

Annual Wellness Visits and Advance Care Planning for Rural Health Clinics

A study published by *Preventive Medicine* found that [patients significantly reduced their total healthcare costs](#) when they completed an Annual Wellness Visit (AWV). “Practices adopting AWVs have noted increased revenue, more stable patient populations, and stronger provider-patient relationships,” according to the study’s authors, Arpit Misra and Jennifer Lloyd. In these ways and others, AWVs can help clinics and physician practices take a proactive approach to comprehensive care coordination. The annual assessment can even help facilitate and document conversations with patients about end-of-life care decisions.

What Do Annual Wellness Visits Include?

AWVs are free for patients covered by Medicare Part B and include a yearly assessment of a patient’s health and overall well-being. They are **designed not as a yearly physical examination, but as a critical care marker** that bridges gaps in the yearly physical exam while developing and updating a patient’s personalized plan of care. That personalized care plan is designed to help prevent disease and disability and is based on the patient’s current health and determined risk factors.

AWVs can include, but are not limited to, a health risk assessment, a review of current providers, prescriptions/medications, and durable medical equipment suppliers, a cognitive impairment screening, and identification of risk factors for alcohol, tobacco, and opioid abuse. Delivering these services can help providers meet [value-based performance metrics](#) and capture additional Medicare reimbursement. [CPT codes G0402, G0438, and G0439](#) are used to bill for AWVs and represent a rural health clinic’s specific all-inclusive rate (AIR).

The Role of Advance Care Planning

Advance care planning (ACP) can help physicians and care teams adhere to a patients’ wishes in the event this person cannot speak for themselves. Yet, approximately 70% of Americans lack some sort of advance care directive, [according to the Centers for Disease Control and Prevention](#). Reasons for this vary. Recent studies published by the [Journal of Nursing Scholarship](#) and the [Journal of Clinical Nursing](#) indicate a few barriers, including a lack of comfort regarding the topic and limited time to have a thorough discussion about ACP.

Understanding what ACP entails can help alleviate the anxiety surrounding it. Exploring its benefits, to ensure a patient has their end-of-life values followed, can promote patient engagement in the process. A wellness visit can include a discussion on ACP, wherein questions are answered, and guidance is given. This can provide an opportunity to establish this piece of an overall care plan.

During an AWV, ACP requirements include a voluntary discussion between the physician or clinical staff and the patient about this benefit. It is not required to complete an advance care directive during an AWV. Completion is only required if you’ve noted in your documentation that you’ve performed this task. When billing an ACP, use CPT code 99497 with a minimum of 16 minutes of service time documented.

An Integrated Approach

Combining the delivery of annual wellness assessments with advance care planning can inherently create value for your patients. Both services are entirely covered for Medicare beneficiaries and support comprehensive care coordination. For clinics and providers, value can be found in meeting performance metrics and capturing additional reimbursement.

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