

Adapting the Annual Wellness Visit to Telehealth

Due to the COVID-19 National Public Health Emergency (PHE), CMS rapidly expanded access to telehealth services. For the duration of the PHE, CMS has waived restrictions that limit which patients may receive a telehealth visit. The blanket waiver eliminates any geographical restrictions, and no longer requires the patient to travel to an originating site, such as a clinic. The patient can be located anywhere in the country, and even be in their own home.

Telehealth helps protect patients and providers from the spread of the virus, reduces use of personal protective equipment, and helps create a touchpoint to maintain the patient-provider relationship and trust.

Although there may be some workflow changes, many of the components of the AWV can be readily adapted to a virtual environment.

Minimum Requirements of the Annual Wellness Visit

Many CMS-required elements of the AWV will still look and feel the same during a telehealth AWV, but some of the preventive screenings will need to be adapted. We are providing guidance and recommendations on the following required and suggested elements of the AWV:

1. Complete a Health Risk Assessment

Options to completing the HRA for telehealth services include:

- *Completing it with the patient during the exam*
- *Delivering through the patient portal in advance of the exam*
- *Completing it via a telephone encounter before the AWV*

Depending on your workflow and workload, it may be necessary to ask patients to complete the majority of the HRA prior to their telehealth appointment.

2. Establishing or Updating the Patient's Current Medical and Family History

Just like a traditional office visit it is best to take the time to review this information with the patient. These updates should be documented in the EMR.

3. Complete Medication Reconciliation Including a List of Current Providers

Remind your patient to have their medication with them prior to "checking in" to their telehealth visit. Have your patient hold up prescription bottles or packaging so you can document the type of medication and dosage' and continue the process as you normally would.

This is also an optimal time to ensure that the patient has enough medication during periods of shelter-in-place or stay home orders. If the patient needs a new prescription, or refills for existing medications, you may need to schedule a telehealth E/M visit with the provider.

Allowable AWV Telehealth Visits:

- G0438 - Initial Annual Wellness Visit
- G0439 - Subsequent Annual Wellness Visit

Not Allowable by Telehealth:

- G0402 - Initial Preventive Physical Exam (IPPE)

Telehealth requires real-time audio and video, where patients and their care team can see and hear each other. Telephone-only AWVs are not billable under current CMS regulations.

The AWV can be provided by clinical staff under direct supervision.

[These supervision requirements remain in place during the PHE.](#)

- The provider and clinical staff may be in the same physical location (such as an office suite).
- OR
- The provider may be immediately available during the telehealth encounter. This means the provider must be able to immediately join the audio and video telehealth visit

4. Review History or Present Use of Opioids

Referring patients to physical therapy or pain management clinics may not be an option during the PHE. You'll need to consider how you can assist patients with pain management, such as demonstrating exercises or sharing educational material to help patients manage their chronic pain. Chronic pain may also be managed as part of the Chronic Care Management care plan. A telehealth E/M visit to prescribe alternatives to opioids may be required.

5. Recording Blood Pressure, Height, Weight and Body Mass Index Measurements

To complete this element of the AWV during the telehealth visit, first ask your patient if they can self-report their vitals. Many patients are able to report a blood pressure, temperature, and weight. With guidance, you can also obtain a respiratory rate and heart rate. If you are able to record patient-reported data, document the information as "self-reported by patient." If you are unable to obtain data, document, *"Unable to obtain due to COVID-19 public health emergency"*.

6. Detecting Cognitive Impairment

Detecting cognitive impairment is an essential component of the AWV. Use the video capabilities of telehealth to observe your patient's behaviors, and their abilities to complete tasks.

7. Screen for Depression

It is not uncommon to develop depression and resulting decompensation of otherwise stable chronic conditions during periods of increased anxiety and social isolation, which means depression screening is even more important during the COVID-19 pandemic. Use a validated screening tool for depression, such as the **PHQ-9**. Follow your current process to address positive screenings.

8. Screen for Balance, Gait and Fall Risk

Screening for potential fall risk and observing a patient's gait and balance is a critical component of the AWV. During a telehealth visit, your patient may not have someone with them to ensure their safety. It is recommended to review fall risk questions from the HRA and use clinical judgement to determine if further screening is necessary and safe.

9. Screen for Alcohol Misuse, Tobacco Use, and Substance Use

Coping with the COVID-19 pandemic and increased social isolation may bring on feelings of loneliness, isolation, anxiety and depression. Patients may increase their use of alcohol or other substances to cope, so this screening is more important than ever. For patients who screen positive for alcohol misuse or substance use, you will need to consider what community or health system resources are available during the PHE.

10. Creating a Personalized Prevention Plan

During the current pandemic, it is advisable to postpone preventive services such as mammogram and colonoscopy. Consider options for providing immunizations that can reduce exposure to the virus while helping patients receive needed care.

The PPP must be furnished to the patient at the end of the AWV, so it's important to know how you will share this with a patient during a telehealth visit. Consider sending it through the patient portal, via standard mail, or through your telehealth platform, if possible.

Medicare recommends that an HRA should include the following elements:

- Self-assessment of health status
- Vital signs including height, weight, blood pressure and BMI
- Behavioral risks including tobacco use, alcohol use, nutrition and home safety
- Psychosocial risks including depression screening, life satisfaction, pain and fatigue
- Hearing impairment
- Activities of Daily Living (ADLs) - dressing, feeding, toileting, grooming, physical ambulation, including balance/risk of falls, and bathing.
- Instrumental Activities of Daily Living (IADL) - shopping, food preparation, using the telephone, housekeeping, laundry, mode of transportation, responsibility for own medications, and ability to handle finances.

Advance Care Planning may require significant time, and may be an additional billable service that can be billed with the AWV without a co-pay.

99497 - ACP, first 30 minutes

99498 - ACP, additional 30 minutes



Closing the Visit

While the majority of the telehealth AWW can be nurse led, it is recommended that the provider close out the visit. This should be a time to review recommendations documented in the Personalized Prevention Plan and address any additional patient questions about their health and wellness.

Billing and Regulatory Considerations

The Initial and Subsequent Annual Wellness Visits may be furnished via telehealth. However, the Initial Preventive Physical Exam (IPPE or "Welcome to Medicare" visit) is not an approved service to provide via telehealth.

During the PHE, claims for services provided on a telehealth platform should be submitted with the Place of Service (POS) code that describes where the visit would have typically occurred if there was not a public health emergency. The modifier 95- telehealth may be added.

On March 30, 2020, [CMS released an interim rule](#) regarding regulatory changes related to the COVID-19 public health emergency. CMS stated that Health and Human Services will not conduct audits for telehealth claims submitted during this health emergency. The [Office of Civil Rights will exercise discretion and waive penalties](#) for HIPAA violations against providers that are treating patient in good faith through communication technologies. Although CMS has offered protections for providers, it is always good practice to continue delivering the same level of high quality of care and continue to use best practices for documentation.