

Medicare Annual Wellness Visit (AWV) Checklist & Workflow Guide

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AWV Minimum Requirements

Included in All Medicare Annual Wellness visit	
<ul style="list-style-type: none"> • Establish or update the patient’s current medical and family history including allergies, past surgeries, hospital stays and treatments • Perform a medication reconciliation, including all prescribed medications, vitamins, and supplements • Review any history or present use of opioids; if the patient is using opioids, review the benefits of alternative pain therapies, even if the patient does not have opioid use disorder but may be at risk • List the patient’s current medical providers and suppliers • Record measurements of height, weight, body mass index (BMI), blood pressure, and other routine measurements • Screen for depression • Record history of alcohol, tobacco, or illicit drug use, and screen for alcohol misuse • At Patient’s discretion, Advance Care Planning may be furnished • Screen for substance use Disorder 	
IPPE specific Requirements	Initial and subsequent AWV specific Requirements
<ul style="list-style-type: none"> • Visual acuity screen • Review diet and physical activities • Screen for balance, gait, and fall risk • Includes a brief written plan, such as a checklist, for beneficiary to obtain a once-in-a-lifetime screening Electrocardiogram (EKG/ECG) and other preventive services Medicare covers including the AWV • Physical Exam 	<ul style="list-style-type: none"> • Complete or update the Health Risk Assessment (HRA) • Screen for Cognitive impairment • Establishing or update a screening schedule for the next 5 to 10 years, including screenings appropriate for the general population and any additional screenings that may be appropriate because of the individual • Create a Personalized Prevention Plan unique to the patient, and provide appropriate referrals to health educations or preventative services
<p>Who Can perform an Annual Wellness Visit? Medicare Part B covers an AWV if performed by a:</p> <ul style="list-style-type: none"> • Physician (MD or DO) • Qualified non-physician practitioner (PA, NP, or certified clinical nurse specialist) • Medical professional or team of medical professional (including a MA, CNA, health educator, registered dietitian, nutrition professional, nurse, or other licensed practitioner) directly supervised* by a physician. <p>Direct supervision means that the physician must be immediately available – meaning physically present in the office suite – and able to furnish assistance and directions through the delivery of care.</p>	



AWV Component Checklist

Patient Name: _____ DOB: _____ Today's Date: _____

Visit	Visit Component
<p>“Welcome to Medicare” Exam (Initial Preventive Physical Exam – IPPE)</p> <p>Medicare pays for 1 Patient IPPE per lifetime. Within the first 12 months that the patient Has Medicare Part B Benefits.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review & Update Demographic Data <input type="checkbox"/> Review & Update all Prescriptions including Opioid <ul style="list-style-type: none"> <input type="checkbox"/> Evaluate their pain severity and current treatment plan <input type="checkbox"/> Provide information on non-opioid treatment options <input type="checkbox"/> Refer to a specialist, as appropriate. <input type="checkbox"/> Complete Health Risk Assessment (HRA) <input type="checkbox"/> Review & Update Psychosocial Risks <input type="checkbox"/> Review & Update Behavioural Risks <input type="checkbox"/> Review & Update ADLs <input type="checkbox"/> Review & Update PMH, FH, PSH, SH <input type="checkbox"/> Review & Update Med. List & Allergies <input type="checkbox"/> Review & Update List of Providers & Suppliers <input type="checkbox"/> Measure Ht, Wt, B/P, BMI & other VS based on history & Care Plan if Abnormal <input type="checkbox"/> Screen for Fall Risk & Care Plan if Positive <input type="checkbox"/> Screen for Depression & Care Plan if Positive <input type="checkbox"/> Screen for Dementia & Care Plan if Positive <input type="checkbox"/> Screen Visual Acuity & Care Plan if Abnormal <input type="checkbox"/> Screen Nutrition & Care Plan if Concern <input type="checkbox"/> Screen Substance Use & Care Plan if Positive <input type="checkbox"/> ECG (covered by MCARE during IPPE but optional) <input type="checkbox"/> Limited Physical Exam <input type="checkbox"/> Update List of Active Medical Problems & Care Plan for Each <input type="checkbox"/> Update Preventive Services Schedule (see tool) <input type="checkbox"/> Review & update Advance Care Plan <input type="checkbox"/> Document ICD 10 Codes as appropriate <ul style="list-style-type: none"> Z00.00 Health Maintenance Without Abnormal Findings Z00.01 Health Maintenance With Abnormal Findings Z91.81 History Of Falling ICD 10 Codes for any other issue discovered during the AWV (memory loss, depressed mood, tobacco use...) ICD 10 Codes for Chronic Conditions (HCCs) (DO NOT ADDRESS THESE CONDITIONS OTHER THAN TO STATE YOU WILL BE ADDRESSING THESE THROUGHOUT THE YEAR)



Visit	Visit Component
	<p><input type="checkbox"/> Document CPT/CPT II Codes as appropriate</p> <p>G0402 MCARE IPPE</p> <p>G0403 ECG for IPPE With Interpretation and Report</p> <p>G0404 ECG Without Interpretation for IPPE</p> <p>G0405 ECG interpretation and report only as part of IPPE</p> <p>G0468* FQHC Visit, IPPE or AWW; Visit includes IPPE or AWW services And includes a typical bundle of Mcare-covered services that Would be furnished per diem to a PT receiving a IPPE or AWW</p> <p>3288F Fall Risk Assessment Documented</p> <p>1100F Pt Screened For Future Fall Risk With ≥2 Falls In The Past Yr Or Any Fall With Injury In The Past Yr</p> <p>99483 For Cognitive impaired patient Assessment & Care Plan</p> <p>96127 Brief Emotional/Behavioral Assessment</p> <p>99408 EtOH &/or substance (other than Nicotine) abuse structured screening and brief intervention if positive (15-30 min)</p> <p>99497 Advance Care Planning (discussion and/or completion of forms a min. of 16 minutes)</p> <hr/> <p><input type="checkbox"/> Put Initial AWW in Follow-Up Call-Back System for 1 yr</p>

Visit	Visit Component
<p>Initial Annual Wellness Visit – IAWV</p> <p>Applies the 1st time a MCARE patient has a MCARE Annual Wellness Visit which is year after the IPPE. Usually Year 2 of eligibility. Paid once in a life time</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review & update Demographic Data <input type="checkbox"/> Review & update Health Risk Assessment (HRA) <input type="checkbox"/> Review & update Psychosocial Risks <input type="checkbox"/> Review & update Behavioural Risks <input type="checkbox"/> Review & update ADLs <input type="checkbox"/> Review & update PMH, FH, PSH, SH... <input type="checkbox"/> Review & Update Med. List & Allergies <input type="checkbox"/> Review & update List of Providers & Suppliers <input type="checkbox"/> Review & Update all Prescriptions including Opioid <ul style="list-style-type: none"> <input type="checkbox"/> Evaluate their pain severity and current treatment plan <input type="checkbox"/> Provide information on non-opioid treatment options <input type="checkbox"/> Refer to a specialist, as appropriate. <input type="checkbox"/> Measure Ht, Wt, B/P, BMI & Care Plan if Abnormal <input type="checkbox"/> Screen for Fall Risk & Care Plan if Positive <input type="checkbox"/> Screen for Depression & Care Plan if Positive <input type="checkbox"/> Screen for Dementia & Care Plan if Positive <input type="checkbox"/> Screen Nutrition & Care Plan if Concern <input type="checkbox"/> Screen Substance Use & Care Plan if Positive <input type="checkbox"/> Update List of Active Medical Problems & Care Plan for Each <input type="checkbox"/> Update Preventive Services Schedule (see tool) <input type="checkbox"/> Review & update Advance Care Plan <input type="checkbox"/> Document ICD 10 Codes as appropriate <ul style="list-style-type: none"> Z00.00 Health Maintenance Without Abnormal Findings Z00.01 Health Maintenance With Abnormal Findings Z71.89 Other Counselling, Including ACP Z13.89 Encounter for screening for other disorder (tobacco use) Z91.81 History Of Falling ICD 10 Codes for any other issue discovered during the AWW (Memory loss, depressed mood, tobacco use...) ICD 10 Codes for Chronic Conditions (HCCs) (DO NOT ADDRESS THESE CONDITIONS OTHER THAN TO STATE YOU WILL BE ADDRESSING THESE THROUGHOUT THE YEAR) <input type="checkbox"/> Document CPT/CPT II Codes as appropriate <ul style="list-style-type: none"> G0438 Initial AWW G0468* FQHC Visit, IPPE or AWW; Visit includes IPPE or AWW services And includes a typical bundle of Mcare-covered services that Would be furnished per diem to a PT receiving a IPPE or AWW



<p>3288F Fall Risk Assessment Documented</p> <p>1100F Pt Screened For Future Fall Risk With ≥2 Falls In The Past Yr Or Any Fall With Injury In The Past Yr</p> <p>99483 For a Cognitive Impaired Patient Assessment & Care Plan</p> <p>96127 Brief Emotional/Behavioural Assessment</p> <p>99408 EtOH &/or substance (other than Nicotine) abuse structured screening and brief intervention if positive (15-30 min)</p> <p>99497 Advance Care Planning (discussion and/or completion of forms; minimum of 16 minutes.) Mod 33</p>
<p><input type="checkbox"/> Put Subsequent AWV in Follow-Up Call-Back System for 1 yr</p>

Visit	Visit Component
<p>Subsequent Annual Wellness Visit - AWV</p> <p>Applies for all subsequent annual MCARE Wellness the year after the initial AWV or usually during the 3rd year of eligibility. Covered once a year</p>	<p><input type="checkbox"/> Review & update Demographic Data</p> <p><input type="checkbox"/> Review & update Health Risk Assessment (HRA)</p> <p><input type="checkbox"/> Review & update Psychosocial Risks</p> <p><input type="checkbox"/> Review & update Behavioural Risks</p> <p><input type="checkbox"/> Review & update ADLs</p> <p><input type="checkbox"/> Review & update PMH, FH, PSH, SH...</p> <p><input type="checkbox"/> Review & Update Med. List & Allergies</p> <p><input type="checkbox"/> Review & update List of Providers & Suppliers</p> <p><input type="checkbox"/> Review & Update all Prescriptions including Opioid</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evaluate their pain severity and current treatment plan <input type="checkbox"/> Provide information on non-opioid treatment options <input type="checkbox"/> Refer to a specialist, as appropriate. <p><input type="checkbox"/> Measure Ht, Wt, B/P, BMI & Care Plan if Abnormal</p> <p><input type="checkbox"/> Screen for Fall Risk & Care Plan if Positive</p> <p><input type="checkbox"/> Screen for Depression & Care Plan if Positive</p> <p><input type="checkbox"/> Screen for Dementia & Care Plan if Positive</p> <p><input type="checkbox"/> Screen Nutrition & Care Plan if Concern</p> <p><input type="checkbox"/> Screen Substance Use & Care Plan if Positive</p> <p><input type="checkbox"/> Update List of Active Medical Problems & Care Plan for Each</p> <p><input type="checkbox"/> Update Preventive Services Schedule (see tool)</p> <p><input type="checkbox"/> Review & update Advance Care Plan</p> <p><input type="checkbox"/> Document ICD 10 Codes as appropriate</p> <p>Z00.00 Health Maintenance Without Abnormal Findings</p> <p>Z00.01 Health Maintenance With Abnormal Findings</p> <p>Z91.81 History Of Falling</p>



ICD 10 Codes for any other issue discovered during the AWW
(memory loss, depressed mood, tobacco use...)

ICD 10 Codes for Chronic Conditions (HCCs) (DO NOT ADDRESS THESE CONDITIONS OTHER THAN TO STATE YOU WILL BE ADDRESSING THESE THROUGHOUT THE YEAR)

Document CPT/CPT II Codes as appropriate

G0439 Subsequent AWW

G0468* FQHC Visit, IPPE or AWW; Visit includes IPPE or AWW services
And includes a typical bundle of Mcare-covered services that
Would be furnished per diem to a PT receiving a IPPE or AWW

3288F Fall Risk Assessment Documented

1100F Pt Screened For Future Fall Risk With ≥ 2 Falls In The
Past Yr Or Any Fall With Injury In The Past Yr

99483 For Cognitive Impaired Patients Assessment & Care Plan

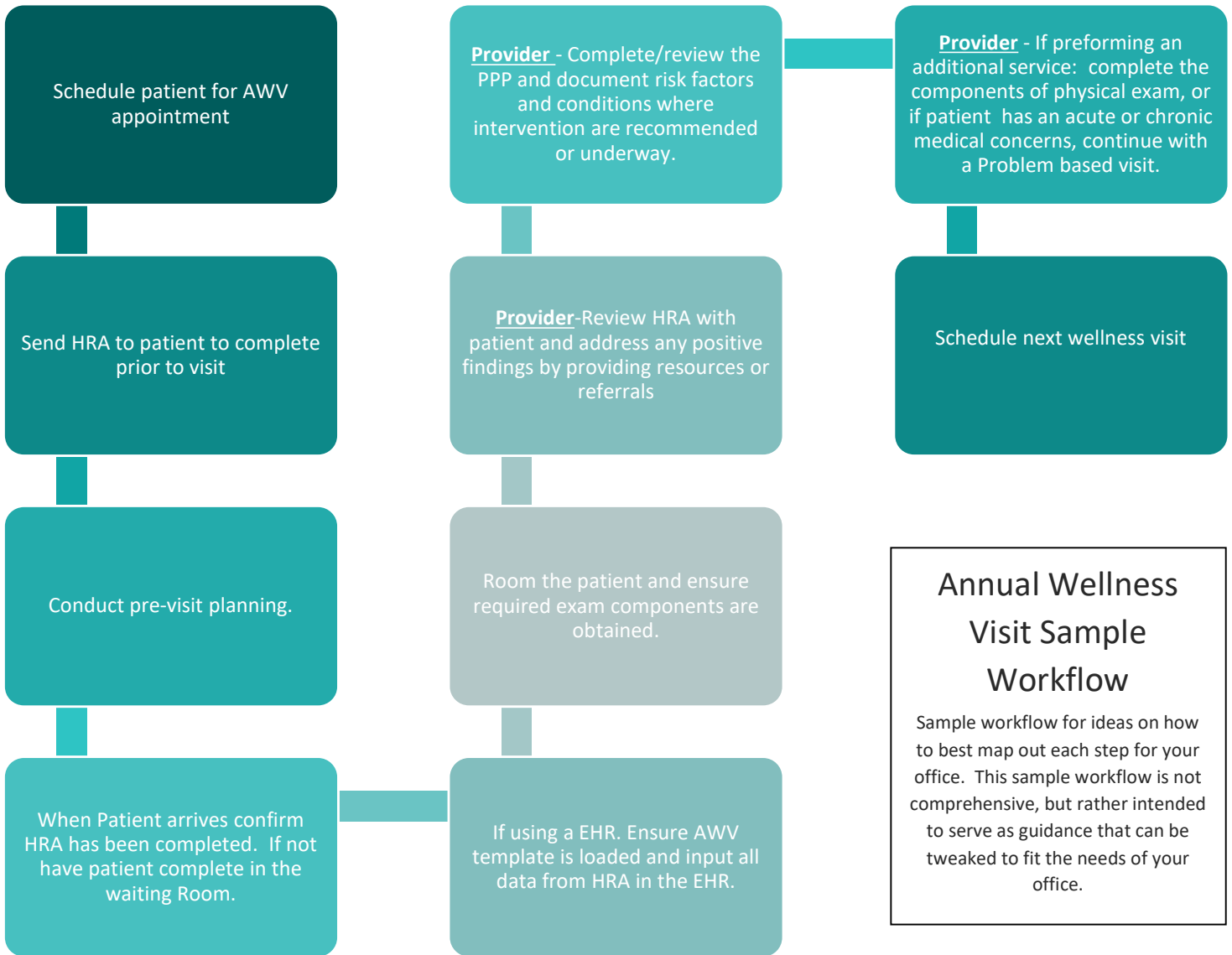
96127 Brief Emotional/Behavioural Assessment

99408 EtOH &/or substance (other than Nicotine) abuse structured
screening and brief intervention if positive (15-30 min)

99497 Advance Care Planning (discussion and/or completion of
forms: (Min. of 16 minutes.) Mod 33

Put Subsequent AWW in Follow-Up Call-Back System for 1 yr

AWV Workflow



Annual Wellness Visit Sample Workflow

Sample workflow for ideas on how to best map out each step for your office. This sample workflow is not comprehensive, but rather intended to serve as guidance that can be tweaked to fit the needs of your office.

AWV Workflow Checklist

The below is a sample checklist for ideas for an office staff to facilitate performing the AWV. It is not comprehensive, but rather was created to serve as guidance that can be tweaked to fit the office needs.

Before the Visit	
Scheduling:	Pre-Visit Planning:
<ul style="list-style-type: none"> <input type="checkbox"/> Flag patient charts who are due for AWV <input type="checkbox"/> Use a script or talking points <input type="checkbox"/> Remind patients that a co-pay may apply if other services are performed <input type="checkbox"/> Send patient HRA to complete prior to visit 	<ul style="list-style-type: none"> <input type="checkbox"/> Send patient for labs <input type="checkbox"/> Obtain reports for completed preventive services (such as colonoscopy, mammogram, etc.) <input type="checkbox"/> If possible, queue up order in EHR to populate during visit <input type="checkbox"/> Remind patient to bring their medications for reconciliation
During the Visit	
HRA:	Rooming the Patient:
<ul style="list-style-type: none"> <input type="checkbox"/> Confirm patient has completed HRA <input type="checkbox"/> If HRA has not been completed, obtain answers through preferred office method (such as, EHR functionality, paper form, etc.) 	<p>Gather:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Vitals: Blood pressure, height, weight, BMI, pain scale <input type="checkbox"/> Screenings: Visual acuity (if IPPE), ECG, depression, fall risk, cognitive status, functional status (ADLs), safety, etc. <input type="checkbox"/> Medication Reconciliation <input type="checkbox"/> Patient Care Team (Providers/suppliers) <input type="checkbox"/> Advance Directives (ACP) <input type="checkbox"/> Patient history: past, medical social, family surgical <input type="checkbox"/> Unanswered HRA questions
After the Visit	
Scheduling:	
<ul style="list-style-type: none"> <input type="checkbox"/> Schedule next AWV or flag patient's chart for a reminder to schedule <input type="checkbox"/> Print or send patient summary to the patient portal that has the next scheduled appointment or appointment reminder. 	



List of Preventative Services Recommended by Medicare

Recommended Services	Who Qualifies?
Immunizations:	
Influenza	All MCARE pts each flu season
Pevnar 13	All MCARE pts x 1
Pneumovax 23	All MCARE pts per recommendations
Shingles (Shingrix)*	1 series in Part D MCARE pts 50 yo or older
Tetanus/TDaP*	single dose in Part D MCARE pts ≥ 19 yo; in each pregnancy @ 27-36 wks EGA
Hep B	All MCARE pts at Medium-High Risk*
Screening & Counseling:	
Abdominal Aortic Aneurysm Screen	1 time for men 65-75 yo who have smoked or men 65-75 who have never smoked but have a 1st-degree relative who required AAA repair or died of ruptured AAA
Alcohol Misuse Screen & Counsel	Adults who use EtOH, but don't meet medical criteria for EtOH dependency
Bone Density Measure (DXA)	q 2-5 yrs for women ≥ 65 yo; postmenopausal women < 65 with risk factors; men with low BMD on x-ray, low trauma fxs, loss of >1.5" in Ht, HyperPTH, Hypotestosterone, long term steroid use
Cardiovascular Dz Screen (Lipids)	q 5 yrs for all MCARE pts
Cervical CA Screen + HPV (Pap and Pelvic Exam)	q 2 yrs or q 1 yr if high risk for cervical or vaginal CA, or if of child-bearing age and had an abnormal Pap test in the past 36 mos. Part B also covers HPV test q 5 yrs if 30-65 yo
Clinical Breast Exam	q 12 mos for women ≥ 40 yo & men at high risk; stop when age expectancy becomes <10 yrs
Colorectal CA Screen	All MCARE pts ≥ 50 yo: yearly fecal occult blood test or q 2 yr flex. Sig. or q 2-10 yr colonoscopy or q 2 yr barium enema or q 3 yr stool DNA
Depression Screen	q 12 mos for all MCARE pts
Diabetes Screen	q 6-12 mos [depending on risk] with fasting BG &/or with GTT if pt has HTN or elevated fasting glucose
Diabetes Self-Management Training**	annually for all with dx of DM

Recommended Services	Who Qualifies?
Glaucoma Screen**	annually for all with dx of DM, family hx of glaucoma, age 50+ African American, age 65+ Hispanic American
Hep B Screen	all pregnant MCARE pts & yearly for those at risk of HBV
Hep C Screen	yearly for all MCARE pts with current IV drug use; once in life if past hx of IV drug use, blood transfusion before 1992 or born 1945-1965
HIV Screen	once in lifetime age 13-75 yo without risk factors; up to 3 times during each pregnancy; annually if high risk
Intensive Behavioral Therapy for Cardiovascular Dz (Encourage ASA use when benefits outweigh risks, Screen for high b/p, Promote healthy diet)	all MCARE pts
Intensive Behavioral Therapy for Obesity	all with BMI ≥ 30
Lung CA Screen (Low dose CT)	yearly for adults age 55-80 yo with ≥ 30 pack-yr smoking hx & currently smoke or quit within the past 15 yrs
Mammography	one baseline mammogram for women 35–39 yo; yearly for women ≥ 40 yo; stop when age expectancy is < 10 yrs
Medical Nutrition Therapy (3 hrs the first year & 2 hrs/yr thereafter)	All MCARE pts with DM, Renal disease [not on dialysis] or have had a kidney transplant within the last 3 yrs
Prostate CA Screen	PSA & DRE yearly for men ≥ 50 yo
STI Prevention Counselling	1-2 individual 20-30 min, face-to-face sessions yearly for sexually active adults at increased risk for STIs
STI Screen {Chlamydia, Gonorrhea, Syphilis, Hep B}	Yearly for all MCARE pts & at certain times in pregnancy
Tobacco/Nicotine Counselling	all MCARE tobacco/Nicotine users, up to 8 times/yr
Wellness Visits	
Welcome to MCARE Exam {Initial Preventive Physical Exam – IPPE}	All MCARE pts Once within 12 months or joining MCARE
Initial MCARE Annual Wellness Visit {IAWV}	All MCARE pts the first visit > 12 mos after joining MCARE x 1
Subsequent MCARE Annual Wellness Visit {SAWV}	Yearly 12 or more mos after IAWV

*Immunizations covered by Medicare Part D, not Part B

**Co-payment/Coinsurance applies; Deductible applies

