Annual Wellness Visit (AWV)
Initial Preventive Physical Exam (IPPE)

2021

Topic	Explanation
Measure Type	Static (Not a CMS Star Measure)
Description of the Measure	Percentage of Medicare Advantage members who had the Annual Wellness Visit (AWV) during the measurement year or Initial Preventive Physical Exam (IPPE) within the first 12 months of enrollment in the Medicare product.
Eligible Population	All Medicare Advantage members age 65 years and older have covered benefits for Annual Wellness Visits. **Denominator Exclusions:** • Member must be continuously enrolled during the measurement year. • Member may not exceed more than a 45-day gap in enrollment. • Member must be enrolled in the plan at the end of the year.
Compliant Member	Members who completed the Annual Wellness Visit or the IPPE during the measurement year.
How to Submit to Highmark Inc.	Submit the appropriate HCPCS for the AWV/IPPE visit: • G0438 — Initial AWV • G0439 — Subsequent AWV • G0402 — Initial Preventive Physical Exam (Welcome to Medicare) • G0468 — FQHC IPPE or AWV
Best Practices	• Schedule early in year to maximize benefit. By scheduling earlier in the year, needed preventive screens can be assessed and scheduled. • Maximize member encounter – this may be the only visit of the year to address routine screenings and a prescription drug regimen. This is a great time to complete the once-a-year screenings for Nephropathy, Fall Risk, Improving Bladder Control, and Monitoring Physical Activity. • Develop template (EHR or paper) to capture all components. • Have patient complete his or her portion of components (self-report) prior to the visit by sending pre-visit questionnaire to be brought back at the time of the appointment. Or, by having patients self-report while waiting to be seen by provider. • Utilize medical assistant to capture applicable components of visit. • Redeploy office personnel and space to accommodate visit. • Prepare by capturing information in advance of visit-chart prep. • Allow enough time to complete the visit as these visits can take anywhere from 30 to 45 minutes or longer depending on the patient. • Reference available Unconfirmed Diagnosis program data to assure completeness of visit documentation and coding of medical diagnoses.

Topic	Explanation
Best Practices (continued)	• Know that CMS requires the provider, at a minimum, **to collect and document** the patient's medical, surgical, and procedural history, including experiences with illnesses, hospital stays, operations, allergies, injuries, and treatment and then prepare and provide the patient with a personalized plan for preventive care. • Schedule a "wellness day" to focus on AWVs. • Falls Risk and Physical Activity are part of the routine screening that is already built into the Annual Wellness Visit. If the Annual Wellness Visit is completed as per CMS guidance, by adding the appropriate CPTII to the initial claim submission for the AWV, gap closure will be met. • Be proactive. Evaluate practice processes for opportunities to close gaps every time the patient is seen rather than reacting to gap closure reports.
Other	• AWV is not a CMS Star Measure and is not included in the Star rating, but this visit offers the opportunity to address many quality measures. • AWV is included in Highmark's Value Based Reimbursement and Quality Incentive Programs. – There is no copay when performing an AWV by itself. – AWV can be performed in any setting/location. – If AWV is performed with a problem office visit, use modifier 25. Documentation must clearly reflect the services reported as significant and separately identifiable. A copay may apply in this situation. • CMS provides guidance on provider documentation requirements and appropriate coding/billing. Highmark follows established CMS policy guidance on the billing/payment of AWV codes. The only exception is that Highmark allows the AWV to be billable once a calendar year (while CMS limits to once every 12 months). This means edits are in place to assure Highmark is: – Paying for "Welcome to Medicare Visit" (G0402, Initial preventive physical exam) only when billed within the first 12 months of a member being enrolled in Medicare Part B. – Not paying for multiple Annual Wellness Visits being billed within the same year. Coding is put in place to reimburse for G0438 (AWV, initial) once per lifetime per provider practice and G0439 (AWV, subsequent) once per calendar year per provider practice.

Key Additional Resources

Additional information can be found on the Provider Resource Center under Value-Based Reimbursement Programs Overview, in the Medicare Advantage Stars section.

Centers for Medicare & Medicaid Services website: **https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html**