MEDICARE WELLNESS EXAM
Stacy M. Chronister, D.O.
Let food be thy medicine and medicine be thy food.

-Hippocrates
GOALS

➤ Identify which patients are eligible for an IPPE or AWV

➤ Know what criteria needs to be met for reimbursement

➤ Receive practical ways to streamline the exam in the office setting

➤ Apply additional codes as needed

➤ Understand the benefits the IPPE and AWV provide to the patient and clinician
OUR AGING POPULATION

➤ 60 million Medicare beneficiaries
➤ Life expectancy is 79 years old
➤ By 2050, 89 million adults older than 65
EMBRACING PREVENTATIVE MEDICINE

➤ 5th century B.C. Hippocrates emphasized “foretelling a patient’s future” and prevention with diet and exercise to maintain or regain health.

“If we could give every individual the right amount of nourishment and exercise; not too little and not too much, we would have found the safest way to health”  -Hippocrates

➤ Started to be studied in the ‘60s and first published manual printed in the ‘70s.
Last 3 decades the leading causes of death have been heart disease, cancer, and stroke.

All of these are amenable to prevention efforts or early detection.

- 33% of Women
- 40% of Men

65 or older are up to date on age-appropriate screenings
NOT SURPRISING!!!!!
DON’T WORRY. YOUR GOVERNMENT IS HERE TO HELP.

Medicare Modernization Act

➤ Initial Preventative Physical Examination (IPPE)

➤ Annual Wellness Visit (AWV)

Visits address the patient’s health risk assessment, follow-up counseling, coaching, and behavior changes to create a personalized prevention plan.
Walking is man’s best medicine.

-Hippocrates
PCP

Patient’s Needs

Note Taking Family Member Who Spent All Night On Google
Because of the significant benefit the IPPE and AWV provides to patients, the exams are no-cost to the patient and the physician is reimbursed.
WHO GETS ONE?

➤ One IPPE per lifetime within the first 12 months of the effective date of the Part B coverage.  

➤ First AWV is given after the first 12 months of coverage.  

➤ Subsequent AWVs every 12 months thereafter.  

➤ Like all Medicare benefits, you cannot receive your next visit within the 12 month timeframe.
COMPONENTS OF IPPE

1. Medical and surgical history
2. Risk factors for depression
3. Functional ability and safety
4. Vital signs
5. End-of-Life planning
6. Education and counseling of issues identified
7. Orientation to available services
8. 5-10 year “written plan”
But the IPPE, Initial AWV, and Subsequent AWV vary in what requirements are needed.
## Required Components by Visit Type

<table>
<thead>
<tr>
<th>Components</th>
<th>IPPE</th>
<th>Initial AWV</th>
<th>Subsequent AWV</th>
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</thead>
<tbody>
<tr>
<td>Health Risk Assessment</td>
<td></td>
<td>✔</td>
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<tr>
<td>Past History</td>
<td>✔</td>
<td>✔</td>
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<tr>
<td>Medications</td>
<td>✔</td>
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<tr>
<td>Family History</td>
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<td>✔</td>
<td>✔</td>
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<tr>
<td>Substance Use</td>
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<tr>
<td>Diet</td>
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<td>✔</td>
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<tr>
<td>Physical Activity</td>
<td></td>
<td>✔</td>
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<tr>
<td>Depression Screening</td>
<td>✔</td>
<td></td>
<td>✔</td>
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<tr>
<td>Hearing, ADLs, Fall Risk</td>
<td>✔</td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>Visual Acuity</td>
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<tr>
<td>Provider List</td>
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<td>✔</td>
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<tr>
<td>Cognitive Assessment</td>
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<td>✔</td>
<td>✔</td>
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<tr>
<td>Vital Signs</td>
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<td>✔</td>
<td>✔</td>
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<tr>
<td>End of Life Planning</td>
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<td>✔</td>
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<tr>
<td>Counseling</td>
<td></td>
<td>✔</td>
<td></td>
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<tr>
<td>Written 5-10 Year Plan</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>List of Risk Factors</td>
<td></td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Health Counseling/Referral</td>
<td></td>
<td>✔</td>
<td>✔</td>
</tr>
</tbody>
</table>
IMPLEMENTING THIS IN YOUR CLINIC

➤ Before The Visit

❖ Verify eligibility

❖ Have patient start the Health Risk Assessment

❖ Ask pt to bring:
  — medications
  — allergy list
  — list of doctors they see
  — a copy of Living Will
HEALTH RISK ASSESSMENT

➤ Questionnaire filled out by the patient

➤ Complete before the start of the visit

➤ This should only take about 10 min for a patient to fill out

➤ Answers all questions that need to be addressed during the visit
DURING ROOMING

- Vital Signs
- Visual Acuity
- Medication Reconciliation
- Allergies
- Smoking, Etoh, Drug Use
- PHQ-2 (PHQ-9 if positive)

- Problem List
- PMH and SH
- FH
- ROS
- Update Care Guidelines
- Update Immunizations
NAVIGATING THE APPOINTMENT

➤ Review the Health Risk Assessment

➤ Fill out the EMR
  —NextGen: Click and fill flowsheet under Medicare Preventative
  —Epic: Dot Phrase .medicarewellness

➤ Memory Examination (SLUMS or MMSE)
ASSESSMENT/PLAN

➤ Primary code

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z00.00</td>
<td>Encounter for general adult medical examination without abnormal findings</td>
</tr>
<tr>
<td>Z00.01</td>
<td>Encounter for general adult medical examination with abnormal findings</td>
</tr>
</tbody>
</table>

➤ Add significant chronic problems

➤ Add any new diagnoses from today’s examination.

Add up to 12 diagnoses!
ASSESSMENT/PLAN

➤ Review and Order Immunizations

➤ Order referrals
  — audiology for hearing loss
  — PT for falls

➤ Order Screening labs as appropriate

➤ Document Health Counseling
  — Remember to document the amount of TIME spent on each counseling topic.
I CAN CODE FOR THAT?!?!?

- **G0436**: Tobacco counseling 3-10 min ($13)
- **G0437**: Tobacco counseling >10 min ($27)
- **G0396**: Alcohol intervention 15-30 min ($36)
- **G0397**: Alcohol intervention >30 min ($69)
- **G0442**: Alcohol misuse screening 15 min ($18)
- **G0447**: Obesity counseling at least 15 min ($26)
I CAN CODE FOR THAT?!?!?

- **EKG:** This can only be performed at the time of the IPPE examination. G0403 ($19)
- **CVD Risk Reduction Visit** G0446 ($25)  
  15 min
- **Pelvic and Breast Exam** G0101 ($42)
- **Obtain Pap Smear** Q0091 ($50)
- **Depression Screening** G0444 ($25)  
  up to 15 min
- **STI Screening and Counseling** G0445 ($25)
- **Discuss Lung Cancer Screening** G0296($36)
SAMPLE PATIENT
Ms. K. Cook
Before You Go In The Room:

- HRA filled out and ready for you to review
- PMH, Meds, FH reviewed and updated
- Visual Acuity in chart
- Vital Signs Done
- +/- Cognitive Assessment performed
Medicare Wellness Exam

Today's Date: 4/8/17

Name: K. Cook (female)  Date of Birth: 4/8/48 (69 years)

List the names of any doctors, medical providers, nurses, or medical suppliers that you have:

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Services You Receive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Jason Beamun</td>
<td></td>
<td>Psychiatry</td>
</tr>
<tr>
<td>Dr. Jaelyn Jones</td>
<td></td>
<td>Orthopedic - Hip</td>
</tr>
<tr>
<td>Dr. Mark Thai</td>
<td></td>
<td>OMM</td>
</tr>
<tr>
<td>Dr. Stacy Chronister</td>
<td></td>
<td>Primary Care</td>
</tr>
</tbody>
</table>

General Health
In general, would you say your health is:

- Excellent
- Very good
- X Good
- Fair
- Poor

In the last 12 months, have you stayed overnight as a patient in a hospital?

- Not at all
- X 1 time
- □ 2 or 3 times
- □ 4 or more times

In the last 12 months, how many times did you visit a physician or clinic?

- Not at all
- □ 1 time
- □ 2 or 3 times
- X 4 to 6 times
- □ 7 or more times
Have you ever been told by a doctor or a health professional that you have diabetes or high blood sugar?

- [x] Yes
- [ ] No

**Pain**

Do you have pain?

- [x] Yes
- [ ] No

If you have pain, where is it located? **Hip**

If you have pain, how bad is the pain on a scale of 1 to 10, ten being the worst pain you can imagine?

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>No pain</td>
<td>Mild, annoying pain</td>
<td>Nagging, uncomfortable, troublesome pain</td>
<td>Distressing, miserable pain</td>
<td>Intense, dreadful, horrible pain</td>
<td>Worst possible, unbearable, excruciating pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Circle a number below.

**Sleep**

How many hours of sleep do you usually get each night?

- [ ] Less than 1 hour
- [ ] 1-3 hours
- [x] 4-6 hours
- [ ] 7-8 hours
- [ ] More than 8 hours

**Prevention/Screening Tests**

Have you discussed taking a daily aspirin with your doctor?

- [ ] Yes
- [x] No

When was your last colonoscopy? **15 years ago**

When was your last bone density test (DEXA Scan)? **2 years ago**

When was your last eye exam? **5 years ago**
Administer Flu Vacc
Administer Prevnar 13
Give script for Zostavax
Order HIV Screen
Hepatitis screen?
Counsel high risk?
Order Mammogram
Positive PHQ-2 proceed To PHQ-9

When was your last flu shot? [1 year ago]
When was your last pneumonia shot? [Never had one]
When was your last shingles shot? [Never had one]

Have you had an HIV test in the past 12 months?
- Yes, and the test was positive.
- Yes, and the test was negative.
- No, but I would like to have one.
- No, but I prefer not to have one.

Men Only: Have you had a prostate exam in the last 12 months?
- Yes
- No

Women Only: Have you had a mammogram in the last 12 months?
- Yes
- No

Women Only: Have you had a pap test in the past 3 years?
- Yes
- No

Mental and Emotional Health
Over the past 2 weeks, how often have you felt down, depressed, or hopeless?
- Almost all of the time
- Most of the time
- Some of the time
- Almost never

Over the past 2 weeks, how often have you felt little interest or pleasure in doing things?
- Almost all of the time
- Most of the time
- Some of the time
- Almost never
Bladder Health
Many people experience problems with urinary incontinence, the leakage of urine. In the past 6 months, have you accidentally leaked urine?

☐ Yes
☐ No

How much of a bother, if any, was the urine leakage for you? Circle a number below.

<table>
<thead>
<tr>
<th>I'm not bothered at all</th>
<th></th>
<th></th>
<th></th>
<th>I'm bothered a great deal</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Hearing/Vision/Memory
Do you have any hearing problems?

☐ Yes
☐ No

If you have hearing problems, do you wear hearing aids?

☐ Yes
☐ No

Do you have any vision problems?

☐ Yes
☐ No

Do you have any memory problems?

☐ Yes
☐ No

Advanced Directives
Do you have a “Power of Attorney”?

☐ Yes, who is it? Damon Baker. How are they related to you? My Boss

☐ No

Do you have a “Living Will” or Advanced Directive for Health Care?

☐ Yes
☐ No

Refer to Audiology
Rec. Eye Exam
Perform MMSE or SLUMS
Provide Advanced Directive Form
If you DO NOT have a “Living Will” or Advanced Directive, would you like help completing one?

☑ Yes
□ No

Dental/Oral Health
Do you have problems with your teeth or with chewing?

□ Yes
☒ No

Have you seen a dentist within the last 12 months?

□ Yes, and the date was __________.
□ Yes, but I don’t know the date.
☒ No

Personal Safety
Is there a friend, relative, or neighbor who would take care of you for a few days, if necessary?

☑ Yes
□ No

Place a mark by any of the following items that you need help with:

☐ Dressing
☐ Eating
☐ Using the bathroom
☐ Grooming
☐ Walking
☐ Bathing
☐ Using the phone

☐ Preparing meals
☐ Housework
☐ Laundry
☐ Taking medications
☐ Shopping
☐ Managing money
☐ Transportation

Do you have any of the following in your home?

☒ Rugs in the hallway
☒ Pets

□ Poor lighting
□ Electric cords in the walking pathway

Do you have grab bars in the bathroom?

□ Yes
☒ No
Do you have stairs **without** handrails?

- Yes
- No

Have you had a fall at home or while away from home in the last year?

- Yes
- No

If you have fallen, how many times did you fall in the last year? ___

**Seat Belt Use**

Do you always fasten your seat belt when you are in the car?

- Yes
- No

**Exercise**

How many days a week do you usually exercise?

___ day(s) per week

On days when you exercise, for how long do you usually exercise (in minutes):

___ minute(s) per day

How intense is your typical exercise?

- Light (like stretching or slow walking)
- Moderate (like brisk walking)
- Heavy (like jogging or swimming)
- Very heavy (like fast running or stair climbing)
- I am currently not exercising

**Nutrition**

On a typical day, how many servings of fruits and/or vegetables do you eat?

(1 serving = 1 cup of fresh vegetables, ½ cup of cooked vegetables, or 1 medium piece of fruit)

___ serving(s) per day
Substance Use

On a typical day, how many servings of high fiber or whole grain foods do you eat? (1 serving = 1 slice of 100% whole wheat bread, 1 cup of whole-grain or high-fiber ready-to-eat cereal, ½ cup of cooked cereal such as oatmeal, or ½ cup of cooked brown rice or whole wheat pasta.)

2 serving(s) per day

On a typical day, how many servings of fried or high-fat foods do you eat? (Examples include fried chicken, fried fish, bacon, French fries, potato chips, corn chips, doughnuts, creamy salad dressings, and foods made with whole milk, cream, cheese, or mayonnaise.)

3-4 serving(s) per day

Tobacco Use
Do you currently smoke cigarettes or use other types of tobacco?

◯ Yes
☑️ No

Are you a former smoker?

☐ Yes, and I quit
☐ No, I’ve never smoked

If you quit smoking, how long ago did you quit smoking cigarettes?

☐ Less than 6 months ago
☐ 6–11 months ago
☐ 1–5 years ago
☐ 6–10 years ago
☐ More than 10 years ago

Indicate below if you currently use any of these other tobacco products:

☐ Cigars
☐ Pipes
☐ Chewing tobacco/snuff
☐ I use no other tobacco products

Alcohol Use
In a typical week, how many days do you drink alcohol?

3 day(s) per week
High Risk Behavior

Nearly the entire encounter can be filled out in your EMR before ever walking into the room!!!

Left to do: Counseling, Print Pt Plan (which counts as your 5-10 year plan), and place appropriate referrals.

I would code this patient as:

G0438 (Initial AWV)
G0444 (Depression screen)
G0446 (CVD Counseling)
THANK YOU!

“Cure sometimes, treat often, comfort always”
-Hippocrates


