

CENTERS FOR MEDICARE AND MEDICAID SERVICES ADDS ANNUAL WELLNESS VISIT TO AUDIO-ONLY COVERED TELEHEALTH SERVICES FOR MEDICARE FEE-FOR-SERVICE

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CMS allows for the annual wellness visit (AWV) to be delivered via telehealth provided that all elements of the AWV are rendered (HCPCS codes: G0438-G0439)

(https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AWV_Chart_ICN905706.pdf).

For the duration of the COVID-19 public health emergency (PHE), the AWV may be administered using audio-only technology, if a video connection with the patient is not possible.

If the patient can self-report elements of the AWV (i.e., height, weight, blood pressure, other measurements deemed appropriate based on medical and family history), those measurements may be included and recorded in the medical record as reported by the patient.

The full list of Medicare's telehealth covered services can be found at

<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

Best Practices for Conducting Audio-only Telehealth AWV and Documentation

CMS has specific guidance¹ around what constitutes an AWV, along with documentation requirements. These visits typically take place in the PCP's office, but in response to the COVID-19 pandemic, newer guidance has been issued and allows for the AWV to take place via telehealth (audio with visual). Most recently, CMS has begun allowing the AWV to be completed via a telephone-only connection for those patients who do not have access to or the capability of video services.

The following information is summarized from CMS guidance and applies to all AWVs. Added information on how to approach the elements of the AWV that typically require visual or physical assessment have been provided for you (in *underlined italics*) to consider while providing telehealth.

Complete Health Risk Assessment (HRA)

The HRA is self-reported information. This can be completed by the patient prior to the AWV appointment by mail, electronically or by phone with office staff asking and documenting the responses to the HRA questions. *Your ACO nurse has an interactive HRA that can be shared with you. The ACO nurse can also assist with the completion of the HRA telephonically prior to the AWV during the pandemic.*

At a minimum the HRA needs to include:

- 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 (IADLs), including but not limited to: shopping, housekeeping, managing own medications, and handling finances

Documentation

Following CMS guidelines, medical record documentation of the AWV should include the following details of the beneficiary's Medical and Family History:

- Medical events of the beneficiary's parents, siblings and children
- Past medical and surgical history
- Medications and supplement use
- Opioid use, including opioid use disorders (OUD) - if patient uses opioids, consider alternative non-opioid pain therapy
- List of current providers and suppliers
- Physical measures: height, weight, BMI, and blood pressure. CMS has not yet provided guidance for instances when the patient is unable to provide this data.
- Any cognitive impairment the beneficiary may have. Since the doctor cannot "assess the beneficiary's cognitive function by direct observation during a telephonic encounter, they will need to use a brief validated structured cognitive assessment tool. Tools that are referenced are: Mini-Cog, Short Information Questionnaire on Cognitive Decline in the Elderly, AD8 Dementia Screening Interview, and Quick Dementia Rating System (QDRS) - all available online.
- Review the beneficiary's potential risk factors for depression, including current or past experiences with depression or other mood disorders. Use a standardized screening tool. Some examples are Patient Health Questionnaire (PHQ-2, PHQ-9) Beck Depression Inventory, Depression Scale, Duke Anxiety-Depression Scale, Cornell Scale Screening, and Geriatric Depression scale.
- Review the beneficiary's functional ability and level of safety. During a telephonic AWV, the PCP cannot observe the patient, therefore, they will need to select appropriate questions. Some of these questions are included on our HRA. Utilize a fall screening tool such as Morse Fall Scale.

- Establish an appropriate written screening schedule for the beneficiary, such as a checklist for the next 5 to 10 years. Review recommendations from the United States Preventive Services Task Force (USPSTF) and the Advisory Committee on Immunization Practices (ACIP)
- Establish a list of beneficiary risk factors and conditions for which primary, secondary, or tertiary interventions are recommended or underway. Include the following:
 - Mental health conditions including depression, substance use disorder, and cognitive impairment
 - Risk factors or conditions identified through an IPPE
 - Treatment options and their associated risks and benefits
- Furnish the beneficiary personalized health advice and appropriate referrals to health education or preventive counseling services or programs.
- Community-based lifestyle interventions to reduce health risks and promote self-management and wellness, including:
 - Fall prevention
 - Tobacco-use cessation
 - Nutrition
 - Weight loss
 - Physical activity
 - Cognition
- Furnish, at the beneficiary's discretion, advance care planning services

Preventative Quality Measures

In addition, during the AWW, review the preventative quality measures that apply to your patient that have not been addressed in the bullets above.

They include:

- Breast cancer screening
- Colorectal cancer screening
- Tobacco use screening and cessation
- Influenza immunization
- Statin therapy for prevention and treatment of cardiovascular disease

For more telehealth best practices and resources, including billing details, visit the Department of Health and Human Services telehealth resource site at <https://telehealth.hhs.gov/>

¹ MLN Booklet. Annual Wellness Visit: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AWW_Chart_ICN905706.pdf August 2018.