

The ABCs of the Annual Wellness Visit (AWV)

Please note: The information in this publication applies only to the Medicare Fee-For-Service Program (also known as Original Medicare).

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.

NOTE: The AWV is a separate service from the IPPE. For more information about the IPPE, refer to “The ABCs of the Initial Preventive Physical Examination (IPPE)” at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243320.html> on the Centers for Medicare & Medicaid Services (CMS) website.

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/ohsc/HRA/FrameworkForHRA.pdf> on the CDC website.



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Initial AWW Components: Applies for the First Time a Beneficiary Receives an AWW

Acquire Beneficiary Information

Acquire Beneficiary Information	Required Elements
<input type="checkbox"/> Administer HRA	<ul style="list-style-type: none"> ▪ Collects self-reported information from the beneficiary; <ul style="list-style-type: none"> • You or the beneficiary can complete the HRA before or during the AWW 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: <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; and • Instrumental ADLs, including, but not limited to: shopping, housekeeping, managing own medications, and handling finances.
<input type="checkbox"/> Establish a list of current providers and suppliers	<p>Include current providers and suppliers regularly involved in providing medical care to the beneficiary.</p>
<input type="checkbox"/> Establish the beneficiary's medical/family history	<p>At a minimum, collect and document the following:</p> <ul style="list-style-type: none"> ▪ 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.
<input type="checkbox"/> Review the beneficiary's potential risk factors for depression, including current or past experiences with depression or other mood disorders	<p>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.</p>
<input type="checkbox"/> Review the beneficiary's functional ability and level of safety	<p>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:</p> <ul style="list-style-type: none"> ▪ Ability to successfully perform ADLs; ▪ Fall risk; ▪ Hearing impairment; and ▪ Home safety.

Begin Assessment

Begin Assessment	Required 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; and ▪ 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

Counsel Beneficiary	Required 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); and ▪ The beneficiary's HRA, health status, and screening history.
<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"> ▪ 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.
<input type="checkbox"/> 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: <ul style="list-style-type: none"> ▪ 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 AWW Components: Applies for all Subsequent AWWs After a Beneficiary's First AWW

Acquire Update of Beneficiary History

Acquire Update of Beneficiary Information	Required Elements
<input type="checkbox"/> Update HRA	<ul style="list-style-type: none"> ▪ Collects self-reported information from the beneficiary; <ul style="list-style-type: none"> • You or the beneficiary can complete the update of HRA before or during the AWW encounter; ▪ Takes no more than 20 minutes to complete; and ▪ At a minimum, addresses 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; and • 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 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

Begin Assessment	Required Elements
<input type="checkbox"/> Assess	Obtain the following measurements: <ul style="list-style-type: none"> ▪ Weight (or waist circumference, if appropriate) and blood pressure; and ▪ Other routine measurements as deemed appropriate based on medical and family history.
<input type="checkbox"/> 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

Counsel Beneficiary	Required 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; and ▪ The beneficiary’s health status and screening history.
<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 any such risk factors or conditions identified.
<input type="checkbox"/> 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: <ul style="list-style-type: none"> ▪ 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> 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

Effective February 5, 2015, Medicare began covering lung cancer screening counseling and a shared decision making visit, and for appropriate beneficiaries, annual screening for lung cancer with low dose computed tomography (LDCT). For more information, visit <http://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=274> on the CMS website.

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

AWV HCPCS Codes	Billing Code Descriptors
G0438	Annual wellness visit; includes a personalized prevention plan of service (PPPS), initial visit
G0439	Annual wellness visit, includes a personalized prevention plan of service (PPPS), subsequent visit

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.

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.

Resources

AWV Resources

Resource	Website
CMS FAQs about the AWV	https://questions.cms.gov/faq.php?id=5005&rtopic=1991&rsubtopic=7749
“Medicare Benefit Policy Manual” (Publication 100-02)	Chapter 15 http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf
“Medicare Claims Processing Manual” (Publication 100-04)	Chapter 12, Section 30.6.1.1 http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf Chapter 18, Section 140 http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf
Medicare Learning Network® (MLN) Guided Pathways (GPs)	http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Guided_Pathways.html
MLN Matters® Article MM7079, “Annual Wellness Visit (AWV), Including Personalized Prevention Plan Services (PPPS)”	http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM7079.pdf
MLN Matters® Article MM8881, “Medicare Coverage of Ultrasound Screening for Abdominal Aortic Aneurysms (AAA) and Screening Fecal-Occult Blood Tests (FOBT)”	http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8881.pdf

AWV Resources (cont.)

Resource	Website
MLN Matters® Article SE1338, “Improve Your Patients’ Health with the Initial Preventive Physical Examination (IPPE) and Annual Wellness Visit (AWV)”	http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1338.pdf
“Preventive Services Chart” Educational Tool	http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243319.html
Preventive Services MLN Web Page	http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/PreventiveServices.html
“Resources for Medicare Beneficiaries” Fact Sheet	http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN905183.html



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