RESEARCH LETTER

National Trends of Telehealth Use in Medicare Annual Wellness Visits

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Introduction: **In response to COVID-19, Medicare began reimbursing for Annual Wellness Visits (AWVs) via telehealth in March 2020. Little is known about nationwide utilization of telehealth AWVs as a preventive care service among Medicare beneficiaries.**

Methods: **We used 100% Medicare data on payment for physician services between 2020 and 2022 to calculate total and telehealth AWVs stratified by specialty.**

Results: **Between 2020 and 2022, physicians performed a total of 24.7 million AWVs corresponding to $3.2 billion in payments from Medicare. Over this period, AWV utilization increased from 7.8 million services in 2020 to 8.6 million services in 2022. Telehealth AWVs accounted for 6.7% of all AWVs in 2020 and 2.1% of all AWVs in 2022. Primary care physicians provided the most telehealth AWVs (96.8%), compared to medical subspecialists (1.6%) and other specialists (1.6%) ($p = .042$). Family medicine physicians provided approximately half of all telehealth AWVs in 2020 (46.3%) and 2022 (51.6%).**

Discussion: **Despite increasing utilization of AWVs overall, telehealth AWV utilization decreased during our study period. Telehealth AWVs were most frequently conducted by primary care physicians, with a majority by family medicine physicians in the study period's final year. Our findings highlight potential challenges of providing AWVs via telehealth at broader scale, but also underscore the feasibility of providing telehealth AWVs. As they consider long-term telehealth reimbursement policy, leaders can prioritize how telehealth complements in-person care to promote broader adoption of preventive services. (J Am Board Fam Med 2025;38:375–377.)**

Keywords: **Annual Wellness Visit, Family Medicine, Medicare, Preventive Care, Primary Care Physicians, Primary Health Care, Telehealth, Wellness Programs**

Introduction

As a preventive service covered by Medicare for nearly 15 years, Annual Wellness Visits (AWVs) encourage clinicians and patients to develop personalized plans for preventive services, identify health risk factors, and engage in advance care planning.[1] Patients receiving AWVs are more likely to receive recommended preventive services.[2,3]

Medicare began reimbursing telehealth AWVs in 2020 during COVID-19. However, relative to AWVs overall, little is known about nationwide adoption of telehealth-provided AWVs during and after the height of the Public Health Emergency.[4,5]

Methods

We used 2020 to 2022 Medicare claims data capturing 100% of physician-provided AWVs, with associated reimbursements, nationwide. We calculated total annual AWVs (Current Procedural Terminology Codes G0438; G0439) and the subset of AWVs provided via telehealth (identified by presence of 95, 93, GQ, GT, or FQ modifiers). We stratified services by clinical specialty, categorized as primary care (family medicine, internal medicine, general practice), medical subspecialists (eg, endocrinology, rheumatology), or

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Table 1. AWV Payments Across Physician Specialties, by Year

Service Type	Year	Payment ($)		
		Primary Care	Medical Subspecialists	Other
Telehealth AWVs	2020	$61,448,955	$998,406	$291,369
	2021	$32,299,368	$519,760	$1,085,670
	2022	$22,698,537	$327,801	$772,642
Total AWVs	2020	$921,084,557	$15,209,468	$8,533,697
	2021	$1,115,534,722	$18,203,916	$11,053,658
	2022	$1,130,925,920	$17,766,482	$10,751,306

Abbreviation: AWV, annual wellness visits.

other (eg, obstetrics-gynecology, neurology). We used Wilcoxon rank-sum tests to compare values by specialty. Statistical tests were 2-tailed and considered significant at $\alpha = 0.05$.

Results

A total of 24.7 million AWVs, corresponding to $3.2 billion in payments (Table 1), were provided during the study period. Of these services, 3.8% (946,724) were telehealth AWVs.

Over time, the number of AWVs increased by 10% from 7.8 million in 2020 to 8.6 million in 2022. Contemporaneously, the number of telehealth AWVs – and the share of all AWVs accounted for by telehealth AWVs – decreased from 515,884 (6.7% of all AWVs) in 2020 to 179,872 (2.1% of all AWVs) in 2022 (Figure 1).

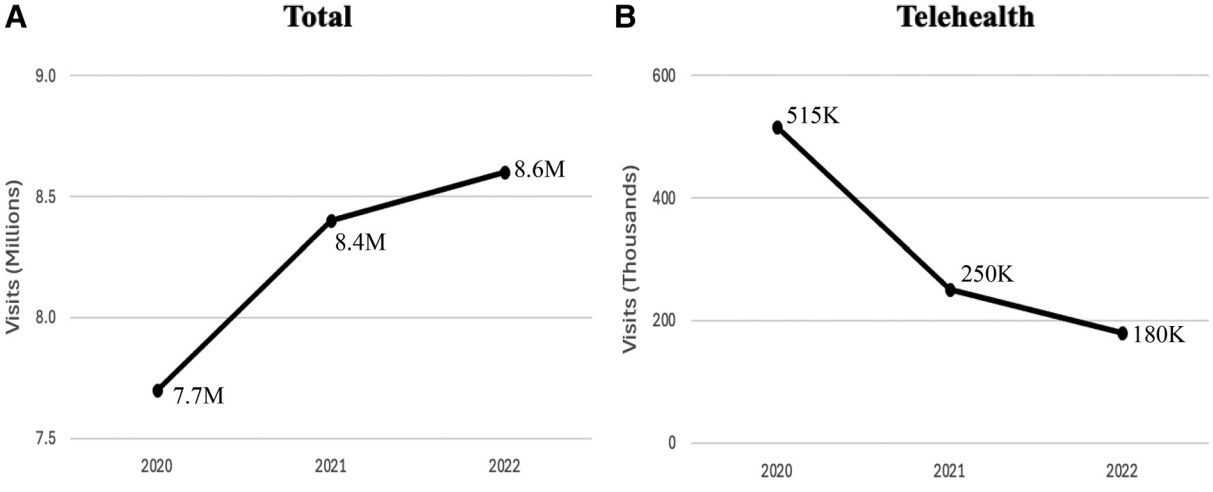
Over the study period, most AWVs (97.5% of total, 96.8% of telehealth) were provided by primary care physicians, compared with medical subspecialists (1.5% of total; 1.6% of telehealth), and others (0.9% of total; 1.6% of telehealth) ($P = .042$). The number of telehealth AWVs provided by primary care physicians decreased from 504,969 (97.9% of all telehealth AWVs) in 2020 to 171,996 telehealth AWVs (95.6% of all telehealth AWVs) in 2022.

Family medicine physicians provided 48.7% of total AWVs in the study period, corresponding to 48.1% (3.6 million visits) in 2020 and 49.4% (4.1 million visits) in 2022. In addition, they provided 47.7% of all telehealth AWVs during the study period, corresponding to 46.3% (238,745 visits) of all telehealth AWVs in 2020 and 51.6% (92,870 visits) in 2022.

Discussion

AWV utilization increased overall after COVID-19 began, while telehealth AWVs represented a small and decreasing proportion of services over the same period. Telehealth AWVs were most frequently

Figure 1. Trends in total and telehealth annual wellness visits.



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provided by primary care physicians, and family medicine physicians in particular, by the end of our study period.

The fact that telehealth AWVs did not mirror overall increases in utilization suggests implementation challenges. Such challenges should be the focus of future research, as data limitations precluded us from assessing barriers (eg, infrastructure and staffing for meeting AWV requirements) and team-based care dynamics (eg, AWV provision by nurse practitioner and physician assistant by specialty was not ascertainable given data limitations).[4]

Potential barriers aside, however, our study also underscores the potential feasibility of providing AWVs via telehealth. Amid pandemic-related upheaval in 2020, approximately 1 in 15 AWVs were provided by primary care and other physicians via telehealth – a rate higher than that of telehealth-based office visits.[5]

As they consider long-term telehealth policy, leaders can prioritize how telehealth complements in-person care to promote broader adoption of preventive services.[6] AWVs were provided to less than 25% of the Medicare fee-for-service population during our study period, underscoring the potential opportunity to promote greater adoption.[7] Efforts should focus on promoting facilitators and reducing barriers among family medicine physicians, who represent the primary workforce offering AWVs.

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