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

- Are not within the first 12 months of their first Medicare Part B coverage period; and
- Have not received an Initial Preventive Physical Examination (IPPE) or AWV within the past 12 months.

This document 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.


**Health Risk Assessment (HRA)**

The AWV includes a Health Risk Assessment (HRA). While you can find a brief summary of the minimum elements in the HRA below, the Centers for Disease Control and Prevention’s (CDC) “A Framework for Patient-Centered Health Risk Assessments: Providing Health Promotion and Disease Prevention Services to Medicare Beneficiaries” includes sections about:

- The history of HRAs;
- Definition of the HRA framework and rationale for its use;
- HRA use and follow-up interventions that evidence suggests can influence health behaviors; and
- A suggested set of HRA questions.

For more information about HRAs, including a sample HRA, refer to [http://www.cdc.gov/policy/hst/hra/FrameworkForHRA.pdf](http://www.cdc.gov/policy/hst/hra/FrameworkForHRA.pdf) on the CDC website.
## Acquire Beneficiary Information

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<th>Acquire Beneficiary Information</th>
<th>Required Elements</th>
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| Administer HRA                  | - Collects self-reported information from the beneficiary;  
  - You or the beneficiary can complete the HRA before or during the AWV encounter;  
  - Accounts for the communication needs of underserved populations, persons with limited English proficiency, and persons with health literacy needs and is appropriately tailored to their needs;  
  - Takes no more than 20 minutes to complete; and  
  - At a minimum, addresses the following topics:  
    - 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; and  
    - Instrumental ADLs, including, but not limited to: shopping, housekeeping, managing own medications, and handling finances. |
| Establish a list of current providers and suppliers | Include current providers and suppliers regularly involved in providing medical care to the beneficiary. |
| Establish the beneficiary’s medical/family history | At a minimum, collect and document the following:  
  - Medical events in 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; and  
  - Use of, or exposure to, medications and supplements, including calcium and vitamins. |
| 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. |
| 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:  
  - Ability to successfully perform ADLs;  
  - Fall risk;  
  - Hearing impairment; and  
  - Home safety. |
### Begin Assessment

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| ☐ Assess | Obtain the following measurements:  
  - Height, weight, body mass index (or waist circumference, if appropriate), and blood pressure; and  
  - Other routine measurements as deemed appropriate based on medical and family history. |
| ☐ 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

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| ☐ 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:  
  - Age-appropriate preventive services Medicare covers;  
  - Recommendations from the United States Preventive Services Task Force (USPSTF) and the Advisory Committee on Immunization Practices (ACIP); and  
  - The beneficiary’s HRA, health status, and screening history. |
| ☐ 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:  
  - Any mental health conditions or any risk factors or conditions identified through an IPPE; and  
  - A list of treatment options and their associated risks and benefits. |
| ☐ Furnish personalized health advice to the beneficiary and a referral, as appropriate, to health education or preventive counseling services or programs | Includes referrals to programs aimed at:  
  - Community-based lifestyle interventions to reduce health risks and promote self-management and wellness;  
  - Fall prevention;  
  - Nutrition;  
  - Physical activity;  
  - Tobacco-use cessation; and  
  - Weight loss. |
### Subsequent AWV Components: Applies for all Subsequent AWVs After a Beneficiary’s First AWV

#### Acquire Update of Beneficiary History

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| Update HRA                              | • Collects self-reported information from the beneficiary;  
• You or the beneficiary can complete the update of HRA before or during the AWV encounter;  
• Takes no more than 20 minutes to complete; and  
• At a minimum, addresses the following topics:  
  • Demographic data;  
  • Self-assessment of health status;  
  • Psychosocial risks;  
  • Behavioral risks;  
  • ADLs, including, but not limited to: dressing, bathing, and walking; and  
  • Instrumental ADLs, including, but not limited to: shopping, housekeeping, managing own medications, and handling finances. |

| Update the list of current providers and suppliers | Include current providers and suppliers regularly involved in providing medical care to the beneficiary. |

| Update the beneficiary’s medical/family history | At a minimum, update and document the following:  
• Medical events in 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; and  
• Use of, or exposure to, medications and supplements, including calcium and vitamins. |

#### Begin Assessment

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| Assess           | Obtain the following measurements:  
• Weight (or waist circumference, if appropriate) and blood pressure; and  
• Other routine measurements as deemed appropriate based on medical and family history. |

| Detect any cognitive impairment that 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

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| Update the written screening schedule for the beneficiary | Base written screening schedule on:  
- Age-appropriate preventive services Medicare covers;  
- Recommendations from the USPSTF and the ACIP; and  
- The beneficiary’s health status and screening history. |
| Update the list of risk factors and conditions for which primary, secondary, or tertiary interventions are recommended or underway for the beneficiary | Include any such risk factors or conditions identified. |
| Furnish personalized health advice to the beneficiary and a referral, as appropriate, to health education or preventive counseling services or programs | Includes referrals to programs aimed at:  
- Community-based lifestyle interventions to reduce health risks and promote self-management and wellness;  
- Fall prevention;  
- Nutrition;  
- Physical activity;  
- Tobacco-use cessation; and  
- Weight loss. |

### Other Medicare Part B Preventive Services

- Alcohol Misuse Screening and Counseling
- Bone Mass Measurements
- Cardiovascular Disease Screening Tests
- Colorectal Cancer Screening
- Counseling to Prevent Tobacco Use (for Asymptomatic Beneficiaries)
- 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
- IPPE
- Intensive Behavioral Therapy (IBT) for Cardiovascular Disease (CVD), also known as a CVD risk reduction visit
- IBT for Obesity
- Medical Nutrition Therapy (MNT)
- Prostate Cancer Screening
- Screening for Sexually Transmitted Infections (STIs) Screening 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)

For additional information on Medicare preventive services, visit [http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/PreventiveServices.html](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/PreventiveServices.html) on the CMS website, or scan the Quick Response (QR) code on the right.
Lung Cancer Screening Counseling and Annual Screening for Lung Cancer with Low Dose Computed Tomography


Coding, Diagnosis, and Billing

Coding
Use the following Healthcare Common Procedure Coding System (HCPCS) codes when filing claims for AWVs.

AWV HCPCS Codes and Descriptors

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<tr>
<th>AWV HCPCS Codes</th>
<th>Billing Code Descriptors</th>
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<tbody>
<tr>
<td>G0438</td>
<td>Annual wellness visit; includes a personalized prevention plan of service (PPPS), initial visit</td>
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<tr>
<td>G0439</td>
<td>Annual wellness visit, includes a personalized prevention plan of service (PPPS), subsequent visit</td>
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Diagnosis

Since CMS does not require a specific diagnosis code for the AWV, you may choose any appropriate diagnosis code. You must report a diagnosis code.

Billing

Medicare Part B covers 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); or
- Medical professional (including a health educator, registered dietitian, nutrition professional, or other licensed practitioner), or a team of such medical professionals who are working under the direct supervision of a physician (doctor of medicine or osteopathy).

When you provide a significant, separately identifiable, medically necessary Evaluation and Management (E/M) service in addition to the AWV, Medicare may pay for the additional service. Report the 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.

Who Can Get 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 gotten either an IPPE or an AWV within the past 12 months (that is, at least 11 months have passed following the month in which the IPPE or the last AWV was performed). Medicare pays for only one first AWV per beneficiary per lifetime and pays for one subsequent AWV per year thereafter.

Frequently Asked Questions (FAQs)

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 every year or so 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.
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 the jurisdiction where you practice. You may be able to 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 check beneficiary eligibility. For MAC contact information, visit http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map on the CMS website.

Resources

AWV Resources

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<th>Resource</th>
<th>Website</th>
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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; and
- A full list of current providers and suppliers involved in providing care.
AWV Resources (cont.)

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