In the Spotlight – June, 2012

Name: Betsy Bryant Shilliday, PharmD, CDE, CPP
Title: Clinical Associate Professor
Work Location: University of North Carolina, Eshelman School of Pharmacy & Department of Medicine, Chapel Hill, NC

Medicare Wellness Visits – A new reimbursable service model for pharmacists

The Affordable Care Act established Medicare coverage for a new Annual Wellness Visit (AWV), effective January 1, 2011. This visit is paid for completely by Medicare and is not subject to the usual 20 percent copayment by the beneficiary. The AWV was created to provide a personalized prevention health plan for Medicare beneficiaries. This visit is a supplement to the original “Welcome to Medicare Visit,” also known as the Initial Preventative Physical Examination (IPPE), which was designed to be provided during the first 12 months of Medicare enrollment. The IPPE visit must be furnished by a physician or qualified non-physician practitioner (physician assistant, nurse practitioner, or clinical nurse specialist) whereas the new AWV may be provided by an “other licensed practitioner ....working under the direct supervision of a physician” 12 months or longer after the IPPE visit.1 There are three designated Healthcare Common Procedure Coding System (HCPCS) codes for billing these preventive visits. (Table 1) If during this visit, laboratory tests, screenings or procedures are identified and ordered, the cost of those interventions are not paid for completely by Medicare but rather through usual Medicare coverage and copays.

Table 1: HCPCS billing codes for Medicare Preventive Visits

<table>
<thead>
<tr>
<th>Visit Type</th>
<th>Timing</th>
<th>HCPCS code</th>
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<tbody>
<tr>
<td>Welcome to Medicare (IPPE) Visit</td>
<td>Within 12 months of Medicare enrollment</td>
<td>G0402</td>
</tr>
<tr>
<td>First Annual Medicare Wellness Visit</td>
<td>First MWV (&gt;12 months from IPPE visit)</td>
<td>G0438</td>
</tr>
<tr>
<td>Annual Medicare Wellness Visit</td>
<td>Subsequent MWVs</td>
<td>G0439</td>
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</tbody>
</table>
The required components of the **Initial AWV** include:

- Medical & family history
- List of current medical providers
- Medication reconciliation
- Physical assessment (Weight, Height, BMI, BP)
- Cognitive function assessment
- Written Screening schedule based on United States Preventative Services Task Force (USPSTF) and Advisory Committee on Immunization Practices (ACIP)
- Risk factor list
- Advanced care planning
- Depression screening
- Functional status and safety screening ((hearing impairment, ability to perform activities of daily living, home safety)
- Furnishing personalized health advice and referral to appropriate health education or preventive counseling services or programs (such as weight loss, physical activity, smoking cessation, fall prevention, nutrition)

Subsequent AWV components should include:

- Update medical & family history
- Update list of current medical providers
- Physical assessment (Weight, Height, BMI, BP)
- Cognitive function assessment
- Update written screening schedule
- Update risk factor list
- Furnish personalized health

Guidelines by the U.S. Preventive Services Task Force may be a useful resource when addressing the preventative services that are relevant to AWVs. These guidelines may be found
When looking for cognitive reimbursement opportunities, the AWV serves as a possible new mechanism for reimbursement for pharmacists. The 2011 Medicare payment for the Initial AWV (G0438) is approximately $172 and $111 for subsequent AWVs (G0439). To determine the specific fee schedule for your geographic location visit http://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx. When planning for schedule templates, the time intended for the initial AWV is 40 minutes and 25 minutes for subsequent AWVs.


### Additional Resources


3. University of North Carolina (UNC) Department of Medicine, Division of General Medicine and Clinical Epidemiology. General Internal Medicine Medicare Wellness Visit protocols. Available at: http://www.med.unc.edu/im/staff/clinic/programs/medicare-wellness-visit
