



THE ABCs OF THE ANNUAL WELLNESS VISIT (AWV)

Target Audience: Medicare Fee-For-Service Program (also known as Original Medicare)

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

Medicare covers an Annual Wellness Visit (AWV) providing Personalized Prevention Plan Services (PPPS) for beneficiaries who:

- Are no longer within 12 months after the effective date of their first Medicare Part B coverage period
- Have not received an Initial Preventive Physical Examination (IPPE) or AWV within the past 12 months

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

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

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Health Risk Assessment (HRA)

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

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

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

Acquire Beneficiary Information

Action	Elements
<input type="checkbox"/> Administer HRA	<ul style="list-style-type: none"> • Collect 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 • Account for and tailor to the communication needs of underserved populations, persons with limited English proficiency, and persons with health literacy needs • At a minimum, address 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, including but not limited to: shopping, housekeeping, managing own medications, and handling finances

Acquire Beneficiary Information (cont.)

Action	Elements
<input type="checkbox"/> Establish a list of current providers and suppliers	Include current providers and suppliers that regularly provide medical care to the beneficiary
<input type="checkbox"/> Establish the beneficiary's medical/family history	At a minimum, collect and document the following: <ul style="list-style-type: none"> ● Medical events of the beneficiary's parents, siblings, and children, including diseases 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
<input type="checkbox"/> 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 for beneficiaries without a current diagnosis of depression, which you may select from various available standardized screening tests designed for this purpose and recognized by national professional medical organizations
<input type="checkbox"/> Review the beneficiary's functional ability and level of safety	Use direct observation of the beneficiary, or select appropriate screening questions or a screening questionnaire from various available screening questions or 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

Begin Assessment

Action	Elements
<input type="checkbox"/> Assess	Obtain the following measurements: <ul style="list-style-type: none"> • Height, weight, body mass index (or waist circumference, if appropriate), and blood pressure • Other routine measurements as deemed appropriate based on medical and family history
<input type="checkbox"/> Detect any cognitive impairment the beneficiary may have	Assess the beneficiary’s cognitive function by direct observation, with due consideration of information obtained via beneficiary reports and concerns raised by family members, friends, caretakers, or others

Counsel Beneficiary

Action	Elements
<input type="checkbox"/> Establish a written screening schedule for the beneficiary, such as a checklist for the next 5 to 10 years, as appropriate	Base written screening schedule on: <ul style="list-style-type: none"> • Age-appropriate preventive services Medicare covers • 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 covered by Medicare
<input type="checkbox"/> Establish a list of risk factors and conditions for which the primary, secondary, or tertiary interventions are recommended or underway for the beneficiary	Include the following: <ul style="list-style-type: none"> • Mental health conditions • Risk factors or conditions identified through an IPPE • Treatment options and their associated risks and benefits

Counsel Beneficiary (cont.)

Action	Elements
<input type="checkbox"/> Furnish personalized health advice to the beneficiary 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
<input type="checkbox"/> Furnish, at the discretion of the beneficiary , 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 ● Explanation of advance directives, which may involve the completion of standard forms

Subsequent AWW Components: Applies for all Subsequent AWWs After a Beneficiary's First AWW

Acquire Updated Beneficiary Information

Action	Elements
<input type="checkbox"/> Update HRA	<ul style="list-style-type: none"> • Collect self-reported information from the beneficiary <ul style="list-style-type: none"> ◦ You or the beneficiary can update the HRA before or during the AWW 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
<input type="checkbox"/> Update the list of current providers and suppliers	Include current providers and suppliers regularly involved in providing medical care to the beneficiary
<input type="checkbox"/> Update the beneficiary's medical/family history	At a minimum, update and document the following: <ul style="list-style-type: none"> • Medical events of the beneficiary's parents, siblings, and children, including diseases 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

Begin Assessment

Action	Elements
<input type="checkbox"/> Assess	Obtain the following measurements: <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
<input type="checkbox"/> Detect any cognitive impairment the beneficiary may have	Assess the beneficiary’s cognitive function by direct observation, with due consideration of information obtained via beneficiary reports and concerns raised by family members, friends, caretakers, or others

Counsel Beneficiary

Action	Elements
<input type="checkbox"/> Update the written screening schedule for the beneficiary	Base written screening schedule on: <ul style="list-style-type: none"> • Age-appropriate preventive services Medicare covers • Recommendations from the USPSTF and the ACIP • The beneficiary’s HRA, health status and screening history, and age-appropriate preventive services covered by Medicare
<input type="checkbox"/> Update the list of risk factors and conditions for which primary, secondary, or tertiary interventions are recommended or underway for the beneficiary	Include the following: <ul style="list-style-type: none"> • Mental health conditions • Risk factors or conditions identified • Treatment options and their associated risks and benefits
<input type="checkbox"/> Furnish personalized health advice to the beneficiary 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

Counsel Beneficiary (cont.)

Action	Elements
<input type="checkbox"/> Furnish, at the discretion of the beneficiary , 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 • 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

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 who are 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.

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 he or she were 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
- Billed with modifier -33 (Preventive Service)
- Furnished by the same provider as the covered AWV
- Billed on the same claim as the AWV

The deductible and coinsurance for ACP are waived only once per year, when it is billed with the AWV. If the AWV billed with ACP is denied for exceeding the once per year limit, the deductible and coinsurance will be applied to the ACP.

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

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

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- 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 resources on Medicare preventive services.

Who is eligible for the AWV?

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

Is the AWV the same as a beneficiary's yearly physical?

No. The AWV is not a routine physical checkup that some seniors 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 AWV?

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

Do deductible or coinsurance/copayment apply for the AWV?

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

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

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

Preparing Eligible Medicare Beneficiaries for the AWV

Providers can help eligible Medicare beneficiaries get ready for their AWV by encouraging them to come prepared with the following information:

- Medical records, including immunization records
- Family health history, in as much detail as possible
- A full list of medications and supplements, including calcium and vitamins – how often and how much of each is taken
- A full list of current providers and suppliers involved in providing care

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?

You have different options for accessing AWV 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) to see what options are 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 AWV service)	GPO.gov/fdsys/pkg/CFR-2016-title42-vol2/pdf/CFR-2016-title42-vol2-part410-subpartB.pdf
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 CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf Chapter 18, Section 140 CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf

AWV Resources (cont.)

Resource	Website
MLN Guided Pathways: Provider Specific Medicare Resources	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Provider_Specific_Booklet.pdf
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 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
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
Resources for Medicare Beneficiaries Publication	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN905183.html

Hyperlink Table

Embedded Hyperlink	Complete URL
The ABCs of the Initial Preventive Physical Examination (IPPE)	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243320.html
Advisory Committee on Immunization Practices ACIP	https://www.cdc.gov/vaccines/acip
Framework for Patient-Centered Health Risk Assessments Publication	https://www.cdc.gov/policy/hst/HRA/FrameworkForHRA.pdf
Medicare Preventive Services Webpage	https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo
Preventive Services Educational Tool	https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html
United States Preventive Services Task Force USPSTF	https://www.uspreventiveservicestaskforce.org
Your MAC	https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map

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