

## AWV Workflow

BEFORE VISIT	
<b>MEDICAL ASSISTANT</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Give patient Health Risk Assessment form and ensure it is filled out. Help them if needed. Scan into EMR or enter directly into flowsheet on Epic.</li> <li><input type="checkbox"/> Review pre-visit planning form for open gaps in care - document needed info to close gap or cue provider for any needed orders/referrals</li> <li><input type="checkbox"/> Review health maintenance and update with any changes since last visit.</li> <li><input type="checkbox"/> Record all vital signs in EMR, including updating height (don't just copy forward). If BP reading is greater than 140/90, retake toward end of visit and be sure to document second reading.</li> </ul>
DURING VISIT	
<b>PROVIDER</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Review and update problem list. Review pre-visit planning form for chronic conditions needing to be revalidated during visit. Ensure problem list has accurate specificity.</li> <li><input type="checkbox"/> Review medication list, complete med reconciliation, review &amp; update allergies.</li> <li><input type="checkbox"/> Review and discuss Health Risk Assessment.</li> <li><input type="checkbox"/> Offer to discuss Advance Directives (bill for Advance Care Planning if <math>\geq 16</math> minutes)</li> <li><input type="checkbox"/> Provide personalized verbal and written advice on routine screenings; place necessary orders/referrals for screenings, tests, labwork, etc.</li> </ul>
AFTER VISIT	
<b>MA / FRONT DESK</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Review orders/referrals with patient - have they seen this specialist before? Do they need help scheduling? Confirm they know where to go for labwork, radiology, etc. Reviewing this information reinforces patients' understanding of the care plan and encourages follow through.</li> <li><input type="checkbox"/> Schedule next AWV one year out, and any f/u appointment needed sooner.</li> </ul>
PROVIDER - HOW TO BILL	
Option 1: Bill with a Problem Visit	Option 2: Bill as standalone AWV
<ul style="list-style-type: none"> <li><input type="checkbox"/> Bill AWV G0439 (G0438 if first AWV for patient) and Problem Visit (such as Est Pt Level 4 - 99214)</li> <li><input type="checkbox"/> Code all medical diagnoses that you review/document as contributing to medical decision making</li> <li><input type="checkbox"/> Document the Problem Visit in same or separate note as you would normally and use AWV template for AWV documentation</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Bill AWV G0439 (G0438 if first AWV for patient)</li> <li><input type="checkbox"/> Code Z00.00 or Z00.01. If you discussed medical issues, document and bill as Option 1 (with a problem visit for those issues)</li> <li><input type="checkbox"/> Document using AWV template, ensure Health Risk Assessment is included and addressed.</li> </ul>
<p>Tip: Auditors find it much easier to give credit for multiple things when the documentation is clearly labeled for each component. For example, separate notes for problem visit and AWV -or- title each section of the</p>	
TO BILL FOR ADVANCE CARE PLANNING DISCUSSION (Optional - can bill if ACP discussion $\geq 16$ mins)	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Advance Care Planning- first 16 minutes face to face with patient (and caregiver) - CPT 90497</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Must document discussion and time spent; Bill 99497 with Modifier 33 attached to AWV. Code any diagnoses related to ACP discussion</li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Advance Care Planning- CPT 99498 EACH subsequent 30 minutes</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Must document discussion and time spent; Bill 99498 with Modifier 33 attached to AWV.</li> </ul>