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Medicare Wellness Visits: Reassessing Their Value to Your Patients and Your Practice

Providing Medicare wellness visits can be challenging but can improve quality and practice revenue.

The Affordable Care Act of 2010 created the Medicare annual wellness visit (AWV) as a way to provide patients with comprehensive preventive care services at no cost. Yet many practices have been slow to provide substantial numbers of these visits. Only 15.6 percent of eligible patients received an AWV through 2014.[1] In addition to finding lackluster overall participation, researchers have found AWV rates are lower among practices caring for underserved populations, such as racial minorities, rural residents, or those dually enrolled in Medicaid.[2]

Physicians and other health care providers do not offer AWVs to their Medicare patients for numerous reasons. Providing and documenting all of the required AWV elements efficiently can be

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CLOSING QUALITY MEASURE GAPS

Many pay-for-performance measures can be addressed during Medicare wellness visits, including these, which are associated with the following programs: Core Quality Measures Collaborative (Collaborative), the Integrated Healthcare Association's California Value Based P4P Program (IHA), and the National Committee for Quality Assurance's Healthcare Effectiveness Data and Information Set (HEDIS). Measures used by the Medicare Shared Savings Program (MSSP) 2018 and 2019 reporting years are also listed.

MEASURE	SOURCE
Adult body mass index (BMI) assessment • Calculate BMI at annual visit (HEDIS, IHA). • Provide follow-up plan for abnormal BMI ranges (Collaborative). – Ages 18-64: Less than 18.5 or more than 25 – Ages 65 and over: Less than 23 or more than 30	Collaborative, HEDIS, IHA, MSSP
Advance care planning • Discuss advance care planning or include the patient's advance care plan in the medical record.	HEDIS
Aspirin use and discussion • Discuss risks and benefits of preventive aspirin use in men ages 46-79 and women ages 56-79.	HEDIS
Breast cancer screening • Provide mammogram within the past 27 months.	Collaborative, HEDIS, IHA, MSSP
Cervical cancer screening • Conduct Pap smear without HPV co-testing within the past three years for women ages 21-64. • Conduct Pap smear with HPV co-testing within the past five years for ages women 30-64. • Do not perform a Pap smear for anyone younger than 21.	Collaborative, HEDIS, IHA
Colorectal cancer screening • Perform colonoscopy in past 10 years, flexible sigmoidoscopy in past five years, or fecal occult blood test annually.	Collaborative, HEDIS, IHA, MSSP
Fall risk management • Document any falls in the past 12 months, discuss falls or problems with balance or walking, treat balance or walking problems, and recommend how to prevent falls.	HEDIS, MSSP
Functional status assessment • Evaluate activities of daily living annually.	HEDIS
Management of urinary incontinence in older adults • Document any urinary incontinence symptoms in the past six months and how it affects the patient's life, and discuss treatment options.	HEDIS
Medication review • Reconcile prescription and nonprescription drugs, vitamins, herbal remedies, and other supplements at least once a year.	HEDIS
Osteoporosis testing in older women • Complete at least one dual-energy X-ray absorptiometry (DEXA) scan in women ages 65-85.	HEDIS
Pain screening • Perform a pain evaluation or document a pain management plan at least once a year.	HEDIS
Physical activity in older adults • Document level of exercise, and advise patient to start, increase, or maintain current level of exercise.	HEDIS
Screening for clinical depression and follow-up plan • Perform depression screening and determine follow-up plan.	MSSP
Special needs plan care management • Perform a health risk assessment annually.	HEDIS
Statin therapy for patients with cardiovascular disease • Prescribe a moderate- or high-intensity statin for patients with atherosclerotic cardiovascular disease (males ages 21-75 and females ages 40-75).	HEDIS, IHA, MSSP
Tobacco use screening and cessation intervention • Screen for smoking and counsel the patient to stop smoking.	MSSP
Vaccinations • Administer influenza and pneumococcal vaccines.	IHA, HEDIS, MSSP

challenging, and some practices may feel their staffing or electronic health record resources are too limited. Many patients and even some physicians may not know what the AWV entails, and patients with complex socioeconomic risk factors may have pressing health conditions that need to take priority over preventive services. These explanations can all be valid, but this article seeks to help physicians reevaluate the AWV, along with the initial preventive physical examination (IPPE) or "Welcome to Medicare" visit, and recognize the value these wellness visits can bring not only to their patients but also to their practices or health care organizations.

THE VALUE OF MEDICARE WELLNESS VISITS

The main benefit of the AWV to patients is the creation of a personalized prevention plan, a written plan that can help guide their preventive care decisions for the next five to 10 years. This plan includes age-appropriate preventive services, recommendations offered by both the U.S. Preventive Services Task Force and the Advisory Committee on Immunization Practices, and personalized health advice that identifies risk factors and suggests referrals or programs to address them.[3]

Providing Medicare wellness visits also offers a structure that helps physicians to close many pay-for-performance quality measure gaps, including those recognized by the Core Quality Measures Collaborative, the Integrated Healthcare Association's California Value Based P4P program, and the National Committee for Quality Assurance's Healthcare Effectiveness Data and Information Set. In addition, accountable care organizations participating in the Medicare Shared Savings Program can use data collected during wellness visits to satisfy specific quality measures for the 2018 and 2019 quality reporting years.[4] (See "Closing quality measure gaps," page 26.)

There also are financial incentives to implementing AWVs. Physicians participating in Medicare's Merit-based Incentive Payment System (MIPS) can use AWVs to raise their quality scores, which can potentially lead to positive Medicare payment adjustments. Practices that provide AWVs often generate greater revenue than those that do not – a result of billing AWVs with associated preventive services and same-day problem-oriented services.[2] AWVs also provide physicians another opportunity to assess and report risk-adjusted diagnoses for Medicare Advantage beneficiaries. Future payment rates for higher risk patients are calculated based on risk-adjusted factor (RAF) scores, so addressing Hierarchical Condition Category-related diagnoses in the same visit can be of additional value. (For more on this subject, see "Is Your Diagnosis Coding Ready for Risk Adjustment?" *FPM*, March/April 2018, https://www.aafp.org/fpm/2018/0300/p21.html, and "Diagnosis Coding for Value-Based Payment: A Quick Reference Tool," *FPM*, March/April 2018, https://www.aafp.org/fpm/2018/0300/p26.html.)

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HOW TO CODE FOR MEDICARE WELLNESS VISITS

The type of wellness visit you report depends on when the patient joined Medicare.

The **IPPE** is a one-time physical exam performed within the first 12 months of a patient's enrollment under Part B Medicare. The **initial AWV** can be provided 12 months after the patient first enrolled or 12 months after he or she received the IPPE. A **subsequent AWV** can then be provided annually.

Physicians should bill for preventive

KEY POINTS

- The Medicare annual wellness visit (AWV) and the initial preventive physical examination (IPPE) provide a number of benefits to patients and physicians, but many physicians still do not provide them.
- Medicare wellness visits can help physicians address care gaps and report quality measures important in pay-for-performance systems.
- When billed correctly and delivered efficiently along with other covered Medicare preventive services, AWVs can boost practice revenue.

services provided in addition to the AWV or IPPE, many of which carry work relative value units (wRVUs) that can affect their productivity scores and revenue. Some of these services are payable by Medicare in addition to the AWV or IPPE and can be performed several times during the year. However, patients and physicians should be aware that a few of these services do have a copay or deductible. (See "Medicare-covered preventive services," page 29.)

If you provide advance care planning (ACP), CPT code 99497 or 99498, at the same visit, make sure to append modifier 33, "Preventive service," so that the usual coinsurance and deductible charged for the ACP is waived.[5] You may need to append modifiers to other preventive service codes as well, to avoid bundling. Practices should check with their Medicare contractor for guidance.

To find out how many wRVUs a particular service is worth, see the 2018 Medicare Physician Fee Schedule (https://www.cms.gov/apps/physician-fee-schedule/overview.aspx) or the wRVU calculator provided by the American Academy of Professional Coders (https://www.aapc.com/practice-management/rvu-calculator.aspx).

Below are some examples of wellness visits and the wRVUs resulting from each one.

Patient 1: A 67-year-old male, who is an established patient of your practice, is seeing you for an initial AWV. His chronic problems include hypertension and dyslipidemia. He is taking hydrochlorothiazide 25 mg per day and atorvastatin 20 mg at bedtime. His history and the health risk assessment he completed confirm he has smoked one pack of cigarettes per day for 34 years. He does not have an advance directive. He rarely drinks alcohol, and his PHQ-2 depression screening score is zero. His vital signs are stable with good blood pressure control. His BMI is 33.7. He requests a digital rectal exam (DRE) because his father had prostate cancer. You create the patient's personalized prevention plan and discuss your clinical recommendations with the patient, who agrees to receive several preventive services, including a lipid panel, diabetes screening, hepatitis C screening, lung cancer screening with a low-dose CT scan, a pneumococcal vaccination, a DRE, and AAA screening with ultrasound. You order the labs and imaging, provide counseling focused on several of the patient's health risk behaviors, and recommend a follow-up visit in six months or sooner if needed to address test results.

Code	Description	wRVUs
G0438	Initial annual wellness visit	2.43
G0442	Alcohol misuse screening	.18
99497-33	Advance care planning	1.50
G0446	Intensive behavioral counseling for cardiovascular disease (CVD)	.45
G0447	Face-to-face behavioral counseling for obesity	.45
G0102	DRE for prostate cancer screening	.17
Totals		**5.18**

Patient 2: A 77-year-old female, who is an established patient of your practice, is seeing you for her first AWV. She has a Medicare Advantage insurance plan. Her previous office visit was about nine months ago. She has diabetes, hypertension, peripheral neuropathy, glaucoma, mild major depression, anxiety, and COPD. She is due for her routine lab work and is requesting refills of all her medications. She would like a flu shot, but the rest of her immunizations are current. Her list of medications includes metformin 500 mg twice a day, sitagliptin 50 mg daily, lisinopril 10 mg daily, gabapentin 300 mg three times per day, albuterol as needed, tiotropium daily, alprazolam 0.25 mg daily as needed, sertraline 50 mg daily, and dorzolamide ophthalmic twice a day. She has tried in the past to wean herself off the alprazolam but needs it to control her anxiety; she fills her prescription for 30 pills every three or four months, which you confirm via a controlled substance prescription database. Her history, along with her health risk assessment, shows she drinks up to three glasses of wine per day. She does not have an advance directive. Her vital signs are stable with good blood pressure control, and her BMI is 22.4. You address her concerns and order labs appropriate to her chronic medical conditions, refill her medications, order a flu shot, provide counseling related to her health risk behaviors, and discuss your preventive service recommendations as part of her personalized prevention plan, which includes ordering a DEXA scan.

MEDICARE-COVERED PREVENTIVE SERVICES

This table includes preventive services that generate work relative value units (wRVUs). For a complete list of Medicare preventive services, see https://go.cms.gov/2sK65XA.

Code	Description	wRVUs	Allowable charges*	Requires copayment, coinsurance, or deductible?
G0402	"Welcome to Medicare" visit (IPPE)	2.43	$169.02	Waived
G0438	Initial annual wellness visit (AWV)	2.43	$174.43	Waived
G0439	Subsequent AWV	1.50	$118.21	Waived
G0101	Pelvic and breast exam (covered annually only if patient is at high risk for developing cervical or vaginal cancer, or is of childbearing age with abnormal Pap test within past three years or every two years for women at normal risk)	0.45	$39.64	Waived
G0102	Prostate cancer screening; digital rectal examination	0.17	$22.70	Not waived
G0403	Electrocardiogram, with interpretation and report (separately reported with an IPPE only)	0.17	$17.30	Not waived
G0442	Alcohol misuse screening (separately reported with an AWV only)	0.18	$18.38	Waived
G0443	Face-to-face behavioral counseling for alcohol misuse, 15 minutes (maximum of four per year) (separately reported with an AWV only)	0.45	$26.67	Waived
G0444	Depression screening (separately reported with a subsequent AWV only)	0.18	$18.38	Waived
G0445	High-intensity behavioral counseling to prevent STIs, performed semi-annually, 30 minutes	0.45	$28.11	Waived
G0446	Intensive behavioral counseling for cardiovascular disease (CVD), 15 minutes, including: • Encouraging aspirin use to prevent CVD for men ages 45-79 and women ages 55-79; • Screening for high blood pressure in adults 18+; • Providing intensive behavioral counseling to promote a healthy diet for adults with cardiovascular risk factors.	0.45	$26.67	Waived
G0447	Face-to-face behavioral counseling for obesity (BMI greater than 30), 15 minutes, including: • Screening for obesity using BMI; • Dietary assessment; • Intensive behavioral counseling and behavioral therapy to promote weight loss, diet, and exercise.	0.45	$26.31	Waived
99406	Tobacco use counseling, three to 10 minutes (maximum of eight per year if combined with 99407)	0.24	$15.14	Waived
99407	Tobacco use counseling, more than 10 minutes (maximum of four per year)	0.50	$28.83	Waived
99497	Advance care planning, first 30 minutes (separately reported with an AWV only)	1.50	$86.49	Waived when furnished with AWV (use -33 modifier)
99498	Advance care planning, additional 30 minutes (separately reported with an AWV only)	1.40	$76.04	Waived when furnished with AWV (use -33 modifier)

(*) Based on the 2019 Medicare Physician Fee Schedule, non-facility national payment amount

Given the complexity of her health status, you ask her to schedule a follow-up appointment in one week to go over her lab results. Also, because the patient is a Medicare Advantage beneficiary, you remember to assess and report risk-adjusted diagnoses and HCC codes.

Code	Description	wRVUs
G0438	Initial annual wellness visit	2.43
G0442	Alcohol misuse screening	.18
G0443	Face-to-face behavioral counseling for alcohol misuse	.45
99497-33	Advance care planning	1.50
G0446	Intensive behavioral counseling for CVD	.45
99214-25	Level 4 established patient office visit	1.50
Totals		**6.51**

Patient 3: A 57-year-old female, who is an established patient of your practice, recently became disabled. She now has dual insurance coverage with Medicare and Medicaid. She is scheduled for her "Welcome to Medicare" visit. She was seeing a partner of yours who recently retired, and she has transferred to you for care. Her last visit was four weeks ago, and her diabetes lab work at that time showed that her A1C was 6.7 and her LDL was 94. She had her annual eye exam two months ago. She has diabetes, hypertension, and end-stage renal disease (ESRD). Her list of medications includes insulin glargine 10 units at bedtime, insulin aspart on a sliding scale, amlodipine 5 mg daily, and pravastatin 10 mg at bedtime. Her history, along with her health risk assessment, shows that she has multiple sex partners. She does not drink alcohol and does not smoke. Her PHQ-2 depression screening is 0. Her last mammogram was three years ago, and her last Pap smear was six years ago. She has not received her pneumococcal vaccine. She has never had a colonoscopy or fecal occult blood testing. Her vital signs are stable with good blood pressure control and a BMI of 27.1. She has been feeling sick for the last two weeks with sinus infection symptoms. You treat her for a sinus infection, perform a gynecologic exam and Pap smear, and update her pneumococcal vaccination. You discuss and then order screens for hepatitis B, hepatitis C, HIV, and sexually transmitted infections (STIs), in addition to a mammogram. You also agree to make referrals for a colonoscopy and medical nutrition therapy for ESRD. Finally, you ask her to follow up in four to six months or as needed.

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Code	Description	wRVUs
G0402	"Welcome to Medicare" visit/IPPE	2.43
G0445	High-intensity behavioral counseling to prevent STIs	.45
G0446	Intensive behavioral counseling for CVD	.45
G0101	Pelvic and breast exam	.45
Q0091	Screening Pap smear	.37
99213-25	Level 3 established patient office visit	.97
Totals		**5.12**

MEETING THE CHALLENGE

Providing wellness visits is not easy, but there are ways to make your practice more prepared. For example, a nurse or medical assistant could handle pre-visit planning to make the physician-led visit more efficient.[6] Another variation of the team-based model, which used a dedicated scheduler to contact Medicare patients about AWVs and then clinical pharmacists and licensed practical nurses to provide the visits, significantly increased use of preventive services.[7] It may also be worthwhile to set aside more time for these types of visits. While some visits can be completed in 30 to 40 minutes, more complicated encounters may take longer. Your EHR may also have templates and other tools available to make providing Medicare wellness visits more efficient, although the range of EHR capabilities is too wide to discuss here.

Regardless of how you schedule and perform these visits, you should recognize that Medicare wellness visits have great value in not only providing important preventive services to the patient but also closing quality measure gaps and contributing financial stability to a practice or organization. FPM

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