MAKING THE MOST OF THE

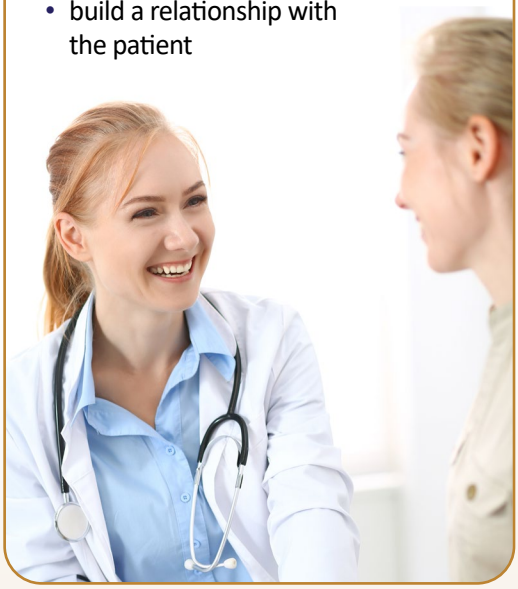
Wellness Visit

The WELLNESS visit (NO hands-on visit) is NOT the same as a traditional physical exam (hands-on exam). Many health plans, including Medicare, encourage patients to schedule a periodic wellness visit with their primary care provider.

Medicare usually pays in full for the visit and other plans also cover the wellness visit with a variety of codes (confirm with the plan).

This visit helps primary care physicians:

- identify high risk behaviors
- provide advice on health maintenance, disease prevention and lifestyle
- promote evidence-based preventive care
- build a relationship with the patient



Tips for a successful wellness visit

Contact patients who are overdue for preventative measures and schedule them for a yearly wellness visit. Physician schedules often have openings in the first several months of the year because of the reset of plan deductibles.

Many of the items listed below can be completed by a well-trained medical assistant before the physician or provider enters the exam room. Ask the patient to complete an updated health information form prior to the visit.

Consider accomplishing the following at 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 and fulfills patient-centered medical home capabilities.)*
11. Provide a screening schedule for appropriate preventative services and provide the patient with any necessary referrals/requisitions.
12. Laboratory testing should be individualized at the Wellness visit but a lipid profile, fasting glucose, creatinine, urinalysis, CBC, TSH and electrolytes are commonly done.
13. Complete all condition specific HEDIS measures. For your diabetic patients, complete the Hgb A1C and the urine albumin to creatinine ratio at the time of the visit. Schedule the COPD patient for spirometry testing etc.
14. 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.)*
15. Consider a functional assessment, a fall risk screen and cognitive screen in elderly patients.

TPA THE PHYSICIAN ALLIANCE