

# Proposed virtual visit workflow

## Pre-visit checklist (scheduling & preparation)

1. Confirm the patient has had Medicare Part B for at least 12 months and is eligible for a G0438 (Initial), G0439 (Subsequent).
2. Offer the AWV as a telehealth appointment (audio and visual required) and confirm the patient has a smartphone, tablet, or computer with camera capabilities.
3. Obtain and document verbal or written consent for the telehealth visit.
4. Send the Health Risk Assessment (HRA) questionnaire using the patient portal or email to be completed prior to the visit to identify care gaps and required screenings (e.g., fall risk, depression).
5. Remind patient to have available a list of current medical providers, suppliers, prescribed and over-the-counter medications, vitamins and supplements with dosages.

## Rooming:

1. Perform an equipment check 5 minutes prior to appointment time.
2. Initiate the video call.

3. Collect self-reported vitals: Height, weight, and blood pressure (if the patient has a cuff).
  - Opportunity to close care gap if member does not have a BP machine.
  - Must document if member is unable to provide their vitals. Cannot leave blank.
4. Review medication list and screen for falls.

## Visit encounter:

1. Review the HRA, medical/family history, and medications. If not submitted prior to the visit, complete the HRA now. Conduct cognitive impairment and depression screenings (If not sent prior to visit).
2. Formulate the Personalized Prevention Plan (PPP).
3. Discuss Advance Care Planning.

Review and discuss any open care gap opportunities.

## Closing the visit:

1. Schedule the next visit. Consider scheduling around the patient's birthday.
2. Make sure patient has necessary documentation for any labs, imaging, etc. to be completed.
3. If patient portal is available for provider and member to review medications, confirm medications are updated and accurate.

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## Post-visit & documentation

1. Ensure the EMR reflects that the visit was made via telehealth, including, for example, using the correct POS and appropriate modifiers.

### Important Medicare Rules (Current)

- Only POS 02 and POS 10 are valid for Medicare telehealth
  - POS determines the payment rate, not the modifier
  - Modifiers are still required
  - Modifier meaning when used
  - 95 Synchronous audio/video telehealth most video visits
  - 93 Audio only telehealth Phone only visits
  - FQ/FQHC modifiers FQHC/RHC specific Safety net clinics
  - **[telehealth.hhs.gov](https://www.hhs.gov/telehealth), [aapc.com](https://www.aapc.com)**
2. Send a copy of the Personalized Prevention Plan (PPP) to the patient via mail or secure portal.

## Key virtual AWV considerations

1. The majority of the AWV can be nurse-led, but a provider should close the visit.
2. If a fall screening test is not safe due to lack of support at home, rely on HRA questions to assess risk.

**Best practice:** Build HRA into EMR. Place this in the rooming section.

3. Documentation: Focus on updating the HRA, medical/family history, provider list, and screening schedule.

## Billing

1. Initial Wellness Visit G0438 (Dx. V70.0)
2. Subsequent Annual Wellness Visit G0439

## Recommend the following Sentara Health Plan benefits and services:

- AWV benefit \$0 copay.
  - Healthy Rewards – Earn a \$100 healthy reward by completing the AWV.
  - Essential Benefits – Use a quarterly allowance to purchase digital blood pressure cuff, scales, incontinence supplies.
  - Bathroom Safety Devices – Get two safety devices per year to help prevent falls in the bathroom.
  - Transportation services - Members have access to a transportation service where they can get rides to and from medical appointments. Help remind patients they may have access to extra benefits that can help them make it to medical appointments.
3. Home delivery for prescriptions.

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## Coding: AWW vs. Tele-AWW Quality Coding Documentation

| Measure / Assessment                                                                                                                                                                                  | In-Person AWW Documentation                                                                                                    | Tele-AWW Documentation                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <b>Depression Screening</b><br><b>3725F:</b> Depression screening performed<br><b>G8510:</b> Negative screen<br><b>G8431:</b> Positive screen with follow-up plan                                     | PHQ-2 / PHQ-9 completed on paper or verbally. Result and follow-up plan documented, if applicable.                             | PHQ-2 / PHQ-9 completed verbally or electronically. Document method used and result.                   |
| <b>Fall Risk Assessment</b><br><b>1101F:</b> Fall risk assessment completed<br><b>1100F:</b> Patient not at risk<br><b>3288F:</b> Fall risk documented                                                | May include observation, balance/gait assessment, and/or patient report.                                                       | Based on patient-reported history, including falls, dizziness, unsteadiness, or safety concerns.       |
| <b>Functional Status / ADLs / IADLs</b><br><b>1170F:</b> Functional status assessed                                                                                                                   | Observed and/or patient-reported functional ability.                                                                           | Patient-reported functional ability. Document language such as "Patient reports independence with..."  |
| <b>Medication Review</b><br><b>1159F:</b> Medication list reviewed<br><b>1160F:</b> Medications                                                                                                       | Medication list reviewed. Bottles may be reviewed if available.                                                                | Medication reconciliation completed verbally. Document that meds were reviewed with patient/caregiver. |
| <b>Advance Care Planning</b><br><b>1123F:</b> ACP discussed<br><b>1124F:</b> ACP declined<br><b>1157F:</b> Advance directive documented<br><b>1158F:</b> ACP documented in record                     | Discussion completed face-to-face. Document discussion, patient preference, or decline.                                        | Discussion completed via telehealth. Document patient consent, modality, and discussion or decline.    |
| <b>Other Preventive Screenings</b><br><b>1125F/1126F:</b> Pain assessment<br><b>3016F:</b> Alcohol screening<br><b>1036F:</b> Tobacco non-user<br><b>96127:</b> Brief emotional/behavioral assessment | Pain, alcohol, tobacco, behavioral health, and other screenings completed by questionnaire, verbal assessment, or observation. | Screenings completed verbally or electronically. Document method and patient responses.                |

# Proposed virtual visit workflow

| Code        | Description                                                                                                                                                                      |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| G0402       | Welcome to Medicare Visit (IPPE). One-time benefit available during the first 12 months of Medicare Part B enrollment. Must be performed in person; telehealth is not permitted. |
| G0438       | Initial Annual Wellness Visit                                                                                                                                                    |
| G0439       | Subsequent Annual Wellness Visit                                                                                                                                                 |
| Modifier 25 | Separate E/M service performed in addition to the AWV                                                                                                                            |
| Modifier 33 | Advance Care Planning (99497/99498) provided with an AWV                                                                                                                         |