



CULTIVATING A CULTURE OF CARING FOR OLDER ADULTS

The ABCs of the Annual Wellness Visit (AWV)

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

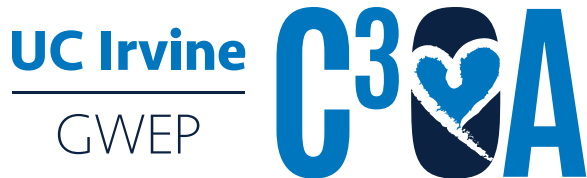
- Are no longer within 12 months after the effective date of their first Medicare Part B coverage period
- Have not received an Initial Preventive Physical Examination (IPPE) or AWV within the past 12 months

NOTE: The AWV is a separate service from the IPPE. For more information about the IPPE, refer to the Medicare Learning Network's® (MLN's) *The ABCs of the Initial Preventive Physical Examination (IPPE)*.

INITIAL AWV COMPONENTS: APPLIES THE FIRST TIME A BENEFICIARY RECEIVES AN AWV

A	ACQUIRE BENEFICIARY INFORMATION ACTION	ELEMENTS ↓
	Administer HRA	<ul style="list-style-type: none"> • Collect self-reported information from the beneficiary. You or the beneficiary can complete the HRA before or during the AWV encounter; it should take no more than 20 minutes • Account for and tailor to the communication needs of underserved populations, persons with limited English proficiency, and persons with health literacy needs. • At a minimum, address the following topics: <ul style="list-style-type: none"> – Demographic data – Self-assessment of health status – Psychosocial risks – Behavioral risks – Activities of Daily Living (ADLs), including but not limited to: dressing, bathing, and walking – Instrumental ADLs, including but not limited to: shopping, housekeeping, managing own medications, and handling finances
	Establish a list of current providers and suppliers	Include current providers and suppliers that regularly provide medical care to the beneficiary
	Establish the beneficiary's medical/family history	At a minimum, collect and document the following: <ul style="list-style-type: none"> • Medical events of the beneficiary's parents, siblings, and children, including diseases that may be hereditary or place the beneficiary at increased risk • Past medical and surgical history, including experiences with illnesses, hospital stays, operations, allergies, injuries, and treatments • Use of, or exposure to, medication and supplements, including calcium and vitamins

This project is supported by the Health and Resources Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under 1U1QHP2872-01-00, Cultivating a Culture of Caring for Older Adults, for \$2.5 million. This information or content and conclusions are those of the author and should not be construed as official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.



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Review the beneficiary’s potential risk factors for depression, including current or past experiences with depression or other mood disorders	Use any appropriate screening instrument for beneficiaries without a current diagnosis of depression, which you may select from various available standardized screening tests designed for this purpose and recognized by national professional medical organizations
Review the beneficiary’s functional ability and level of safety	Use direct observation of h beneficiary, or select appropriate screening questions or a screening questionnaire from various available screening questions or standardized questionnaires recognized by national professional medical organizations to assess, at a minimum the following topics: <ul style="list-style-type: none"> • Ability to successfully perform ADLs • Fall risk • Hearing impairment • Home Safety

B	BEGIN ASSESSMENT ACTION	ELEMENTS ↓
Assess	Obtain the following measurements: <ul style="list-style-type: none"> • Height, weight, body mass index (or waist circumference, if appropriate), and blood pressure • Other routine measurements as deemed appropriate based on medical and family history 	
Detect any cognitive impairment the beneficiary may have	Assess the beneficiary’s cognitive function by direct observation, with due consideration beneficiary may have of information obtained via beneficiary reports and concerns raised by family members, friends, caretakers and others	

C	COUNSEL BENEFICIARY ACTION	ELEMENTS ↓
Establish a written screening schedule for the beneficiary, such as a checklist for the next 5 to 10 years, as appropriate	Base written screening schedule on: <ul style="list-style-type: none"> • Age-appropriate preventive services Medicare covers • Recommendations from the United States Preventive Services Task Force (USPSTF) and the Advisory Committee on Immunization Practices (ACIP) 	
Establish a list of risk factors and conditions for which the primary, secondary, or tertiary interventions are recommended or underway for the beneficiary	The beneficiary’s HRA, health status and screening history, and age-appropriate preventive services covered by Medicare include the following: <ul style="list-style-type: none"> • Mental health conditions • Risk factors or conditions identified through an IPPE • Treatment options and their associated risks and benefits 	

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<p>Furnish personalized health advices to the beneficiary and appropriate referral to health education or preventive counseling services or programs</p>	<p>Include referrals to educational and counseling services or programs aimed at:</p> <ul style="list-style-type: none"> • Community-based lifestyle interventions to reduce health risks and promote self-management and wellness including: <ul style="list-style-type: none"> – Fall prevention – Nutrition – Physical activity – Tobacco-use cessation – Weight loss
<p>Furnish, at the discretion of the beneficiary, advance planning services</p>	<p>Include discussion about:</p> <ul style="list-style-type: none"> • Future care decisions that need to be made • How the beneficiary can let others know about care preferences • Explanation of advance directives, which may involve the completion of standard forms

Diagnosis: You must report a diagnosis code when submitting a claim for the AWV. Since you are not required to document a **specific** diagnosis code for the AWV, you may choose any diagnosis code consistent with the beneficiary’s exam.

- Billing:** Medicare Part B covers AWV 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)

Information from: Centers for Medicare and Medicaid Services, www.cms.gov, CN 905709 April 2017

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