February 2020

Medicare Annual Wellness Visit

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In 2011, the Centers for Medicare and Medicaid Services (CMS) introduced Annual Wellness Visit (AWV) fee-for-service billing codes in order to encourage healthcare providers to place increased focus on preventive care. The AWV is offered free of charge to Medicare beneficiaries with the stated purpose to "develop or update a personalized prevention plan, and perform a health risk assessment."[1] The percentage of Medicare beneficiaries receiving AWVs increased from 7.5% in 2011 to 15.6% in 2014.[2] Early analyses suggest that, as intended, patients who receive AWVs are more likely to receive preventive services than patients who don't receive AWVs.[3,4] AWVs may also reduce total costs of care for some patients in accountable care organizations.[5]

Conducting AWVs

Ambulatory clinicians must determine a patient's Medicare Part B eligibility and whether an initial AWV was previously performed for their patient by any provider (Figure 1).[1]

Figure 1. Billing for AWVs*

Patient eligible for Medicare Part B for < 12 months ➔	Initial Preventive Physical Examination (CPT G0402)
Patient eligible for Medicare Part B for >12 months and has never had an AWV ➔	Initial AWV (CPT G0438)
Patient has had a prior AWV (regardless of who billed the initial AWV) ➔	Subsequent AWV (CPT G0439)

*CPT codes are for non-federally qualified health centers (FQHCs). A similar code for FQHCs is G0468; see https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c09.pdf for details.

Clinicians must meet specific requirements of AWVs, including a review of the patient's medical history as well as referrals to appropriate "health education or preventive counseling services or programs,"[1] outlined in Table 1.

Table 1. Requirements of initial and subsequent AWVs[1]	
Initial AWV	• Perform health risk assessment • Review medical and family history • Create list of current healthcare providers and suppliers • Measure height, weight, BMI (or waist circumference) and blood pressure • Assess for cognitive impairment • Review risk factors for and/or history of depression • Review functional ability and level of safety • Create preventive screening plan for the next 5-10 years • Create a list of risk factors and medical problems for which patients are receiving treatment • Provide advice and refer to appropriate health education, preventive counseling services • If desired by the patient, perform advanced care planning services
Subsequent AWV	• Review and update health risk assessment • Update medical and family history • Update list of current health care providers and suppliers • Measure weight (or waist circumference) and blood pressure • Assess patient for cognitive impairment • Update preventive screening plan • Update risk factors and medical problems for which patients are receiving treatment • Update advice and referrals to appropriate health education, preventive counseling services • If desired by the patient, perform advanced care planning services

Of note, the AWV can be performed by a range of clinicians, including physicians, nurse practitioners, physician assistants, and (directly supervised) health educators and registered dieticians, or other licensed practitioners.

Other Considerations

Table 2 reviews reimbursement rates for AWVs and standard outpatient office visits (CPT 99213, 99214) in 2019. Performing an AWV may have greater financial benefit to a clinic than the values noted below if the visit is used to update hierarchical condition category codes, which in turn can increase reimbursement for providers engaged in value-based payment models.

Table 2. 2019 Reimbursement rates for AWV and standard office visits[6]		
Code	**Work RVUs**	**Reimbursement for Work RVUs***
99213	0.97	$34.96
99214	1.5	$54.06
G0438	2.43	$87.58
G0439	1.5	$54.06
Notes: *2019 conversion factor = $36.04[7]		

Future Directions

More research is needed to elucidate a number of issues related to AWVs, including longer-term trends in AWV use, the rate at which AWV claims are denied, common

reasons for why AWV claims are denied, types of healthcare providers performing AWVs, barriers to AWV use, and most importantly, how AWVs affect patient outcomes.

cite as: Perez KM, Liao JM. Medicare Annual Wellness Visit. VSSL Briefs. 2020; 1:1.

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