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DELO MEDICAL ASSOCIATES

Chronic Disease Management and the Annual Wellness Exam



WHY DO ANNUAL WELLNESS EXAMS?

Improve incident to billing for future claims with physician assistants and ARNP

Revenue enhancement

Clean up and update your chart

Update problem lists/ICD10 codes
Risk stratify patients

Develop care plans

Save time later/subsequent visits

Set goals for improved care

Prepare for future payment changes!!

2015 Practice revenue generated using these codes

IPPE	G0436	\$3700
AWV INITIAL	G0438	\$7400
AWV/subsequent	G0439	\$67,200
Alcohol misuse counseling	G0443	\$600
Depression screening	G0444	\$25,300
Obesity counseling	G0447	\$17,400
Alcohol screen	G0442	\$19,300
Initial exam	G0402	\$5500
End of Life counseling	99497 and S0257	

Total revenue in 2015= \$ 146,400

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



- Both exams require a review (and administration if needed) of a
 - **HEALTH RISK ASSESSMENT**
- Not a head to toe exam, although an exam is done also.
 - Exam components required:
 - Hearing and Vision screening, functional assessments, vital signs



ELIGIBILITY:

- IPPE:(HCPCS G0402) initial preventive exam
 - Within 12 months of *effective* date
 - Once in a lifetime
- AWW: Initial/First Annual wellness visit (HCPCS G0438)
 - Once in a lifetime
 - No limitation on Medicare effective date
- AWW: Subsequent annual wellness exams (HCPCS G0439)
 - Must be AFTER 12 months from effective date of First coverage period AND
 - Has not received an IPPE or AMV within the preceding 12 months
- Recommend to schedule 365 + 1 day



COST TO THE PATIENT



- Deductible and Co-insurance is waived
- Services provided in addition to the wellness exams may be charged with a modifier 25.

COVERED AND NON-COVERED SERVICES

- Other screening services not included require an ABN
- Procedures to monitor or diagnose a symptom, medical condition or treatment are covered based on medical necessity
- *AND* are subject to deductibles and coinsurance



USING MODIFIER 25 WITH AWV

- Must provide significant separately identifiable medically necessary E/M service in addition to IPPE or AWV
- CPT codes 99201-99215
- Components of the IPPE or AWV such as the history and physical should not be included in determining the E/M level of service
- Suggest discuss with your patient PRIOR to AWV

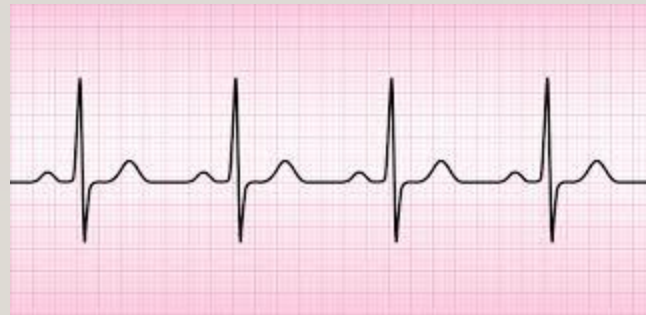
WHO CAN PERFORM EXAM

- D.O. or M.D.
- Remember incident to billing for
 - A.R.N.P.
 - Physician Assistant
 - Clinical Nurse Specialist
 - RN with Masters and licensed in the state
 - Medical professional: Health educator, registered dietitian, nutrition professional, etc. under direct supervision



TESTING INCLUDED IN THE IPPE

- ECG (once in a lifetime screening)
 - (HCPCS G0403) tracing, interpretation and report
 - Must be within first year of Medicare



IPPE REQUIRED DOCUMENTATION

- *1. Review medical and social history (AWV) family history
 - Attention to modifiable risk factors
- *2. Review risk for depression or mood disorder
- *3. Functional ability and level of safety
- *4. Exam: Ht., Wt., *BMI*, BP, visual acuity screen, hearing screening, others as appropriate

* AWV
documentation

REQUIRED DOCUMENTATION CONTINUED

- 5. *End of life planning, **ADVANCED CARE PLANNING**: with permission*

 - *Discuss end of life planning: DNR, healthcare surrogate, etc.*
 - *Documentation for coding: Time (30 min), If forms completed, who was present*
 - *Codes: 99497, S0257*
 - *No copay/deductible, my allowed amount: **\$89.35***
 - *No limits, No diagnosis code, must be voluntary*
- 6. *education, counseling, and referral, as appropriate*
- 7. *education, counseling and referral with brief written plan to include: referrals, preventive services and screening recommendations*

COVERED SCREENING SERVICES

- **DEXA** once (every 2 years with payable diagnosis)
- **Glaucoma** (DM, African American, family history, >50, Hispanic >65)
- **Medical nutrition therapy** for individuals with diabetes or renal disease
- **Cardiovascular blood tests** (lipid profile)
 - Every 5 years
- **Diabetes screening:** every 3 years if risk factor
- **AAA screening:** men 65-75 smoked 100 cig. In lifetime, family hx, or USPSTF
 - Order at IPPE and within first year of effective date
- **HIV screening:** annually if high risk



COVERED PREVENTIVE SERVICES

- Influenza, pneumococcal, and Hepatitis B vaccines and administration fees

- **Screening Tests**

- Mammography (baseline 35-39, then annually)
- Pap, pelvic exam (annual for high risk, otherwise biennial)
- PSA (annually after age 50)
- colorectal cancer (FOBT, sigmoid, BE, colo
- Glaucoma (by optometrist or ophthalmologist)
- Hepatitis C screening



- **Diabetes outpatient self management training**

- consider group sessions in your office

DOCUMENTATION REQUIREMENTS AWW

- Medical and Family history
- List of current providers and suppliers, regularly involved in care
- Vitals: HT, WT, BMI (or waist circumference), BP
- **Cognitive impairment: Mood, affect, appearance, caregiver input
- Risk for depression (screening)
 - Code: GO444 (included in IPPE and G0438, covered with additional payment in G0439)
- Alcohol Misuse screening (G0442)
 - not required, but is covered annually
- Functional Ability and Safety
 - Screening ? Or standardized questionnaire
 - ****not required for IPPE**

DOCUMENTATION REQUIREMENTS AWW

- Written screening schedule
 - Checklist for next 5-10 years
 - USPSTF, ACIP, based on risk assessment
- List of Risk factors and conditions with recommended interventions, AND a list of treatment options and their associated risks and benefits
- Furnish personalized health advise and referral for health education, counseling services, or programs to reduce risk factors and improve self management of wellness, including weight loss, physical activity, smoking cessation, fall prevention, nutrition, etc.



SUBSEQUENT AWV DOCUMENTATION

- Medical and family history
- Providers of care
- Vitals
- Cognitive evaluation
- Update screening schedule
- Update risk factors and conditions requiring interventions
- *Provide personalized health advice and or referrals for health education and preventive services or counseling*
- (HCPCS: GO438)
- Remember 365 +1 day from prior AWV



CODING FOR REVENUE ENHANCEMENT

- Depression screening: GO444

included in initial exams G0402,G0438

payable annually with G0439



- Alcohol use screening: GO442

- Counseling codes

- Obesity G0447
- Cardiovascular risk G0446 \$3700
- STD: GO445 \$200
- Smoking cessation G0447 \$17,400
- Alcohol misuse GO443

**Another \$21,000 in revenue
plus \$146,400=>\$167,000**

- End of life planning/Advanced Care Planning: 99497 & S0257
 - discussion: up to **30 min.**

TEMPLATE IDEAS FOR GOALS/SCREENINGS/PREVENTION/CARE PLANS

- Annual flu shot in September or October
- Continue follow up with specialists: as listed in current providers of care.
- Annual/biennial eye exam, Regular dental care, sunscreen, hearing protection
- female exams: Pap/ HPV, mammography, STD counseling
- Healthy diet and exercise
 - exercise goal: example: 30minutes, 5 days per week
 - DASH diet: handout given, Maintain healthy weight >Goal weight=xx
- PSA (?) discussed risks and benefits of screening
- DRE annually to age 75, Colonoscopy due: date
- Referrals:
 - GI: for colonoscopy screening
 - Eye exam
 - Podiatry
 - Counseling: smoking cessation, obesity, DM education, nutrition, disease management, stress management
 - Fall prevention program: Physical therapy

DISEASE MANAGEMENT TEMPLATE: DIABETES CARE PLAN

- HgbA1c every (3-6) months
- Urine micro albumin annually: Remember ICD10 coding with CKD
- Pneumonia and Pevnar vaccines Due: date
- Eye exam every 1-2 years Last exam: date
- Foot exam: annually, last exam: date
- Diabetes education: completed/ ordered
- Self-monitors BS
- Weight loss, dietary counseling
- BP at goal, ACE or ARB, aspirin, statin
- Lifestyle(risk factor modification) recommendations: smoking, diet, weight loss, exercise, stress management, adequate rest
- Referrals: podiatry, eye exam, GI, CV evaluation, Dermatology, Diabetes educator, smoking cessation, silver sneakers, weight loss program



DISEASE MANAGEMENT TEMPLATE: HYPERTENSION



- Annual urine micro albumin
- Baseline ECG
- Echocardiography: if murmur or LVH, signs of CHF, prior MI, determine Ejection fraction
- Baseline lipids and LDL GOAL, CMP, CBC, TSH
- Carotid US screening in asymptomatic if 2 risk factors: HTN, smoking, DM, obesity, Family history, CAD, physical inactivity
- Baseline eye exam
- Consider possibility of sleep apnea
- Peripheral Vascular Disease Assessment: ABI evaluation
- Other RISK FACTORS for CV disease:
 - Modifiable risk factors: BMI, salt intake, alcohol, smoking, activity level/exercise/ GOALS and COUNSELING
 - STRESS TESTING if significant risk factors

FUNCTIONAL ABILITY



- Hearing screen
- Vision screen
- ADL's: assistance needed: phone, shopping, meal prep, housework, laundry, meds, finances, assistive devices such as cane or walker
- Fall risk: document a plan for high risk, refer for PT, strength and balance training
- Home Safety: loose rugs, smoke detectors, small pets, grab bars, stairs, life-alert system
- Functional ability: timed get up and go test: unsteady or >30 sec
- **REFERRAL if any of these are problem areas**



SOCIAL HISTORY COMPONENTS

- Tobacco
- Drug abuse
- Alcohol use
- Diet
- Caffeine
- Occupation
- Exercise: type, frequency
- Home environment: private (family and friend support system), assisted living, other

ACTIVE PROBLEM LIST: *EXAMPLE*

- COPD, stable followed by Pulmonary Dr. xyz
- DM controlled, cont. current diet and exercise plan, follow up A1c in 4 months (May), lipid testing due in Oct. see DM plan of care
- Atrial Fibrillation: asymptomatic, stable anticoagulation managed by Dr. ABC
- HTN, at goal, cont. to monitor BP at least weekly, maintain weight loss program, low salt diet. DASH diet, eye exam due, see referral
- Sleep Apnea, using CPAP, reviewed importance of continued compliance and risks associated with apnea, cont. weight loss
- High risk for fall: referral: PT balance and strength training, reviewed home safety, patient handout reviewed
- If this can be printed it provides an individualized plan of care with referrals and recommendations, and discussion of risk and benefits of treatment

ALL IN ONE: INCLUSIVE TEMPLATE

- PMH
- Active Problem List
- Include risk assessments and recommend risk stratification of patients
- Recommendations, treatment: risk, benefits and alternatives
- Plan for follow up
- Family History
- List of healthcare providers

SOCIAL HISTORY

- Alcohol screen
- Depression screen
- Exercise
- Fall risk
- Education/literacy/language
- Home safety assessment and education



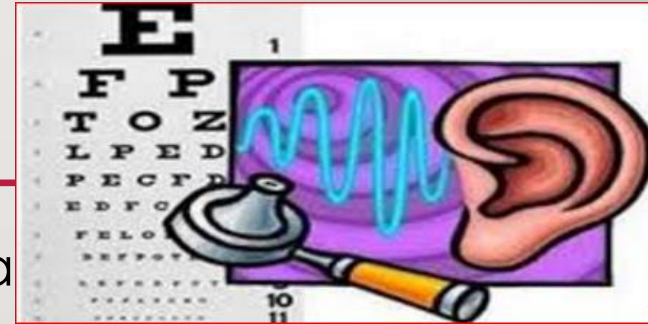
Activities of Daily Living Assessments (ADL)

- Eating, shopping, meal prep. Dressing, bathing
- Assistance with ambulation: cane, walker, etc
- Handles finances
- Needs assistance with medication
- Financial hardship/ barriers to care



CONTINUED

- End of life planning/Advanced Care
 - advanced directives, DNR, organ donor
 - healthcare surrogate
- Cognitive evaluation
- Vision and hearing impairments
- BP, Height, weight BMI
- Medications: includes OTC vitamins and supplements



CONTINUED



- *Written list* of preventive and health maintenance recommendations over the next 5-10 years (update annually)
- Provide written health risk assessment and recommendations with education and referrals
 - Counseling: CV risk, diet, smoking, obesity, fall prevention, etc.

RESOURCES

- Health risk assessment form
 - <http://www.aafp.org/fpm/2012/0300/p11.html>
- An excellent pre-visit form patients could complete on line
 - <http://www.medicarehealthassess.org>
 - Includes printable action plan for provider, or could be emailed
 - Short Medicare action and planning form
 - http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/AWV_Chart_ICN905706.pdf

FALL RISK/HOME SAFETY RESOURCES

- STEADI (stopping elderly accidents, deaths and injuries) toolkit for healthcare providers
- http://www.cdc.gov/homeandrecreationalafety/Falls/steady/index.html?s_cid=tw_injdir15



SUNRISE AT MY HOUSE

QUESTIONS???

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