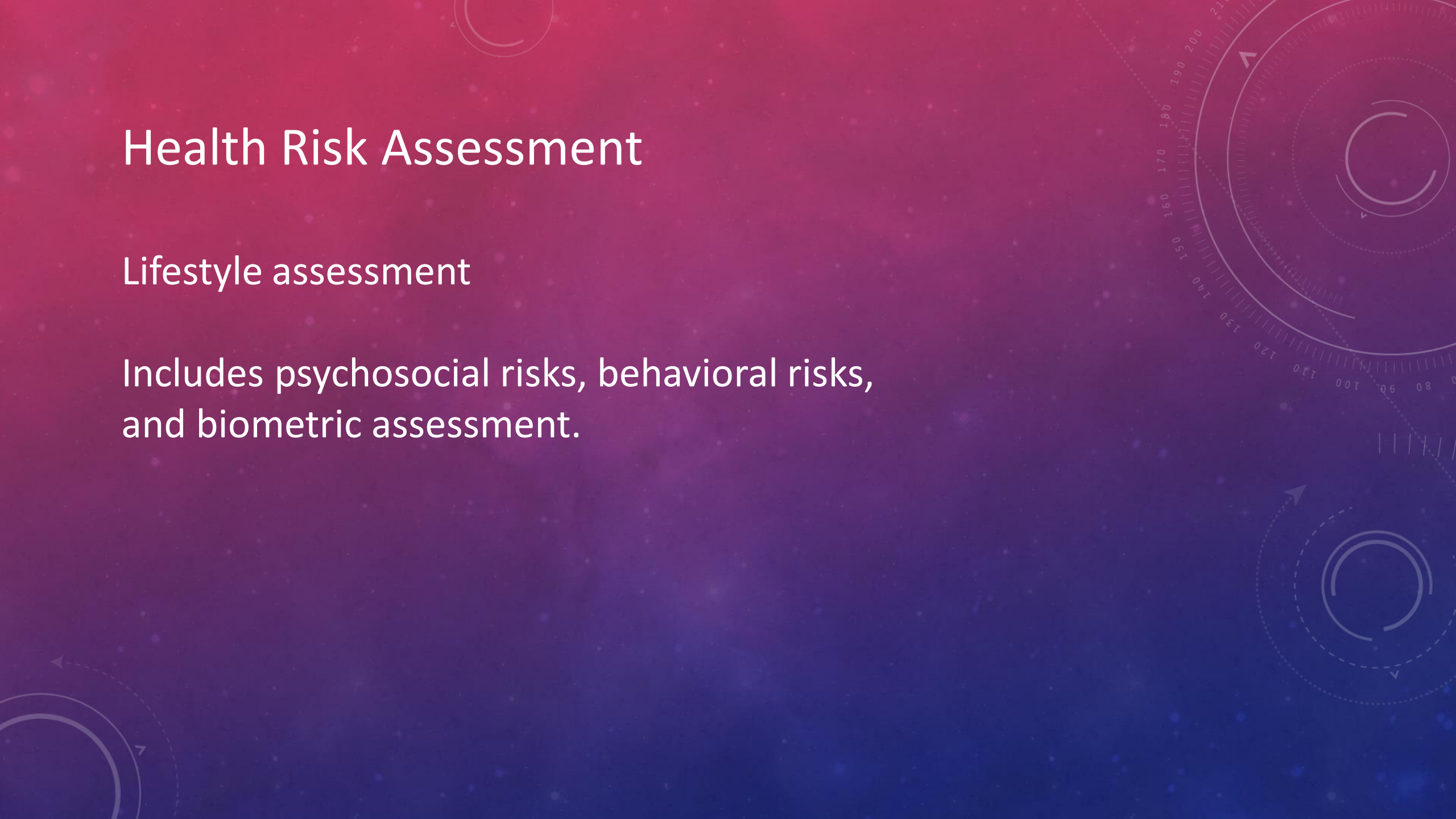
Health Risk Assessment

- Collects self-reported information about beneficiary
- Can be filled out by the beneficiary or information can be collected by a health professional prior to, or as part of, the AWWV
- There is no “national form” –it is unique to the practice
- No more than 20 minutes to complete

Health Risk Assessment

Lifestyle assessment

Includes psychosocial risks, behavioral risks, and biometric assessment.



Health Risk Assessment

Components:

- Demographic data
- Self Assessment of health status, perceived frailty, and psychological function
- Psychosocial risks
 - *depression/life satisfaction*
 - *stress*
 - *anger*
 - *loneliness/social isolation*
 - *pain*
 - *fatigue*

- Behavioral risks
 - *tobacco use*
 - *physical activity*
 - *nutritional and oral health*
 - *alcohol consumption*
 - *sexual health*
 - *motor vehicle safety*
 - *home safety*

- Activities of daily living
 - *dressing*
 - *grooming*
 - *feeding*
 - *toileting*
 - *physical ambulation*
 - *bathing*

Instrumental Activities of Daily Living

shopping

food preparation

using the telephone

housekeeping

laundry

mode of transportation

responsibility of own medications

handling finances

Initial Annual Wellness Visit

- Obtain medical/surgical history
- Review patient providers and suppliers that regularly provide medical care, including behavioral health care.
- Current medications or supplements
- Obtain family history

- Alcohol, drug or tobacco use
- Review current opioid prescriptions
 - Evaluate pain severity and current treatment plan
 - Discuss non opioid treatment options
 - Refer to specialist if indicated
- Screen for substance abuse disorders
- Diet and physical activity

- Determine cognitive impairment - (use of appropriate tools)
- Review risks for anxiety and depression and other mood disorders
- Review functional ability and level of safety
 - Vision impairments
 - Hearing impairments
 - Fall risks
 - Home safety
- Physical exam as appropriate (Height, weight, BP, BMI)

- Give to patient written screening schedule
 - Immunization recommendations
 - Preventative tests
- Written personalized health advice by establishing a list of patient risk factors and conditions
 - Treatment options and associated risks and benefits
 - Reducing health risks
 - Diet and exercise recommendations
 - Smoking cessation
 - Fall risks
- Advanced Planning Directives

Subsequent Annual Wellness Visits

- Review and update HRA
- Update beneficiary's medical/ family history and opioid use disorders
- Update the list of current providers and suppliers
- Detect any cognitive impairment
- Update the written screening schedule for the beneficiary
- Update the beneficiary's list of risk factors and conditions

- Physical Exam (Height, weight, BP, BMI)
- Update the beneficiary's list of risk factors and conditions
- Furnish and update as necessary, the beneficiary's Prevention Plan Services
- Furnish, at the beneficiary's discretion, advance care planning services

References:

<https://www.medicare.gov/coverage/welcome-to-medicare-preventive-visit>

<https://www.medicare.gov/coverage/yearly-wellness-visits>



Questions?

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