PROVIDING THE ANNUAL WELLNESS VISIT THROUGH VIRTUAL VISITS DURING COVID-19

June 25, 2020

Annual Wellness Visits are an important part of a primary care office's management for their Medicare Advantage patients' health, in order to engage patients and optimize value-based payment opportunities.

Because of the impact Covid-19 has had on members' ability to see their physicians, the Centers for Medicare and Medicaid (CMS) are allowing AWVs to be delivered through telehealth during the public health emergency (PHE) to ensure members continue to receive appropriate care.

The purpose of this document is to provide guidance on the delivery and billing of AWVs during this time, as well as equip providers with the necessary information in order to choose the care delivery channel that delivers optimal value for the member, while simultaneously optimizing the provider's quality and Risk Assessment scores.

DELIVERY METHODS

During the public health emergency, AWVs may be delivered three different ways:

In-person

Virtual visit (audio and video)

Virtual visit (audio only)

There are some limitations to performing an AWV virtually, so an in-person AWV is the optimal method of delivery, as it can provide the most patient value, offer the most insight into patient's physical and mental health, and best lead to targeted care gap closures. However, if the provider deems a virtual visit the most appropriate delivery method based a patient's unique circumstance, there can still be value to the patient as addressed in the rest of this document.

CODING

In alignment with CMS's updated policies that include the allowance of AWVs to be delivered via telehealth, Highmark added Annual Wellness Visits to its reimbursable telemedicine code set for services provided during the PHE. They are:

✓ **G0438 – Initial Annual Wellness Visit**

✓ **G0439 – Subsequent Annual Wellness Visit**

✗ **G0402 – Initial Preventive Physical Exam (NOT allowable via telehealth even during the PHE)**

WHO CAN PROVIDE

The Annual Wellness Visit may be provided virtually by clinical staff under direct supervision when 1) the provider and clinical staff are in the same physical location 2) or the provider is immediately available during the telehealth encounter (able to immediately join the audio and video telehealth visit). These supervision requirements remain in place during the PHE. While the AWV may be performed by a variety of healthcare professionals, ***if using the AWV for submission of risk adjustment, the visit must be performed by a CMS-approved provider type.***

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REIMBURSEMENT

July 1 through September 30, 2020, Highmark is increasing the fee schedule for completed AWV visits (in-person or virtual visits that include both audio and visual technology) by $50. *This will not include visits that are audio only.* This increase is intended to help ensure that our members have access to this important benefit during the PHE.

July 1 – September 30, 2020, AWV payments are increased by $50!

MEMBER BENEFITS & REWARDS

Highmark is **waiving primary care physician office visit co-pays** for dates of service July 1 through December 31, 2020.

Highmark also offers its Medicare Advantage members a rewards incentive for completing an AWV. As COVID has impeded members' ability to see their physicians, Highmark is helping to ensure members continue to receive preventative care by increasing the reward for AWV completion in 2020.

Highmark has extended the deadline and increased the reward amount for completing an Annual Wellness Visit in 2020. Members who complete an AWV by December 31, 2020 will now earn a $50 reward.

OPTIMIZING THE VIRTUAL AWV*

If determined to be the appropriate method of delivery, virtual visits can be used for:

- **Stars:** Identify care gaps that can lead to gap closures or other STAR benefits. For example:
  - Medication adherence and review
  - Home options for closing gaps (ex., FIT kit from Highmark to screen for colorectal cancer)
  - Preventative screenings (Determining appropriate timing of necessary screenings (ex. Mammogram, Colorectal Cancer, Bone Mineral Density, etc.)
- **Risk Adjustment:** Submit diagnoses to close risk adjustment gaps (Must use both audio and video technology. Audio-only is not acceptable for this purpose.)

**Patient reported data requires validation by the provider (including vital signs reported by the patient).*

AWV DELIVERY METHOD	RISK ADJUSTMENT GAPS	BIOMETRIC DATA	HIGH PATIENT ENGAGEMENT	STARS GAPS	BILLING REQUIREMENTS FOR AWV VISIT: G0438 AND G0439
In-Person	Yes	Yes	Yes	Yes	POS 11 and appropriate modifier
Telehealth – video/audio	Yes	Yes, w/ limitations	Yes	Yes w/ limitations	POS 02 and 95 or GT modifier (whichever best describes the visit)
Telehealth – audio only (reimbursable during the PHE)	No*	No	No	Yes, w/limitations	POS 02

** Per CMS guidelines, audio-only telehealth visits are not accepted for Risk Adjustment Program (RSA, UDC, eAWV) compensation. All risk adjustment programs require that gaps are closed in a qualifying visit (as defined by CMS). In-person or telehealth visits with both video and audio are required for reimbursement in these Highmark programs.*

Addressing Star Measures

The following table shows how various Star measures may be assessed through a virtual Annual Wellness Visit during the public health emergency.

All the below measures also count toward Highmark's True Performance and Hospital Quality Blue Programs for participating providers.

Star Measure	May be achieved by Telehealth (including audio-only)	May be supported by Telehealth (including audio-only)	Comment
Breast Cancer Screenings	****	Educate member on risk/benefit of mammography - schedule future date	Requires Mammography or documentation of exclusion/numerator.
Colon Cancer Screenings	****	Educate member on risk/benefit of colorectal cancer screening - schedule future date	Requires testing or documentation of exclusion. In-home test kits available for members with open care gaps. Member may contact customer service via phone number on back of insurance card.
Osteoporosis Management in Women	****	Discuss medication regimen and order for delivery or discuss need for BMD and coordinate next FU x-ray date for inclusion	Requires testing or Prescription for Osteo medication or documentation of exclusion
Diabetic Retinal Eye Exams	****	Educate member on need for annual retinal eye testing - schedule future date.	Requires testing or documentation of exclusion/compliance
Diabetic Kidney Screening	****	Educate member on need for lab testing - schedule future date.	Requires testing or documentation of exclusion/compliance
Diabetic Care: HbA1c Testing	****	Educate member on need for lab testing - schedule future date.	Requires Testing or documentation of exclusion/compliance
Disease-Modifying Anti-Rheum Drug Therapy for Rheumatoid Arthritis (DMARD)	****	Capture RA dx on telehealth claim if member on DMARD; if not on DMARD discuss initiating or consultation with rheumatologist	Requires prescription fill or documentation of exclusion/compliance
Medication Adherence for Diabetic Medications	No	Assure members have no barriers to prescription fill/adverse effects- taking as prescribed; evaluate PDC rate	Requires pharmacy claim
Medication Adherence for Hypertension (RASA)	No	Assure members have no barriers to prescription fill/adverse effects- taking as prescribed; evaluate PDC rate	Requires pharmacy claim
Medication Adherence for Cholesterol (Statins)	No	Assure members have no barriers to prescription fill/adverse effects- taking as prescribed; evaluate PDC rate	Requires pharmacy claim

Statin Therapy for Patients with Cardiovascular Disease	****	Assure members are on Mod - High Dose Statin therapy and have no barriers to obtain prescription.	Requires pharmacy Claim Document adverse reactions and DX relate to adverse reactions via claims submission
Statin Use in Persons with Diabetes	No	Discuss benefits of statin therapy for members with DM - assure low dose statin initiated and member has no barriers to obtaining prescription.	Requires pharmacy claim
Medication Therapy Management	No	Notify member that outreach will occur from Highmark pharmacist and they support and strongly recommend completion	Requires completion of CMR by P3link User
Medication Reconciliation Post-Discharge	Yes	NOTE: Must be completed by RN or Higher- MD/PA/NP	Can be completed telephonically
Screening for Future Falls	Yes	NOTE: Must be completed by RN or Higher- MD/PA/NP. Submit CPT2 code(1100F or 1101F) via visit claim	Can be completed telephonically
Controlling High Blood Pressure	Yes, see comment for clarification	Both Systolic and Diastolic BP values must be reported via CPT2 codes. Compliant CPT2 codes are: 3074F: Most recent systolic <130 3075FMost recent Systolic 130-139 3078F: Most recent Diastolic <80 3089F: Most recent Diastolic 80-89	BP readings from remote monitoring devices that are digitally stored and transmitted to the provider may be included. There must be documentation in the medical record that clearly states the reading was taken by an electronic device, and results were digitally stored and transmitted to the provider, and interpreted by the provider.
Improving Bladder Control	Yes	Submit CPT2 code (1090F or 0509F) via visit claim	Can be completed telephonically NOTE: Must be completed by RN or Higher- MD/PA/NP.
Monitoring Physical Activity	Yes	Submit CPT2 code (1003F) or Diagnosis Code Z71.82 via visit claim	Can be completed telephonically NOTE: Must be completed by RN or Higher- MD/PA/NP.

*****May be achieved during a virtual visit when a patient-reported service is documented by provider in the medical record and submitted via CQF (Clinical Quality Feedback Tool).*