



ANNUAL WELLNESS VISIT

Target Audience: Medicare Fee-For-Service Providers

The Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.

Medicare Coverage of Physical Exams—Know the Differences

<u>Initial Preventive Physical Examination (IPPE)</u>	<u>Annual Wellness Visit (AWV)</u>	<u>Routine Physical Examination (See Section 90)</u>
Review of medical and social health history, and preventive services education ✓ Covered only once, within 12 months of Part B enrollment ✓ Patient pays nothing (if provider accepts assignment)	Visit to develop or update a personalized prevention plan, and perform a health risk assessment ✓ Covered once every 12 months ✓ Patient pays nothing (if provider accepts assignment)	Exam performed without relationship to treatment or diagnosis for a specific illness, symptom, complaint, or injury ⓧ Not covered by Medicare; prohibited by statute ⓧ Patient pays 100% out-of-pocket

CPT codes, descriptions and other data only are copyright 2018 American Medical Association. All Rights Reserved. Applicable FARS/HHSAR apply. CPT is a registered trademark of the American Medical Association. Applicable FARS/HHSAR Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

Table of Contents

Health Risk Assessment (HRA)	3
Initial AWV Components: Applies the First Time a Beneficiary Receives an AWV	4
Subsequent AWV Components: Applies for all Subsequent AWVs After a Beneficiary's First AWV	7
AWV Coding, Diagnosis, and Billing	9
Coding.....	9
Diagnosis	9
Billing.....	9
Advance Care Planning (ACP) as an Optional Element of an AWV	10
Coding.....	10
Diagnosis	10
Billing.....	10
Frequently Asked Questions (FAQs)	11
What are the other Medicare Part B preventive services?.....	11
Who is eligible for the AWV?	12
Is the AWV the same as a beneficiary's yearly physical?	12
Are clinical laboratory tests part of the AWV?	12
Do deductible or coinsurance/copayment apply for the AWV?	12
Can I bill an electrocardiogram (EKG) and the AWV on the same date of service?.....	12
How do I know if a beneficiary already got his/her first AWV from another provider and know whether to bill for a subsequent AWV even though this is the first AWV I provided to this beneficiary?	13
Resources	13

Medicare covers an AWW providing Personalized Prevention Plan Services (PPPS) for beneficiaries who:

- Are no longer within 12 months after the beneficiary's eligibility date for Medicare Part B benefits
- Have not received an IPPE or AWW within the past 12 months

This booklet is divided into two sections: the first explains the elements of a beneficiary's initial AWW; the second explains the elements of all subsequent AWWs. You must provide all elements of the AWW prior to submitting a claim for the AWW.

NOTE: The AWW is a separate service from the IPPE. For more information about the IPPE, refer to the Medicare Learning Network's® (MLN's) [Initial Preventive Physical Examination](#) fact sheet.

COMMUNICATION AVOIDS CONFUSION

As a health care provider, you may recommend patients get services more often than Medicare covers, including through the AWW, or you may recommend services that Medicare doesn't cover. If this happens, please ensure patients understand they may have to pay some or all of the costs. Communication is key, so patients understand why you are recommending certain services and whether Medicare pays for them.

Health Risk Assessment (HRA)

The AWW includes a Health Risk Assessment (HRA). The following tables include a summary of the minimum elements in the HRA. Refer to the Centers for Disease Control and Prevention's (CDC's) [A Framework for Patient-Centered Health Risk Assessments](#) for more information, including:

- HRA use and follow-up interventions that evidence suggests can influence health behaviors
- The definition of the HRA framework and rationale for its use
- The history of HRAs
- A sample HRA

Initial AWV Components: Applies the First Time a Beneficiary Receives an AWV

Action	Elements
1. Perform an HRA	<ul style="list-style-type: none"> ● Get self-reported information from the beneficiary <ul style="list-style-type: none"> ○ You or the beneficiary can complete the HRA before or during the AWV encounter; it should take no more than 20 minutes ● Consider the best way to communicate with underserved populations, persons with limited English proficiency, persons with health literacy needs, and persons with disabilities ● At a minimum, get information on the following topics: <ul style="list-style-type: none"> ○ Demographic data ○ Self-assessment of health status ○ Psychosocial risks ○ Behavioral risks ○ Activities of Daily Living (ADLs), including but not limited to: dressing, bathing, and walking ○ Instrumental ADLs (IADLs), including but not limited to: shopping, housekeeping, managing own medications, and handling finances
2. Establish the beneficiary's medical and family history	<p>At a minimum, document the following:</p> <ul style="list-style-type: none"> ● Medical events of the beneficiary's parents, siblings, and children, including conditions that may be hereditary or place the beneficiary at increased risk ● Past medical and surgical history, including experiences with illnesses, hospital stays, operations, allergies, injuries, and treatments ● Use of, or exposure to, medications and supplements, including calcium and vitamins ● We encourage providers to pay close attention to opioid use during this part of the AWV, which includes opioid use disorders (OUD). If a patient is using opioids, assess the benefit for other, non-opioid pain therapies instead, even if the patient does not have OUD but is possibly at risk. <p>Refer to the CMS Roadmap to Address the Opioid Epidemic fact sheet for more information on combating opioid misuse.</p> <p>For more information about Medicare Coverage of Substance Abuse Services and mental health services, refer to the MLN's Screening, Brief Intervention, and Referral to Treatment (SBIRT) booklet.</p>

Action	Elements
3. Establish a list of current providers and suppliers	Include current beneficiary providers and suppliers that regularly provide medical care
4. Measure	Obtain the following: <ul style="list-style-type: none"> • Height, weight, body mass index (BMI; or waist circumference, if appropriate), and blood pressure • Other routine measurements deemed appropriate based on medical and family history
5. Detect any cognitive impairment the beneficiary may have	Assess the beneficiary's cognitive function by direct observation, while considering information from beneficiary reports and concerns raised by family members, friends, caregivers, and others. If appropriate, use a brief validated structured cognitive assessment tool. For more information, refer to the National Institute on Aging's Alzheimer's and Dementia Resources for Professionals website.
6. Review the beneficiary's potential risk factors for depression, including current or past experiences with depression or other mood disorders	Use any appropriate screening instrument. You may select from various available standardized screening tests designed for this purpose. For more information, refer to the Depression section on the Substance Abuse and Mental Health Services Administration–Health Resources and Services Administration's Screening Tools website.
7. Review the beneficiary's functional ability and level of safety	Use direct observation of the beneficiary or select appropriate questions from various available screening questionnaires, or use standardized questionnaires recognized by national professional medical organizations to assess, at a minimum, the following topics: <ul style="list-style-type: none"> • Ability to successfully perform ADLs • Fall risk • Hearing impairment • Home safety
8. Establish an appropriate written screening schedule for the beneficiary, such as a checklist for the next 5 to 10 years	Base written screening schedule on: <ul style="list-style-type: none"> • Recommendations from the United States Preventive Services Task Force (USPSTF) and the Advisory Committee on Immunization Practices (ACIP) • The beneficiary's HRA, health status and screening history, and age-appropriate preventive services Medicare covers

Action	Elements
9. Establish a list of beneficiary risk factors and conditions for which primary, secondary, or tertiary interventions are recommended or underway	Include the following: <ul style="list-style-type: none"> ● Mental health conditions including depression, substance use disorder, and cognitive impairment ● Risk factors or conditions identified through an IPPE ● Treatment options and their associated risks and benefits
10. Furnish the beneficiary personalized health advice and appropriate referrals to health education or preventive counseling services or programs	Include referrals to educational and counseling services or programs aimed at: <ul style="list-style-type: none"> ● Community-based lifestyle interventions to reduce health risks and promote self-management and wellness, including: <ul style="list-style-type: none"> ○ Fall prevention ○ Nutrition ○ Physical activity ○ Tobacco-use cessation ○ Weight loss ○ Cognition
11. Furnish, at the beneficiary's discretion , advance care planning services	Include discussion about: <ul style="list-style-type: none"> ● Future care decisions that may need to be made ● How the beneficiary can let others know about care preferences ● Caregiver identification ● Explanation of advance directives, which may involve the completion of standard forms

Subsequent AWV Components: Applies for all Subsequent AWVs After a Beneficiary's First AWV

Action	Elements
1. Review and update HRA	<ul style="list-style-type: none"> • Collect beneficiary self-reported information <ul style="list-style-type: none"> ◦ You or the beneficiary can update the HRA before or during the AWV encounter; it should take no more than 20 minutes • At a minimum, address the following topics: <ul style="list-style-type: none"> ◦ Demographic data ◦ Self-assessment of health status ◦ Psychosocial risks ◦ Behavioral risks ◦ ADLs, including but not limited to: dressing, bathing, and walking ◦ Instrumental ADLs, including but not limited to: shopping, housekeeping, managing own medications, and handling finances
2. Update the beneficiary's medical/family history	<p>At a minimum, update and document the following:</p> <ul style="list-style-type: none"> • Medical events of the beneficiary's parents, siblings, and children, including conditions that may be hereditary or place the beneficiary at increased risk • Past medical and surgical history, including experiences with illnesses, hospital stays, operations, allergies, injuries, and treatments • Use of, or exposure to, medications and supplements, including calcium and vitamins
3. Update the list of current providers and suppliers	<p>Include current providers and suppliers regularly involved in providing the beneficiary medical care, including any providers and suppliers added as a result of the first AWV providing PPS.</p>
4. Measure	<p>Obtain the following:</p> <ul style="list-style-type: none"> • Weight (or waist circumference, if appropriate) and blood pressure • Other routine measurements as deemed appropriate based on medical and family history
5. Detect any cognitive impairment the beneficiary may have	<p>Assess the beneficiary's cognitive function by direct observation, while considering information from beneficiary reports and concerns raised by family members, friends, caregivers, or others. If appropriate, use a brief validated structured cognitive assessment tool.</p>
6. Update the written screening schedule for the beneficiary	<p>Base written screening schedule on:</p> <ul style="list-style-type: none"> • Recommendations from the USPSTF and the ACIP • The beneficiary's HRA, health status and screening history, and age-appropriate preventive services Medicare covers

Action	Elements
7. Update the beneficiary's list of risk factors and conditions for which primary, secondary, or tertiary interventions are recommended or underway	Include the following: <ul style="list-style-type: none"> ● Mental health conditions including depression, substance use disorder, and cognitive impairment ● Risk factors or conditions identified ● Treatment options and their associated risks and benefits
8. Furnish and update, as necessary, the beneficiary's PPPS, which includes personalized beneficiary health advice and a referral, as appropriate, to health education or preventive counseling services or programs	Include referrals to educational and counseling services or programs aimed at: <ul style="list-style-type: none"> ● Community-based lifestyle interventions to reduce health risks and promote self-management and wellness, including: <ul style="list-style-type: none"> ○ Fall prevention ○ Nutrition ○ Physical activity ○ Tobacco-use cessation ○ Weight loss ○ Cognition
9. Furnish, at the beneficiary's discretion , advance care planning services	Include discussion about: <ul style="list-style-type: none"> ● Future care decisions that may need to be made ● How the beneficiary can let others know about care preferences ● Caregiver identification ● Explanation of advance directives, which may involve the completion of standard forms

AWV Coding, Diagnosis, and Billing

Coding

Use the following HCPCS codes to file claims for AWVs.

AWV HCPCS Codes and Descriptors

AWV HCPCS Codes	Billing Code Descriptors
G0438	Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit
G0439	Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit
G0468*	Federally qualified health center (fqhc) visit, ippe or awv; a fqhc visit that includes an initial preventive physical examination (ippe) or annual wellness visit (awv) and includes a typical bundle of medicare-covered services that would be furnished per diem to a patient receiving an ippe or awv

* For more information on how to bill HCPCS G0468, refer to the [Medicare Claims Processing Manual, Chapter 9](#), Section 60.2.

Diagnosis

You must report a diagnosis code when submitting a claim for the AWV. Since you are not required to document a **specific** diagnosis code for the AWV, you may choose any diagnosis code consistent with the beneficiary's exam.

Billing

Medicare Part B covers an AWV if performed by a:

- Physician (a doctor of medicine or osteopathy)
- Qualified non-physician practitioner (a physician assistant, nurse practitioner, or certified clinical nurse specialist)
- Medical professional (including a health educator, registered dietitian, nutrition professional, or other licensed practitioner), or a team of medical professionals directly supervised by a physician (doctor of medicine or osteopathy)

When you furnish a significant, separately identifiable, medically necessary Evaluation and Management (E/M) service along with the AWV, Medicare may pay for the additional service. Report the additional Current Procedural Terminology (CPT) code with modifier –25. That portion of the visit must be medically necessary to treat the beneficiary's illness or injury, or to improve the functioning of a malformed body member.

CPT only copyright 2018 American Medical Association. All rights reserved.

Advance Care Planning (ACP) as an Optional Element of an AWV

ACP is the face-to-face conversation between a physician (or other qualified health care professional) and a beneficiary to discuss the beneficiary's wishes and preferences for medical treatment if they are unable to speak or make decisions in the future. You can provide the ACP at the time of the AWV, at the beneficiary's discretion.

Coding

Use the following CPT codes to file claims for ACP as an optional element of an AWV.

ACP CPT Codes and Descriptors

ACP CPT Codes	Billing Code Descriptors
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate
99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)

Diagnosis

You must report a diagnosis code when submitting a claim for ACP as an optional element of an AWV. Since you are not required to document a **specific** diagnosis code for ACP as an optional element of an AWV, you may choose any diagnosis code consistent with a beneficiary's exam.

Billing

Medicare waives both the coinsurance and the Medicare Part B deductible for ACP when it is:

- Provided on the same day as the covered AWV
- Furnished by the same provider as the covered AWV
- Billed with modifier –33 (Preventive Service)
- Billed on the same claim as the AWV

Medicare waives the deductible and coinsurance for ACP once per year when billed with the AWW. If the AWW billed with ACP is denied for exceeding the once per year limit, Medicare will apply the ACP deductible and coinsurance.

NOTE: The deductible and coinsurance apply when ACP is provided outside the covered AWW.

NOTE: There are no limits on the number of times you can report ACP for a given beneficiary in a given time period. Likewise, CMS established no frequency limits. When you bill the service multiple times for a given beneficiary, document the beneficiary's changed health status and wishes regarding their end-of-life care.

PREPARING ELIGIBLE MEDICARE BENEFICIARIES FOR THE AWW

Providers can help eligible Medicare beneficiaries prepare for their AWW by encouraging them to bring the following information:

- Medical records, including immunization records
- A detailed family health history
- A full list of medications and supplements, including calcium and vitamins, and how often and how much of each they take
- A full list of current providers and suppliers involved in providing care, including community-based providers (for example, personal care, adult day care, and home-delivered meals)

Frequently Asked Questions (FAQs)

What are the other Medicare Part B preventive services?

- Alcohol Misuse Screening and Counseling
- Bone Mass Measurements
- Cardiovascular Disease Screening Test
- Colorectal Cancer Screening
- Counseling to Prevent Tobacco Use
- Depression Screening
- Diabetes Screening
- Diabetes Self-Management Training (DSMT)
- Glaucoma Screening
- Hepatitis C Virus (HCV) Screening
- Human Immunodeficiency Virus (HIV) Screening
- Influenza, Pneumococcal, and Hepatitis B Vaccinations and their Administration
- Intensive Behavioral Therapy (IBT) for Cardiovascular Disease (CVD), also known as a CVD risk reduction visit

- IBT for Obesity
- IPPE (also called the “Welcome to Medicare Preventive Visit”)
- Medical Nutrition Therapy (MNT)
- Prostate Cancer Screening
- Screening for Cervical Cancer with Human Papillomavirus (HPV) Tests
- Screening for Lung Cancer with Low Dose Computed Tomography (LDCT)
- Screening for Hepatitis B Virus (HBV) Infection
- Screening for Sexually Transmitted Infections (STIs) and High Intensity Behavioral Counseling (HIBC) to Prevent STIs
- Screening Mammography
- Screening Pap Tests
- Screening Pelvic Examination (includes a clinical breast examination)
- Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)

Visit the MLN’s [Preventive Services Educational Tool](#) for additional information on each Medicare preventive service.

Who is eligible for the AWW?

Medicare covers an AWW for all beneficiaries who are no longer within 12 months after the eligibility date for their first Medicare Part B benefit period, and who have not had either an IPPE or an AWW within the past 12 months. **Medicare pays for only one first AWW per beneficiary per lifetime and one subsequent AWW per year thereafter.**

Is the AWW the same as a beneficiary’s yearly physical?

No. The AWW is not a routine physical that some older adults may get periodically from their physician or other qualified non-physician practitioner. **Medicare does not cover routine physical examinations.**

Are clinical laboratory tests part of the AWW?

No. The AWW does not include any clinical laboratory tests, but you may make appropriate referrals for such tests as part of the AWW.

Do deductible or coinsurance/copayment apply for the AWW?

No. Medicare waives both the coinsurance or copayment and the Medicare Part B deductible for the AWW.

Can I bill an electrocardiogram (EKG) and the AWW on the same date of service?

Generally, you may provide other medically necessary services on the same date of service as an AWW. The deductible and coinsurance or copayment apply for these other medically necessary services.

How do I know if a beneficiary already got his/her first AWW from another provider and know whether to bill for a subsequent AWW even though this is the first AWW I provided to this beneficiary?

You have different options for accessing AWW eligibility information depending on where you practice. You may access the information through the Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System (HETS) or through the provider call center Interactive Voice Responses (IVRs).

CMS suggests providers check with their Medicare Administrative Contractor (MAC) for options available to verify beneficiary eligibility. [Contact your MAC](#) for more information.

Resources

The [Medicare Preventive Services webpage](#) lists educational products for Medicare Fee-For-Service providers and their staff about preventive services, coverage, coding, billing, payment, and claim filing procedures.

AWV Resources

Resource	Website
42 Code of Federal Regulations 410.15 (policy governing AWW service)	eCFR.gov/cgi-bin/text-idx?SID=b88181e2130f26ae6c4741f95a518bbf&mc=true&node=se42.2.410_115&rgn=div8
CMS Provider Minute: Preventive Services (pointers to help you submit correct documentation and avoid claim denials)	Youtube.com/watch?v=-tuMWM4KeZg&feature=youtu.be&list=PLaV7m2-zFKpigb1UvmCh1Q2cBK1SGk-V
Medicare Benefit Policy Manual, Chapter 15	CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf
Medicare Claims Processing Manual, Chapter 12 Section 30.6.1.1 Section 30.6.6 Section 100.1.1.C	CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf
Medicare Claims Processing Manual, Chapter 18, Section 140	CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf
Medicare Diabetes Prevention Program (MDPP) Expanded Model	Go.CMS.gov/MDPP
MLN Matters® Article MM9271, Advance Care Planning (ACP) as an Optional Element of an Annual Wellness Visit (AWV)	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9271.pdf

AWV Resources (cont.)

Resource	Website
MLN Matters Article MM7079, Annual Wellness Visit (AWV), Including Personalized Prevention Plan Services (PPPS)	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM7079.pdf
MLN Matters Article MM10000, Billing for Advance Care Planning (ACP) Claims	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM10000.pdf
MLN Matters Article SE1338, Improve Your Patients' Health with the Initial Preventive Physical Examination (IPPE) and Annual Wellness Visit (AWV)	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1338.pdf
MLN Matters Articles on Medicare-covered Preventive Services	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MLNPrevArticles.pdf
Preventive Services Educational Tool	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243319.html
Reducing Opioid Misuse	CMS.gov/about-cms/story-page/reducing-opioid-misuse.html

Hyperlink Table

Embedded Hyperlink	Complete URL
A Framework for Patient-Centered Health Risk Assessments	https://www.cdc.gov/policy/hst/HRA/FrameworkForHRA.pdf
Advisory Committee on Immunization Practices ACIP	https://www.cdc.gov/vaccines/acip
Alzheimer's and Dementia Resources for Professionals	https://www.nia.nih.gov/health/alzheimers-dementia-resources-for-professionals
Annual Wellness Visit	https://www.ecfr.gov/cgi-bin/text-idx?SID=b88181e2130f26ae6c4741f95a518bbf&mc=true&node=se42.2.410_115&rgn=div8
CMS Roadmap to Address the Opioid Epidemic	https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/Opioid-epidemic-roadmap.pdf
Contact Your MAC	http://go.cms.gov/MAC-website-list

Hyperlink Table (cont.)

Embedded Hyperlink	Complete URL
Depression Section	https://www.integration.samhsa.gov/clinical-practice/screening-tools#depression
Initial Preventive Physical Examination	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243320.html
Medicare Claims Processing Manual, Chapter 9	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c09.pdf
Medicare Coverage of Substance Abuse Services	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1604.pdf
Medicare Preventive Services Webpage	https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo
Preventive Services Educational Tool	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243319.html
Routine Physical Examination	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c16.pdf
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243489.html
United States Preventive Services Task Force USPSTF	https://www.uspreventiveservicestaskforce.org

[Medicare Learning Network® Product Disclaimer](#)

The Medicare Learning Network®, MLN Connects®, and MLN Matters® are registered trademarks of the U.S. Department of Health & Human Services (HHS).