

HEALTH POLICY CORNER: PART III

A Positive Result of the Affordable Care Act: Seize the Opportunity of the Annual Wellness Visit!

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The annual wellness visit (AWV) is an aspect of the Affordable Care Act (ACA) that can provide benefit to your practice of general internal medicine (GIM) and the patients you serve *right now*. Section 4103 of the ACA authorized the secretary of Health and Human Services to direct the Centers for Medicare & Medicaid Services (CMS) to define the elements of the AWV and personalized prevention plan. Nearly any medical professional can assist in delivering an AWV by obtaining and/or updating a patient's past medical and surgical history, family history, and medication allergies.¹ Lists of current medications and supplements, providers who are sharing care of the patient, and suppliers of medical services or equipment must be documented. Medical history for all AWV's must include an assessment for mood disorders either determined by review of past history or by using an accepted depression screening tool (PHQ-2). Unique to the initial AWV is the requirement to review the patient's level of functional ability and home safety, including assessment of hearing, cognitive impairment, fall risk, and performance of standard and instrumental activities of daily living. New in 2012 is a requirement to administer a Health Risk Assessment (HRA) before or during the AWV.² An online HRA tool that meets CMS re-

quirements can be found at www.medicarehealthassess.org.

The AWV is an exam where patients leave their clothes on, and this paradigm change in perceived service expectations can lead to patient misunderstanding without proper advanced communication. The only AWV-required components relevant to a physical exam are blood pressure, height, weight, and BMI and/or waist circumference. The final product to result from the AWV is a personal written health plan given to the patient that includes individual health risk factors and a preventive screening schedule based on US Preventive Services Task Force grade A and B guidelines and recommendations from the Advisory Committee on Immunization Practice.

The initial AWV is coded as G0438, and subsequent AWVs are coded as G0439. Copayments are waived for the AWV, which is reimbursed once per patient per year. Certain procedures such as a diagnostic ECG or gynecological exam can be carried out and billed for with the AWV, as can separate E/M services provided during the AWV visit if the services are truly medically necessary. The 2012 total RVUs for an initial AWV are 4.99 and 3.26 for a subsequent AWV. Respective payments in 2011, not adjusted for geography, were approximately \$172 for G0438 and \$111 for G0439.³

Despite these advantages, the AWV is the benefit that nobody knows about. A survey from the John A. Hartford Foundation found that 54% had not heard of the AWV and that 72% had not had an AWV in the last 12 months.⁴ The AWV is a positive aspect of the ACA for GIM, increasing RVU productivity and clinical revenue. The AWV should not become a lost opportunity for GIM, and efforts should be undertaken *now* by all clinical practices to use the AWV to illustrate how the ACA is changing clinical practice in a positive manner.

References

1. http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads//AWV_Chart_ICN905706.pdf
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4. John A. Hartford Foundation Public Poll: "How Does It Feel? The Older Adult Health Care Experience" <http://www.jhartfound.org/learning-center/hartford-poll-2012/>