

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. Performing Annual Wellness Visits (AWV) via telehealth also allows care teams to proactively engage patients, help them avoid risky health behaviors, and identify and meet care needs before they become acute enough to require the patient to access an in-person healthcare setting, such as urgent care or the emergency department. The AWV creates an opportunity for care teams to identify patients who would benefit from Chronic Care Management (CCM), which is especially important during the PHE and periods of shelter in place orders. It can also be an optimal time to educate patients about alternative approaches to accessing their physician's care, such as telephone or telehealth visits.

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

The [Annual Wellness Visit](#) is about taking a comprehensive look at the patient, finding and addressing care needs, and making a plan to help keep them healthy. There are several required elements defined by CMS. These are the minimum elements necessary, but much of the value of the AWV is in the conversation that extends beyond these required elements, because it helps provide a more comprehensive assessment of the patient's health and wellbeing.

Many 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 (HRA)
2. Establish or update the patient's current medical and family history
3. Complete medication reconciliation including a list of a patient's current providers
4. Review any history or present use of opioids. If the patient is using opioids, review the benefits of alternative pain therapies instead even if the patient does not have opioid use disorder but may be at risk
5. Record height, weight, body mass index (BMI), blood pressure and other routine measurements
6. Detect cognitive impairment
7. Screen for depression
8. Screen for balance, gait and fall risk
9. Screen for alcohol misuse, tobacco use, and for substance use disorders with a special focus on opioid use
10. Create a Personalized Prevention Plan (PPP) unique to the patient, and providing appropriate referrals to health education or preventative services

Optional Best Practice: At the patient's discretion, furnish Advance Care Planning (ACP) services

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.

On April 30, 2020, CMS expanded regulations to allow certain telehealth services to be provided as audio-only visits. The Initial and Subsequent AWV are an allowable audio-only service during the Public Health Emergency. Additional services performed with the AWV may also be allowable. [See the CMS guidance on allowable telehealth and audio-only visits to confirm.](#)

The AWV can be provided by clinical staff under direct supervision. [These supervision requirements remain in place during the PHE.](#) There are two methods of providing direct supervision during a telehealth AWV. First, the provider and clinical staff may be in the same physical location (such as an office suite). Alternatively, the provider may join the telehealth encounter. This means the provider joins the visit using real-time audio and video. When the AWV is provided as audio-only, direct supervision requirements are met when the provider has an audio-only encounter with the patient.

As with all telehealth services, the patient's consent for an audio/video visit should be documented.

1. Complete a Health Risk Assessment (HRA)

As part of the AWW, patients will need to complete a Health Risk Assessment (HRA) questionnaire. An HRA provides the information needed to create a customized Personalized Prevention Plan. Reviewing the HRA with your patient is an interactive, guided conversation that can be easily adapted for telehealth.

The HRA can be completed in a variety of ways but is most useful when completed by the patient or primary caregiver, if the patient is no longer independent in caring for themselves. Consider the patient, their preferences, their abilities, and their access to technology in determining the best way to complete the HRA. 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 AWW

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. Establish or Update the Patient's Current Medical and Family History

Most HRAs include a section for a patient to fill in details about their medical and family history, but 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

Completing a comprehensive medication reconciliation with a patient is a critical part of the AWW. During in-person AWWs, patients are asked to bring in all their prescription and over the counter medications to review with their care team. This concept is the same for telehealth visits. 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. You should also confirm that patients have a safe way of obtaining their medications that accommodate social distancing guidance; this may include mail-order medications, local medication delivery services, or drive-thru pharmacies. 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.

4. Review History or Present Use of Opioids

Medicare includes screening for opioid use as a required element of the AWW. Care teams are encouraged to pay attention to any history or present use of opioids during the AWW. If a patient is currently using opioids, consider alternative options for pain management.

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 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.

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.

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

During an in-person AWW, a member of the care team will collect data about a patient's height, weight, and blood pressure measurements. To complete this element of the AWW 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. Detect Cognitive Impairment

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

Normally, a Mini-Cog screening tool is recommended for detecting cognitive decline. It can be used in the telehealth encounter, but the patient or caregiver must print out or draw the circle for the clock face ahead of the visit. Alternative screening tools such as the **Telephone Interview for Cognitive Status (TICS)** audio-based screening should be considered when audio-only AWWs are conducted. The TICS is a brief, standardized test of cognitive functioning that was developed for use in situations where in-person cognitive screening may not be possible. While the TICS was designed to be an audio-based screening tool, it can be used during a telehealth visit.

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. The provider must review any positive screening on the same day and link a follow up plan to the positive screening, such as:

- Additional evaluation for depression
- Suicide risk assessment
- Referral to a practitioner who is qualified to diagnose and treat depression
- Pharmacological interventions
- Other interventions or follow-up diagnosis or treatment for depression

Consider developing or updating a list of community resources for patients needing support as they navigate these difficult times. Include internet-based resources, telephone hotlines, or other resources offering help using virtual communications. Chronic care management may also be a good option to address situational depression.

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 AWW. The Timed Up and Go is a frequently recommended screening test to measure the patient's fall risk, and an opportunity to observe the patient's gait and balance. During the screening process, the patient's safety is assured by the presence of the care team.

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. It is not recommended that patients who may be at risk for falls attempt to perform a Timed Up and Go or other ambulation during the visit unless a caregiver or another trustworthy adult is able to assure the patient's safety.

Recommended HRA Fall Risk Questions:

1. Have you fallen in the past year?
2. Do you feel unsteady when standing or walking?
3. Do you worry about falling?
If your patient answers "yes" to any of these key screening questions, they are considered at increased risk of falling. Further assessment is recommended.

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. For patients currently using smokeless tobacco, cigarettes, or e-cigarettes who express a desire to quit, you may refer them to your local Tobacco Quitline.

10. Create a Personalized Prevention Plan

A patient's Personalized Prevention Plan (PPP) takes into account the patient's goals and the clinical plan of care to establish a 5-10 year roadmap to help the patient maintain and improve their health. It should include guidance about tests, procedures, and immunizations that the patient should plan to receive. 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 or audio-only visit. Consider sending it through the patient portal, via standard mail, or through your telehealth platform, if possible.

Advance Care Planning Services

Talking about end of life issues has traditionally been difficult for many, but with the outbreak of COVID-19, the issue is more important than ever before, especially for patients who are at the highest risk for complications from the disease. Advance care planning is an optional service during the AWV, but is beneficial to patients, their families and decision-makers, and healthcare teams. Document advance care planning services in the same way as you would for an in-person office visit including:

- A brief summary of the voluntary discussion with the patient. Documentation should include the complexity, duration, start and stop time of the conversation and who was present.
- If forms are completed, document the type of form and maintain a copy in the patient's medical record—you may need to mail completed documentation to your patient for their review and signature.

Screening for Tobacco Use

1. Do you Use Tobacco or nicotine products (cigarettes, e-cigarettes, smokeless tobacco, cigars or pipes)?
2. Are you interested in quitting? Have you had a lung cancer screening?

Screening for Alcohol Misuse

1. How often do you have a drink containing alcohol?
2. How many drinks containing alcohol do you have on a typical day?
3. How often do you have six or more drinks on one occasion?

Screening for Substance Use

How many times, within the past year, have you used illicit or illegal drugs?

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

ACP is allowable by telehealth, and **during the PHE**, may also be billed as an audio-only visit.

Closing the Visit

The majority of the telehealth AWV can be completed by the nurse. However, to comply with telehealth billing requirements, the provider must have a face-to-face contact with the patient. In Fee for Service (FFS) settings, a dual visit would fulfill this requirement, or the provider may simply close out the AWV, using the time to review recommendations documented in the Personalized Prevention Plan and address any additional patient questions about their health and wellness.

When performing an audio-only AWV, the provider should close the visit by speaking with the patient on the date of service of the AWV, even if it is asynchronously from the completion of the nurse-led AWV.

Billing and Regulatory Considerations

The Initial and Subsequent Annual Wellness Visits may be furnished via telehealth, and during the PHE, they are temporarily approved for audio-only delivery. However, the Initial Preventive Physical Exam (IPPE or “Welcome to Medicare” visit) is not an approved service to provide via telehealth or audio-only.

During the PHE, claims for telehealth services should be submitted as follows:

In Fee for Service settings

- Use the Place of Service where the visit would have typically occurred if there was not a public health emergency
- Use modifier 95 to indicate the service was furnished via telehealth

Rural Health Clinics and Federally Qualified Health Centers should see detailed guidance for billing telehealth services [here](#).

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.

To fulfill the provider face-to-face requirement for the telehealth AWV, the provider may see the patient asynchronously from the clinical staff. However, the provider face-to-face time and clinical staff time must occur on the same date of service. The billing provider is not required to be the patient’s PCP.

Additional information about telehealth is available on the Caravan Health COVID-19 Resource page: www.caravanhealth.com/covid-19

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