

Part B Insider (Multispecialty) Coding Alert

Annual Wellness Visits: 2012 Fee Schedule Boosts AWP Pay, Adds 'Health Risk Assessment' Tool Criteria

Look for five percent more in your annual wellness visit RVUs effective Jan. 1.

Although your policies for performing and billing annual wellness visits has probably just barely been established, it's about to change slightly--for the better.

When CMS created annual wellness visit (AWV) codes G0438 and G0439 in 2011, the agency specified that the AWP should include a health risk assessment (HRA) to determine patients' potential risks, health status, and urgent health needs. The physician uses the information from the HRA to create the patient's personalized prevention plan.

CMS discussed the HRA criteria with the Centers for Disease Control (CDC), which subsequently published its "Interim Guidance for Health Risk Assessments and their Modes of Provision for Medicare Beneficiaries," offering recommended criteria for HRAs. The document is available at www.cms.gov/coveragegeninfo/downloads/healthriskassessmentsCDCfinal.pdf. However, many practices were looking for an actual HRA form that CMS would publish and beneficiaries would complete--and that has not happened.

The closest CMS has come to issuing such a form is its definition of an HRA in the Final Rule, which you can read below.

Look for 5 Percent Boost to G0438's RVUs

CMS acknowledged that the addition of the HRA might increase physician or other practitioner time, noting in the Final Rule, "We agree with commenters that furnishing a meaningful HRA to Medicare beneficiaries will require accommodation and that those beneficiaries may need assistance from physician office staff when completing the HRA."

AWV pay boost: Therefore, CMS has raised the RVUs for G0438 (Annual wellness visit, including a personalized prevention plan of service, first visit) from 4.74 to 4.99, and raised the RVUs for G0439 (...subsequent visit) from 3.16 to 3.26.

Time suggestion: CMS estimates that physician office staff time for helping beneficiaries complete an HRA should be 10 minutes for the first AWP and five minutes for subsequent AWP.

HRA Will Be 'Basis' for Personalized Care

CMS foresees use of an HRA as a way to improve the efficiency of the practitioner's visit with the patient during the AWP. "For instance, during the annual wellness visit encounter, the health professional furnishing the AWP would review the information reported in the HRA, which would serve as the basis for a personalized prevention plan provided during the AWP encounter," the Final Rule indicates.

The patient would walk out of the visit with personalized health advice, referrals, and a written screening schedule (such as a checklist). "We would not expect that the health professional would provide only general recommendations during the AWP encounter and then mail a personalized prevention plan that incorporates an HRA to the beneficiary outside of the AWP encounter," CMS notes. In addition, if a problem (such as high blood pressure) is discovered during the AWP, CMS expects the physician to schedule a follow-up visit to further review the issue.