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*Cultivating a Culture
of Caring for Older Adults*

Annual Wellness Exam

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- ABIM Disclosure

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- Geriatric Assessment
 - Cornerstone in geriatrics
 - Versatile
 - Multiple uses
- Utilized by CMS for the Annual Wellness Exam- focus on screening

- Health risk assessment- overall health, function
- Focus on cognition, mood, gait and balance
- Lifestyle habits
- Preventive screening

- CMS requirements for the AWW may not follow recommendations by USPTF or other guidelines.
- Medicare payments for screening test do not necessarily follow evidence based guidelines.

Annual Wellness Exam

Medicare covers an Annual Wellness Visit (AWV) providing Personalized Prevention Plan Services (PPPS) for beneficiaries who:

- Are not within the first 12 months of their first Medicare Part B coverage period; and
- Have not received an Initial Preventive Physical Examination (IPPE) or AWV within the past 12 months.

*IPPE = Welcome to Medicare Visit

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AWV Codes and Descriptors:

- **G0438** Annual wellness visit; includes a personalized prevention plan of service (PPPS), initial visit
- **G0439** Annual wellness visit, includes a personalized prevention plan of service (PPPS), subsequent visit

Diagnosis

- Since CMS does not require a specific diagnosis code for the AWV, you may choose any appropriate diagnosis code. You must report a diagnosis code.

Medicare Part B covers AWW if performed by a:

- Physician (a doctor of medicine or osteopathy);
- Qualified non-physician practitioner (a physician assistant, nurse practitioner, or certified clinical nurse specialist); or
- Medical professional (including a health educator, registered dietitian, nutrition professional, or other licensed practitioner) or a team of such medical professionals who are working under the direct supervision of a physician (doctor of medicine or osteopathy).

Annual Wellness Exam Demo



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SBIRT

- **Screening (S)** identifies unhealthy use. 75-85% of patients will screen negative.
For those who screen positive, further assessment is needed to determine level of risk.
- **Risky Drinking**
 - For healthy men up to age 65 –**
 - 4 drinks in a day AND
 - 14 drinks in a week
 - For all healthy women and healthy men over age 65**
 - 3 drinks in a day AND
 - 7 drinks in a week
 - As recommended by NIAAA

Research shows SBIRT to be most effective with patients with unhealthy alcohol or drug use who do not have a substance use disorder.

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- Brief Intervention (BI) provides feedback about unhealthy substance use. It also focuses on education, increasing patient insight and awareness about risks related to unhealthy substance use, and enhances motivation toward healthy behavioral change.
 - Brief negotiated interview
 - Brief advice- (ask permission, state concerns, set goals)

Referral to Treatment (RT) helps facilitate access to addiction assessment and treatment. A referral is usually indicated for only about 5% of people screened.

Memory Assessment

- The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for cognitive impairment.

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- Clinicians should remain alert to early signs or symptoms of cognitive impairment (for example, problems with memory or language) and evaluate as appropriate USPSTF 2014
 - Annual Wellness - ‘direct observation’

Depression Screening

- The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.

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Falls Prevention

- Community-Dwelling Older Adults, Aged 65 Years or Older, May 2012
 - The USPSTF recommends exercise or physical therapy and vitamin D supplementation to prevent falls in community-dwelling adults aged 65 years or older who are at increased risk for falls.

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- Higher risk: history of falls, poor performance on tool such as the Get Up and Go Test.

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- The USPSTF recommends offering or referring adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention.

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Adults who are overweight or obese and have additional CVD risk factors

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Exercise in Older Adults

- Aerobic- cardiovascular
- Strength training
- Balance
- Stretching



- *Delay or prevent many diseases and disabilities*

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- When you provide a significant, separately identifiable, medically necessary Evaluation and Management (E/M) service in addition to the AWW, Medicare may pay for the additional service.
- Report the Current Procedural Terminology (CPT) code with modifier -25. That portion of the visit must be medically necessary to treat the beneficiary's illness or injury or to improve the functioning of a malformed body member.

Frequently Asked Questions

- Is the AWW the same as a beneficiary's yearly physical?
 - No. The AWW is not a “routine physical checkup” that some seniors may get every year or so from their physician or other qualified non-physician practitioner. Medicare does not cover routine physical examinations.
- Are clinical laboratory tests part of the AWW?
 - No. The AWW does not include any clinical laboratory tests, but you may make referrals for such tests as part of the AWW, if appropriate.
- Do deductible or coinsurance/copayment apply for the AWW?
 - No. Medicare waives both the coinsurance or copayment and the Medicare Part B deductible for the AWW.
- Can I bill an electrocardiogram (EKG) and the AWW on the same date of service?
 - Generally, you may provide other medically necessary services on the same date of service as an AWW. The deductible and coinsurance/copayment apply for these other medically necessary services

Complete Toolkit for AWW

- <http://www.ocagingservicescollaborative.org/annual-wellness-visit-toolkit>

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Chart of Covered Preventive Tests

- <https://www.cms.gov/Medicare/Prevention/PreventionGenInfo/Downloads/MPS-QuickReferenceChart-1TextOnly.pdf>



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