

Risk Adjustment Programs for Provider Engagement and Education

\*Please note-this presentation is being live recorded

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## Disclaimer





This presentation is intended for both physicians and office staff. The information contained in this presentation and responses to the questions are not intended to serve as official coding or legal advice.



All Coding should be considered case by case basis and should be supported by medical necessity and the appropriate documentation reflected within the medical record.



# Risk Adjustment Provider Engagement and Education Team



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# Housekeeping





This Presentation will be available on the Blue Cross NC Provider's Risk Adjustment webpage for educational purposes only.



Please submit questions in the Q&A box



If we cannot answer your question during the session, the response will be emailed to you after the Webinar.



# **Objectives**

#### After this webinar participants will have:

- ✓ An overview and importance of Annual Comprehensive Visits (ACVs)
- ✓ Components of ACVs
- ✓ Knowledge of HCPCS Codes frequently used to capture ACVs
- ✓ Understand the impact of ACVs and Risk Adjustment



## Medicare Annual Wellness Visits

#### **2023 Member Incentive Program**

- \$50 gift card for completing Welcome to Medicare or Annual Wellness Visit for members who have been enrolled in Medicare Part B > 12 months
- Additional \$30 gift card to Medicare Advantage members who have *diabetes* and complete all <u>3</u> of their diabetic screenings. (A1c, KED, and Diabetic Eye Exam).



#### **CMS.Gov AWV Educational Tools**

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventiveservices/medicare-wellness-visits.html

Wellness Visits			
Code Type	Definition		
HCPCS	Initial Preventive Physical Exam		
HCPCS	Annual wellness visit, first/ initial visit		
HCPCS	Annual wellness visit, subseqent visit		
	HCPCS HCPCS		





What is the importance of an Annual Wellness Visit?





# Annual Wellness Visits Overview

## Medicare Annual Wellness Visits



The Medicare Annual Wellness Visit (AWV) is available to patients with Medicare coverage for more than one year.\* AWVs are comprehensive assessments that:



Serve as the basis for patient's preventative care throughout the year.

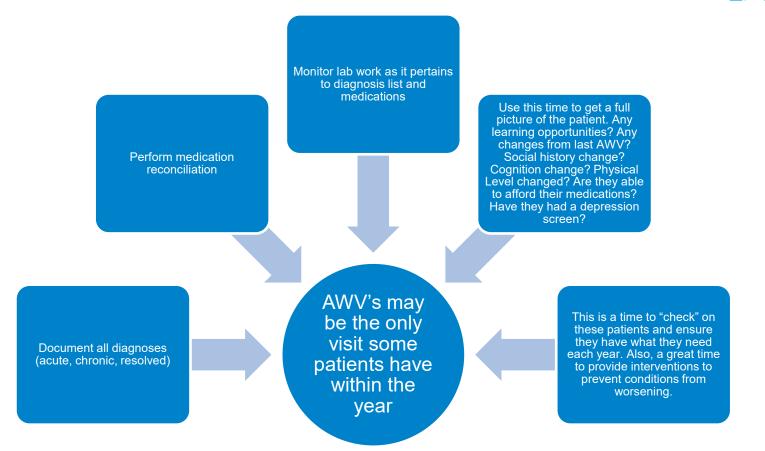


Help providers gain more information about patients' physical and mental health



Allow patients to discuss their health goals with providers







# Annual Wellness Visits Components



#### What Does an AWV include:



- Complete Health Risk Assessment (HRA)
- Update of patient's medical and family history
- Update of current providers and suppliers list
- Height, weight, BMI, and blood pressure
- Detection of cognitive impairments
- Review of current opioid prescriptions

- Screening of potential substance use disorders (SUDs)
- Update of patient's list of risk factors and conditions that need and/or receive intervention
- Update of preventive services, immunizations)
- Personalized prevention plan
- Review of patient's Advance Care Planning

# Annual Wellness Visits General Documentation Guidelines



- Code all medical conditions present during the AWV to provide a complete picture of the member's health
- Code all coexisting conditions that the provider has noted during the encounter
- Any appropriate diagnosis code may be used with the AWV
- Up to 12 conditions can be added to the claim, there is a process to submit additional



# Who can perform an Annual Wellness Visit?



- Physician: Doctor of medicine or osteopathy
- Qualified non-physician practitioner (NPP), such as a physician assistant (PA), nurse practitioner (NP), or certified clinical nurse specialist (CCNS)

 Medical professional (including health educator, registered dietitian, nutrition professional, or other licensed practitioner) or a team of medical professionals that a physician directly supervises



# Annual Wellness Visits AWV and Initial Preventive Physical Examination (IPPE)



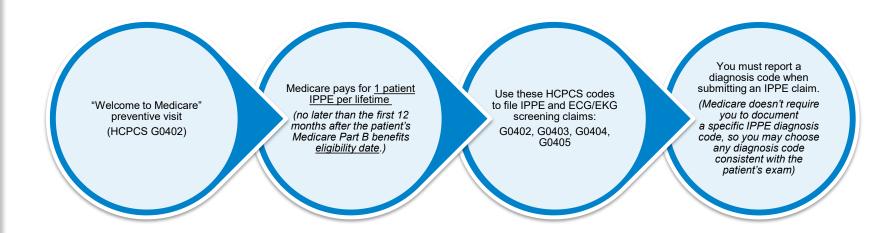
#### **Preventive and Wellness Care**

- The Medicare Annual Wellness Visit was introduced in 2011 to promote the National Prevention Strategy Concept to Medicare members and their physicians
- Older Adults who obtain clinical preventive services and practice healthy behavior are more likely to remain healthy and function independently
- While both the AWV and Preventive Physical Examination are important care opportunities for the senior population, there are differences in each visit



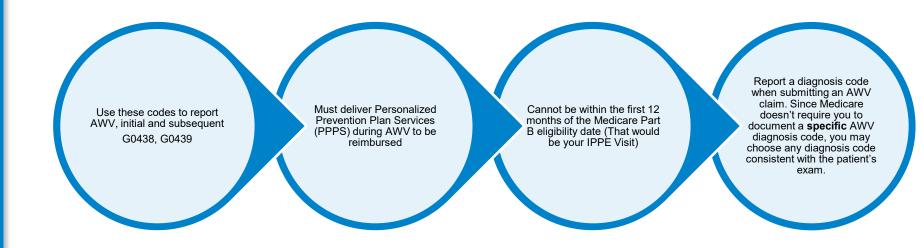


#### **Initial Preventive Physical Exam (IPPE)**





**Annual Wellness Visit (AWV) Health Risk Assessment (HRA)** 





Туре	Initial Preventive Physical Examination (IPPE)	Initial Annual Wellness Visit	Annual Wellness Visit (Subsequen t)
Description	Known as Welcome to Medicare visit • Services limited to new beneficiary during first 12 months of Medicare Part B enrollment	First Medicare AWV • For patients enrolled with Medicare more than one year • Includes a personalized prevention plan of service (PPS)	Yearly visits     Includes PPS
Mode	Face to Face Only	Face-to-face or telehealth	Face-to-face or telehealth
Frequency	Once in a lifetime	Once in a lifetime	Annual
CPT CODE	G0402	G0438	G0439



#### **Medicare Physical Exams Coverage**

## Initial Preventive Physical Exam (IPPE)

Review of medical and social health history and preventive services education

- ✓ **Covered** only once within 12 months of first Part B enrollment
- ✓ Patient pays nothing (if provider accepts assignment)

## Annual Wellness Visit (AWV)

Visit to develop or update a Personalized Prevention Plan (PPP) and perform a Health Risk Assessment (HRA)

- ✓ **Covered** once every 12 months
- ✓ Patient pays nothing (if provider accepts assignment)

#### **Routine Physical Exam**

Exam performed without relationship to treatment or diagnosis for a specific illness, symptom, complaint, or injury

X Not covered by
Medicare; prohibited by
statute, however, the IPPE,
AWV, or other Medicare
benefits cover some
elements of a routine
physical

X Patient pays 100% outof-pocket



# Annual Wellness Visits and Risk Adjustment



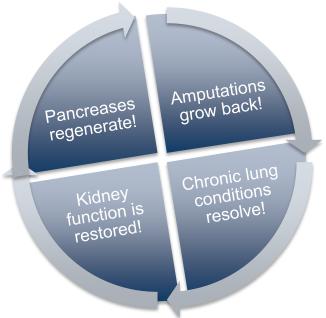


In what ways can the Annual Wellness Visit have an impact on Risk Adjustment?

# Annual Wellness Visits Impact on Risk Adjustment



CMS considers treatment within the current year as supporting evidence of the diagnoses







### **Frequently Missed Conditions**



- Quadriplegia and paraplegia
- Hemiplegia and hemiparesis
- MS, cerebral palsy, muscular dystrophy
- Major organ transplant
- Amputation status
- Artificial opening status
- Renal dialysis, AB shunt, ESRD
- Congenital disorders/traits



# Annual Wellness Visits Social Determinants of Health

# Annual Wellness Visits Social Determinants of Health





 The collaborative nature of this visit, empowers clinicians to engage patients in social needs screening and intervening  The annual wellness visit is an ideal opportunity to discuss non-medical needs of an individual that can impact their health and well being



#### **Social Determinants of Health**

- The social determinants of health (SDH) are the non-medical factors that influence health outcomes
- These include:
  - Economic Stability
  - Education Access
  - Health Care Access
  - Neighborhood
  - Community Context





#### **Social Determinants of Health**

- Use the time during a patient's AWV to determine if they have issues with accessing the resources necessary to prevent readmission (Ability to obtain medications, transportation challenges for follow-up appointments, lack of support systems)
- Refer these patients to community resources and/or care management services to help remove these barriers to care and/or resources
- Utilize Social Determinants of Health "Z-Codes" to document and track these challenges
  - Z55-Z65 range
  - Link for SDOH "Z codes"
  - CMS: <a href="https://www.cms.gov/files/document/zcodes-infographic.pdf">https://www.cms.gov/files/document/zcodes-infographic.pdf</a>



## **Preventive Care Visits**



#### How do Preventive Care Visits differ from Annual Wellness Visits?

#### **Annual Wellness Visit**



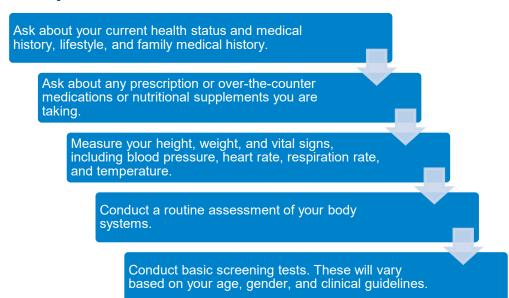
#### **Preventive Care Visit**





### What to expect? What's included?

#### Your provider will:



#### Your patient should:

- ✓ Be honest
- ✓ Share any concerns
- ✓ Notify the office ahead of time if they also have an acute need



### **Initial Comprehensive Preventive Medicine Visit**

#### CPT-99381-99387

Age Group: < 1 year – 65 years and older (New Patient)

Description: Initial comprehensive preventive care (e.g., well-child exams) for all age groups

Code Also-Immunization and Vaccines Administered

#### Visit Includes:

- Age / Gender
- · Appropriate History
- Exam
- Counseling / Anticipatory Guidance
- Risk Factor Reduction Interventions
- Ordering of Lab & Diagnostic Procedures as needed

#### **Provider Tips:**

Include all conditions and treatments related to the patient. This includes conditions managed by an outside provider.

Example-Diabetes + Current tx + Followed by Endocrinology

Use this visit to update the medical history and treatments Use this visit to perform a medication reconciliation Use this visit to provide immunizations and vaccinations

Great time to document, review, and update treatments for HCC RELATED CONDITIONS ☺

#### CPT 99381-99387 Excludes:

- Append modifier 25 to the service code selected to indicate that a separately identifiable E/M service was
  provided on the same date of service as the counseling service
- Counseling and risk factor reduction interventions included in preventive medicine services (99401-99409)
  - These services may include counseling/evaluation of family issues, appropriate diet and exercise, high-risk behavior, avoidance of injury, dental issues, and discussion of available laboratory and/or diagnostic results.



### **Subsequent Comprehensive Preventive Medicine Visit**

#### CPT-99391-99397

Age Group: < 1 year – 65 years and older (New Patient)

Description: Subsequent comprehensive preventive care (e.g., well-child exams) for all age groups

Code Also-Immunization and Vaccines Administered

#### Visit Includes:

- Age / Gender
- Appropriate History
- Exam
- Counseling / Anticipatory Guidance
- Risk Factor Reduction Interventions
- Ordering of Lab & Diagnostic Procedures as needed

#### CPT 99391-99397 Excludes:

- Append modifier 25 to the service code selected to indicate that a separately identifiable E/M service was provided on the same date of service as the counseling service
- Counseling and risk factor reduction interventions included in preventive medicine services (99401-99409)
  - These services may include counseling/evaluation of family issues, appropriate diet and exercise, high-risk behavior, avoidance of injury, dental issues, and discussion of available laboratory and/or diagnostic results.



### **ICD-10** coding for Comprehensive Preventive Care Visits

Z00.00	Encounter for general examination without complaint, suspected or reported diagnosis, without abnormal findings
Z00.01	Encounter for general examination without complaint, suspected or reported diagnosis, with abnormal findings
Z00.12	Encounter for routine child health examination, with abnormal findings
Z00.129	Encounter for routine child health examination, without abnormal findings
Z00.110	Health check for newborn under 8 days old
Z00.2	Encounter for examination for a period of rapid growth in childhood
Z00.3	Encounter for examination for adolescent development state



### Coding a Preventive visit with E/M services

DON'T FORGET



Modifier-25 should be added to the office/outpatient code to indicate that a significant, separately identifiable evaluation and management service was provided on the same day as the preventive medicine service.



Quiz Time!



### **QUIZ TIME!**

Please use the Q&A box to place your answers Let's practice!

Using yes/no ..

Who has had their Annual Comprehensive Visit for 2023?





### Is the IPPE the same as a patient's yearly physical?



NO.

The IPPE isn't a routine physical that some older adults may get periodically from their provider.

The IPPE is a one-time visit within the first 12 months after the patient's Part B eligibility date.



#### Can Annual Wellness Visits be done via Telehealth?

#### YES!

- The Medicare Annual Wellness Visit (AWV) is included in the list of approved Telehealth Services from CMS.
- These services have been extended through CY 2024.
- Telehealth AWV claims must include HCPCS code G0438\* or G0439\*.
- Claims may be billed with POS 02 (telehealth)

\*These have been approved for Audio Only interaction through CY 2024 per CMS IPPE visits (G0402) ARE NOT approved for Telehealth





### **Medicare Advantage AWV**

#### HCPCS G0438 and G0439:

Both are approved for Telehealth Visits
Both have been approved for Audio Only interaction through CY 2024 per CMS

#### **HCPCS G0402:**

IPPE visits **ARE NOT** approved for Telehealth

#### **ACA Preventive Visits**

CPT 99395-99397

Subsequent Visits are Approved for Telehealth\*

\*Call customer service to confirm there aren't any exceptions within a patient's policy.







### Is the AWV the same as a patient's yearly physical?

**NO**. The AWV isn't a routine physical that some older adults may get periodically from their physician or other qualified NPP. *Medicare does not cover routine physical exams.* 

\*But Blue Cross NC Medicare Advantage members can receive one covered physical exam each year!



### Who is eligible for the AWV?

BCNC will cover the cost of an AWV for patients who:

- √ Have had > 12 months after their first Part B benefit date (< than will need to have an IPPE)
  </p>
- ✓ Have had 12 months pass since the IPPE visit completion

Once out of the above windows, patients can receive one AWV per calendar year





#### Scenario:

Shelly is a BCNC Medicare Advantage Member. She completed her Annual Wellness Visit on August 1<sup>st</sup>, 2023, with her PCP (primary care physician).

Will Shelly be eligible for an Annual Wellness Visit on April 1st, 2024?

YES!





# **Tips for Coding Success**





#### Diagnosis codes for AWV claims:

- You may choose any diagnosis code consistent with the patient's exam.
- · Also, code all active medical conditions included in the AWV



Up to 12 conditions can be added to the claim using the zero-dollar claims process.

•To ensure the additional diagnosis codes are applied to the primary encounter be sure the same member, provider information (billing and rendering), and DOS match the primary claim.

### Comprehensive Wellness Visits



### **Tips for Success**



Utilize your EHR and system alerts for upcoming due visits and provide appointment reminders.



Consider scheduling on the same day as an Annual Physical



Schedule Comprehensive Wellness Visits via Telehealth as appropriate



Document and code for any active condition during the Annual Comprehensive Visit.



Educating members on the value of the Annual Comprehensive Visit prior to the visit is important to achieve compliance





Feel free to reach out! BCBSNCRiskAdj@bcbsnc.com

### Thank you for joining our education session today!





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### References



https://www.ama-assn.org/delivering-care/patient-support-advocacy/preventive-services-coding-guides

https://www.healthcare.gov/coverage/preventive-care-benefits/

MLN6775421 – Medicare Wellness Visits (cms.gov)

<u> https://www.cms.gov/medicare/coverage/telehealth/list-services</u>

https://www.bluecrossnc.com/providers/forms-documents/blue-books

https://www.bluecrossnc.com/providers/provider-news