



Making the Most of the WELLNESS Visit

Many health plans, including Medicare encourage patients to schedule a periodic wellness visit with their primary care provider. The WELLNESS visit (NO hands on visit) is NOT the same as the traditional physical exam (hands-on exam). This is a visit to identify high risk behaviors, provide advice on lifestyle and preventative screening, and build a relationship with the patient. Frequently, there is NO copay or deductible required for the patient... it is a “free” visit for the patient. Medicare plans pay for 100% of the visit with codes G0438 and G0439. Many other plans cover the wellness visit with a variety of codes. (You’ll need to confirm with the plan.)

This is an exceptional opportunity for the PCP to review preventative measures (which are included in pay for performance programs) as well as provide personalized health advice. Consider asking the patient to complete an updated health information form prior to the visit. Many of the items included in the list below can be completed by a well-trained medical assistant prior to the physician or provider entering the exam room

Consider reaching out to patients who are overdue for preventative measures and schedule them for a yearly wellness visit. Many times physician schedules have openings in the first several months of the year because of the reset of plan deductibles. Since this evaluation does NOT involve a deductible or copay in most plans, it’s a great opportunity to complete preventative measures that benefit the patient and help physicians provide quality care to their patient population.

Consider accomplishing the following for the WELLNESS visit:

1. **Height/Weight and BMI**. Remember to bill a Z code for BMI. (The Z code is necessary to complete the HEDIS measure.)
2. **Blood pressure** screen.
3. **Depression** screen.
4. **Medication reconciliation**.
5. **Family history** update.
6. **Update problem list**.
7. Develop **list** of patient’s **other physicians/providers**.
8. **Tobacco, alcohol, recreational drug use, and sexual history** update.
9. **Immunization** review and provide necessary vaccinations.
10. **Advance directives** discussion (This is a billable service with Medicare plans.)
11. Provide a screening **schedule for appropriate preventative services** and provide the patient with any necessary referrals/requisitions.
12. Complete all condition specific **HEDIS measures**. For your diabetic patients, complete the HgbA1C and the urine micro albumin at the time of the visit. Schedule the COPD patient for spirometry testing etc.
13. Review **dietary habits and physical activity** with the patient and make appropriate recommendations. (This is a billable service for pediatric patients with some health plans)
14. Consider a **functional assessment and cognitive screen** in elderly patients.
15. Discuss evidence based **safety precautions** (helmets/seatbelts/sun exposure etc.)