



# Annual Wellness Visit (AWV) Guide

Implementing Medicare's Annual Wellness Visit  
A Reference Guide for Practices



QIN-QIO

Quality Innovation Network -  
Quality Improvement Organizations  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
EQUALITY IMPROVEMENT & INNOVATION GROUP

**TABLE OF CONTENTS**

**Introduction to the Annual Wellness Visit .....3**

    What is the Annual Wellness Visit?..... 3

    Why Wellness Care? ..... 3

    Alignment with Other Key Initiatives or Reporting Requirements.....4

**CMS Guidelines .....5**

**Suggested Workflow ..... 6**

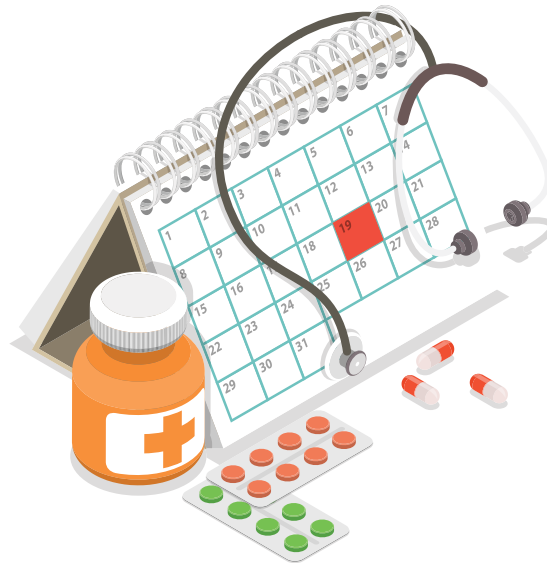
    Process Flow .....8

**Billing and Reimbursement of the Annual Wellness Visit ..... 9**

    Evaluation and Management Services.....9

**Patient Information .....11**

**Online Tools and Resources ..... 12**






## INTRODUCTION TO THE ANNUAL WELLNESS VISIT

### What is the Annual Wellness Visit?

Medicare’s Annual Wellness Visit (AWV) is not a typical physical exam; instead, it is an opportunity for patients and providers to review medical history and identify emerging health risks.

One of the most valuable elements of the AWV is the creation of a long-term preventive care plan based on the information a patient shares with their provider including:

- ✓ A Health Risk Assessment (HRA)
- ✓ Family history
- ✓ A current list of medical providers and medications
- ✓ Screening for cognition, depression, alcohol misuse, hearing, functional status and fall risk

 <b>IPPE</b>	 <b>Initial AWV</b>	 <b>Subsequent AWV</b>
<p><b>Initial Preventive Physical Examination</b></p> <ul style="list-style-type: none"> <li>• Medicare pays for one per lifetime</li> <li>• Must be completed within first 12 months of Part B coverage</li> <li>• Also known as “Welcome to Medicare Visit”</li> </ul>	<p><b>Initial Annual Wellness Visit</b></p> <ul style="list-style-type: none"> <li>• Applies the first time a beneficiary receives AWV</li> <li>• Completed after first 12 months of Part B coverage</li> <li>• No IPPE or AWV within the past 12 months</li> </ul>	<p><b>Subsequent Annual Wellness Visit</b></p> <ul style="list-style-type: none"> <li>• Applies to all AWVs after a beneficiary’s first AWV</li> <li>• No IPPE or AWV within the past 12 months</li> </ul>

### Why Wellness Care?

Wellness Care benefits providers and meets patients’ immediate needs while helping both prepare for the future. Refer to Table 1 for a summary of these benefits.

**Table 1: Summary of Benefits**

The Clinic Today	The Patient	The Clinic Tomorrow	Control Your Future
<p>Clinics can use Wellness Care services and revenues to strengthen their infrastructure for providing comprehensive and coordinated care.</p>	<p>The Medicare (AWV) is designed to encourage and support individuals in taking an active role in accurately assessing and managing their health, and improving their wellbeing and quality of life.</p>	<p>Changes in payment models, like CMS’ Medicare Access and CHIP Reauthorization Act (MACRA) - also known as the Quality Payment Program (QPP), make it imperative for primary care providers and geriatricians to be proactively identifying, documenting, and managing their patients’ health risks.</p>	<p>While it requires some effort to implement and refine processes to deliver AWV effectively and efficiently, with help and guidance, we expect that almost every clinic will be able to find a way that works for them.</p>



**Alignment with Other Key Initiatives or Reporting Requirements**

**Medicare’s Quality Payment Program (QPP)**

An effective AWV program implementation may also support much of the reporting and improvement requirements in QPP for both the Merit-based Incentive Payment System (MIPS) and the Advanced Alternative Payment Models (AAPMs) pathways.

Here are a few examples:

Quality	Improvement Activities	Promoting Interoperability	Cost
<ul style="list-style-type: none"> <li>Preventive care such as immunizations, body mass index (BMI), high blood pressure screenings and tobacco cessation intervention</li> <li>Medication documentation in medical records and risk assessments (e.g., risk for falls)</li> </ul>	<ul style="list-style-type: none"> <li>Evidence-based techniques to promote self-management into usual care (IA_BE_16 - Medium)</li> <li>Implementation of fall screening and assessment programs (IA_PSPA_21 -Medium)</li> </ul>	<ul style="list-style-type: none"> <li>Promoting Interoperability</li> <li>Immunization registry reporting (PI_PHCDRR_1)</li> <li>Support Electronic Referral Loops By Receiving and Reconciling Health Information (PI_HIE_4)</li> </ul>	<p>AWV is seen as an effective way to engage in preventive health while containing or decreasing overall costs through:</p> <ul style="list-style-type: none"> <li>Reducing emergency room (ER) utilization and hospital readmissions</li> <li>Coordinating care with specialty providers to reduce duplication and unnecessary care</li> <li>Increasing patient engagement and patient attribution</li> </ul>



**CMS GUIDELINES**

The table below compares the guidelines for the initial and subsequent visits.

**Table 2: CMS Guidelines for Wellness Visits**

Section	Initial AWV Components	Subsequent AWV Components
<b>Acquire Beneficiary Information</b>	<ol style="list-style-type: none"> <li>1. Administer Health Risk Assessment (HRA)</li> <li>2. Establish a list of current providers and suppliers</li> <li>3. Establish the beneficiary’s medical/family history</li> <li>4. Review the beneficiary’s potential risk factors for depression</li> <li>5. Review the beneficiary’s functional ability and level of safety</li> </ol>	<ol style="list-style-type: none"> <li>1. Update HRA</li> <li>2. Update the list of current providers and suppliers</li> <li>3. Update the beneficiary’s medical/family history</li> </ol>
<b>Begin Assessment</b>	<ol style="list-style-type: none"> <li>1. Obtain patient measurements (4 required)</li> <li>2. Detect any cognitive impairment</li> </ol>	<ol style="list-style-type: none"> <li>1. Obtain patient measurements (2 required)</li> <li>2. Detect any cognitive impairment</li> </ol>
<b>Counsel Beneficiary</b>	<ol style="list-style-type: none"> <li>1. Establish a written screening schedule</li> <li>2. Establish a list of risk factors and conditions for which interventions are recommended or underway</li> <li>3. Furnish personalized health advice and appropriate referrals</li> <li>4. Furnish, at the discretion of the beneficiary, advance care planning services</li> </ol>	<ol style="list-style-type: none"> <li>1. Update the written screening schedule</li> <li>2. Update the list of risk factors and conditions for which interventions are recommended or underway</li> <li>3. Furnish personalized health advice and appropriate referrals</li> <li>4. Furnish, at the discretion of the beneficiary, advance care planning services</li> </ol>

As noted in Table 2, the initial and subsequent AWVs are identical with two exceptions: 1) the subsequent AWV does not include bullets four and five in the “Acquire Beneficiary Information” section and 2) the subsequent AWV only specifies two patient measurements in the “Begin Assessment” section.

For more details about the components of the Initial Preventive Physical Examination (IPPE), refer to [The ABCs of the Initial Preventive Physical Examination](#).

If you would like to know more about implementing the AWV into your practice, please contact the IPRO QIN-QIO.



**SUGGESTED WORKFLOW**

Implementing a new process requires consideration of the workflow. See Table 3 for a suggested workflow by role and Figure 2 for the process flow.

**Table 3: Suggested Workflow by Role**

Roie	Activity	Elements
Scheduler	Scheduling	<p><b>Goal: Verify eligibility</b></p> <ol style="list-style-type: none"> <li><b>1. Is the patient a Medicare beneficiary?</b> <ul style="list-style-type: none"> <li>✓ Determine eligibility using practice management software or use Novitasphere</li> </ul> </li> <li><b>2. Has the patient had their Initial Preventive Physical Examination (IPPE)?</b> <ul style="list-style-type: none"> <li>✓ If the patient has received their IPPE during their Welcome to Medicare visit, then schedule an AWV</li> <li>✓ If the patient is within their first 12 months of Medicare and has not received an IPPE, schedule a Welcome to Medicare visit</li> </ul> </li> <li><b>3. Has the patient been enrolled in Medicare for over 12 months?</b> <ul style="list-style-type: none"> <li>✓ If the patient has been enrolled in Medicare for over 12 months, and 12 months have elapsed since their IPPE, schedule an AWV</li> </ul> </li> <li><b>4. Decide on the type of appointment to schedule:</b> <ul style="list-style-type: none"> <li>✓ Welcome to Medicare (within the first 12 months of coverage)</li> <li>✓ AWV (annual, recurring benefit after the first 12 months of coverage)</li> <li>✓ Evaluation and Management visit for emerging illness or follow up</li> </ul> </li> <li><b>5. Determine if you will send the HRA to the patient’s home before the scheduled AWV, or if they need to arrive early to fill out paperwork.</b>                      The paperwork may include a reminder for the patient to bring:                     <ul style="list-style-type: none"> <li>✓ A complete list of current medical providers</li> <li>✓ A complete list of all prescribed medications, over the counter medications and supplements</li> <li>✓ Complete medical, family and social history</li> </ul> </li> </ol>

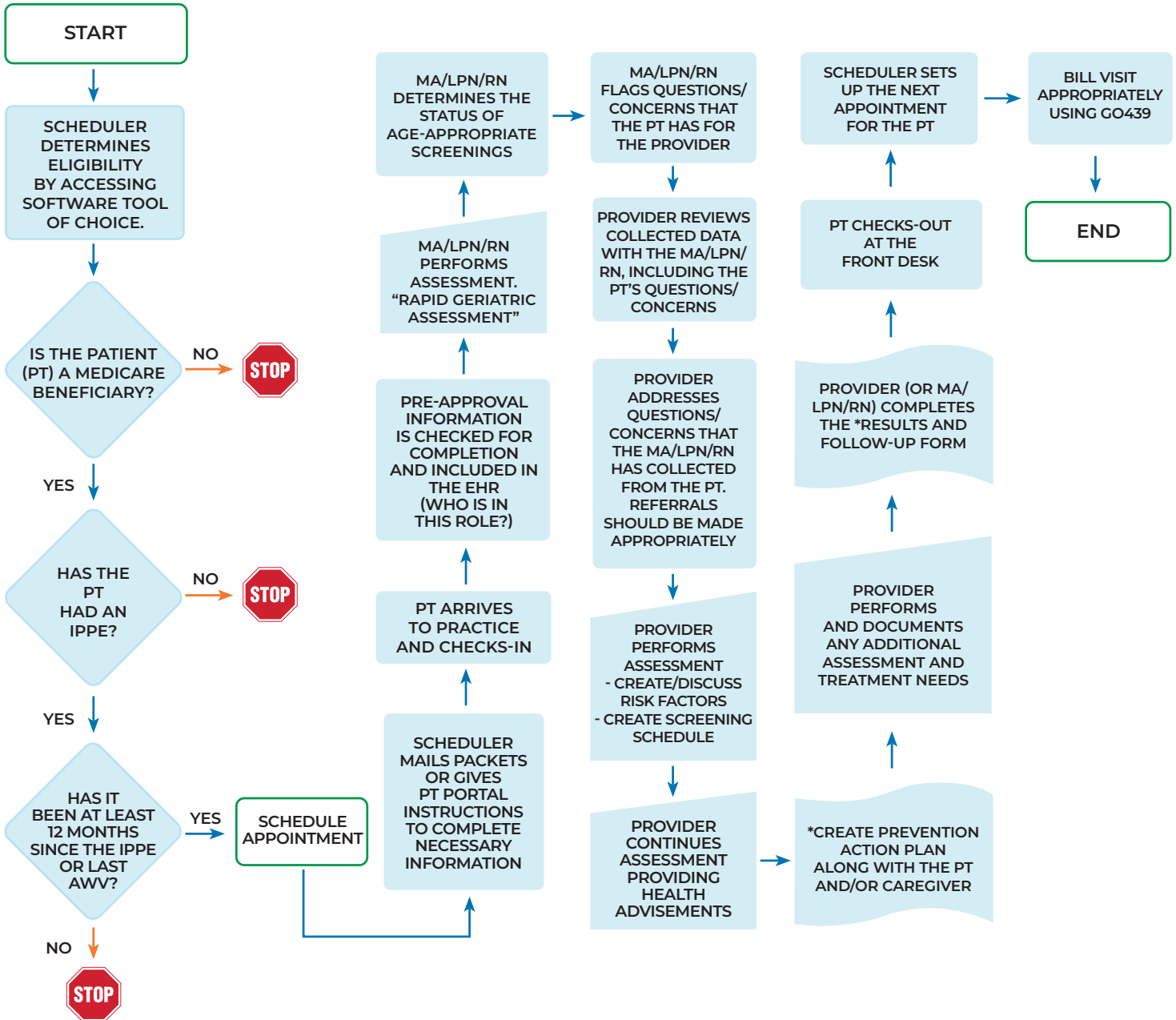


Table 3 continued

Role	Activity	Elements
<p><b>Medical Assistant, Licensed Practical Nurse or Registered Nurse</b></p>	<p><b>Triage Process</b></p>	<p><b>Goal: Collect required information, including the following</b></p> <ul style="list-style-type: none"> <li>✓ Height, weight, BMI, and blood pressure</li> <li>✓ Functional Status Evaluation</li> <li>✓ Fall Risk Screening</li> <li>✓ Cognition Screening</li> <li>✓ Depression Screening (PHQ-2, PHQ-9)</li> <li>✓ Alcohol Misuse Screening (Audit, Audit-C, CAGE)</li> </ul>
<p><b>Provider (i.e., Physician, Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, or other licensed provider or medical professional working under the direct supervision of a physician)</b></p>	<p><b>Visit</b></p>	<ol style="list-style-type: none"> <li><b>1. Review Health Risk Assessment (HRA) with the patient and address concerns</b></li> <li><b>2. Establish a written screening schedule for the beneficiary, including any age or gender-appropriate screenings such as</b> <ul style="list-style-type: none"> <li>✓ Colorectal cancer screening</li> <li>✓ Mammography</li> <li>✓ Annual Pap screening</li> <li>✓ Bone Density Testing</li> <li>✓ Ultrasound screening for Abdominal Aortic Aneurysm (AAA)</li> <li>✓ Prostate cancer screening</li> <li>✓ Hepatitis C and HIV</li> <li>✓ Influenza, Pneumococcal and Hepatitis B vaccinations</li> </ul> </li> <li><b>3. Create a list of risk factors and conditions, including recommended interventions</b></li> <li><b>4. Share personalized health advice to the beneficiary and provide referrals to specialists, health education or preventive counseling services or programs, including:</b> <ul style="list-style-type: none"> <li>✓ Tobacco cessation</li> <li>✓ Nutrition</li> <li>✓ Weight loss</li> <li>✓ Fall prevention</li> </ul> </li> </ol>



Figure 2: Process Flow





**BILLING AND REIMBURSEMENT OF THE ANNUAL WELLNESS VISIT**

**The AWV may be administered by a:**

- ✓ Physician
- ✓ Physician Assistant
- ✓ Nurse Practitioner
- ✓ Clinical Nurse Specialist
- ✓ Other licensed provider or medical professional working under the direct supervision of a physician.

**Evaluation and Management Services**

Medicare will pay for a medically necessary E/M service (99201-99215) billed on the same date of service as the AWV. The E/M code must be billed with modifier -25. If a separate service is provided on the same day as the AWV, the beneficiary needs to be notified that a copay or coinsurance may be required for the additional service.

**Table 4: Frequently Used Codes for the AWV**

Frequently Used Codes for the AWV with Estimated Payments		
HCPSC Code	Description	National Payment Amount
<b>G0402</b>	Initial Preventive Exam “Welcome to Medicare Visit” (IPPE)	\$169.57
<b>G0438</b>	Initial Annual Wellness Visit (AWV)	\$169.57
<b>G0439</b>	Subsequent Annual Wellness Visit	\$144.80
<b>G0442</b>	Alcohol Misuse Screening	\$19.03
<b>G0443</b>	Annual Depression Screening	\$18.69
<b>G0513</b>	Prolonged Preventive Service (1st 30 min.)	\$65.75
<b>G0514</b>	Prolonged Preventive Service (additional 30 min.)	\$65.75
<b>99213</b>	Office Visit-Established Patient	\$92.05
<b>99214</b>	Office Visit-Established Patient (moderate decision making)	\$129.77
<b>99497</b>	Advanced Care Planning (30 min.)	\$85.48
<b>99498</b>	Advanced Care Planning (additional 30 min.)	\$74.06

**G0402: Initial Preventive Physical Examination (IPPE) “Welcome to Medicare Visit”**

- ✓ G0402 is a once-in-a-lifetime benefit for beneficiaries within the first 12 months of Part B coverage

**G0438: Annual Wellness Visit-Initial Visit**

- ✓ G0438 may be administered to beneficiaries who are no longer in the first 12 months of Medicare Part B coverage and who have not received an IPPE or AWV within the past 12 months

**G0439: Annual Wellness Visit-Subsequent Visit**

- ✓ G0439 is an annual benefit for beneficiaries



**BILLING AND REIMBURSEMENT OF THE ANNUAL WELLNESS VISIT (continued)****Cardiovascular Screening Blood Tests**

- 80061 – Lipid Panel
- 82465 – Cholesterol
- 83718 – Lipoprotein
- 84478 – Triglycerides
- Cardiovascular screenings may be used every 5 years for all beneficiaries with or without apparent signs or symptoms of cardiovascular disease

**Prolonged Service Codes**

- G0513 – 1st 30 minutes
- G0514 – additional 30 minutes

**Advanced Care Planning**

- 99497 – 16–30 minutes
- 99498 – additional 30 minutes

**Diabetes Screening Tests**

- 82947 – Glucose, quantitative blood (except reagent strip)
- 82650 – Glucose, post-glucose dose (includes glucose)
- 82951 – Glucose, tolerance test (GTT) 3 specimens (includes glucose)
- Diabetes tests are for beneficiaries with certain risk factors for diabetes, or have been diagnosed with pre-diabetes
- Beneficiaries previously diagnosed with diabetes are not eligible for this benefit

**Seasonal Influenza Virus Vaccine and Administration**

- Q2035, Q2036, Q2037, Q2038, Q2039
- G0008 – Administration
- All beneficiaries are eligible for an influenza vaccination once per influenza season

**Pneumococcal Vaccine and Administration**

- 90669, 90670 – Pneumococcal Conjugate Vaccine
- 90732 – Pneumococcal Polysaccharide Vaccine
- G0009 – Administration

**Screening and Behavioral Counseling Interventions in Primary Care**

- G0442 – Annual Alcohol Misuse Screening (up to 15 minutes)
- G0443 – Brief Face-to-Face Behavioral Counseling for Alcohol Misuse (15 minutes [four times a year])
- G0444 – Annual Depression Screening (up to 15 minutes)



## PATIENT INFORMATION

### Attention Patients with Medicare:

Medicare has a free benefit called the Annual Wellness Visit that will help you make a plan with your health care team for how to stay healthy.

### What is the Annual Wellness Visit?

- The Annual Wellness Visit is the opportunity to talk with your clinical providers about your medical history and your current health, and create a plan to stay healthy.

### What will happen during the Annual Wellness Visit?

- Just like a normal trip to your health care provider, a nurse will take your height, weight and blood pressure.
- The Annual Wellness Visit will allow you to discuss your medical history with your health care team and create long-term screening goals.

### When can I get the Annual Wellness Visit?

- You can get the Annual Wellness Visit after you have been enrolled in Medicare for 12 months. After your first Wellness Visit, you may get a follow up Wellness Visit every 12 months.

### Who pays for the Annual Wellness Visit?

- Medicare will pay for the Annual Wellness Visit—you may have to pay a copay for any additional services or follow up visits.

### Things to bring with you:

- A list of your medicines and dosages (be sure to include any over-the-counter drugs, vitamins, and herbal supplements)
- A list of doctors you are currently seeing
- The names of your pharmacies

### How do I schedule my visit?

- When you call your healthcare provider, let them know you would like to schedule your Annual Wellness Visit. The scheduler will help you plan for your visit, and they will send you some forms to fill out before your appointment.

## ONLINE TOOLS AND RESOURCES

### Medicare Preventive Services page:

<https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html>

### IPPE and AWV Frequently Asked Questions (FAQs) from Medicare Preventive Services:

<https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html>

### IPRO QIN-QIO Social Determinants of Health: A Guide for Getting Started:

<https://qi-library.ipro.org/2022/03/22/social-determinants-of-health-sdoh-a-guide-for-getting-started-for-gettingstarted>

### IPRO QIN-QIO Reimbursement & Resources for Screening & Supporting Patients with Substance Use Disorder:

<https://qi-library.ipro.org/2022/01/12/reimbursement-resources-for-screening-supporting-patients-withsubstance-use-disorder>

### IPRO QIN-QIO Advance Care Planning and End of Life Care: A Guide to Tools and Resources for Patients and Providers:

<https://qi-library.ipro.org/2022/04/06/advance-care-planning-and-end-of-life-care-a-guide-to-tools-and-resourcesfor-patients-and-providers>

### World Health Organization Alcohol Use Screening Tool:

<https://pubs.niaaa.nih.gov/publications/Audit.pdf>

### Centers for Disease Control Check for Safety: A Home Fall Prevention Checklist for Older Adults:

[https://www.cdc.gov/steady/pdf/check\\_for\\_safety\\_brochure-a.pdf](https://www.cdc.gov/steady/pdf/check_for_safety_brochure-a.pdf)

### Centers for Disease Control Mobility Assessment Tool:

[https://www.cdc.gov/steady/pdf/TUG\\_Test-print.pdf](https://www.cdc.gov/steady/pdf/TUG_Test-print.pdf)

This material was prepared by IPRO, and modified by Alliant Health Solutions, a Quality Innovation Network – Quality Improvement Organization (QIN – QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication No. 12SOW-AHS-QIN-QIO-TO1-PCH-2475-08/18/22