



Medicare Annual Wellness Visit Guide

Background

Established in 2010 through the Affordable Care Act, **the Annual Wellness Visit (AWV) was designed to encourage monitoring physical and cognitive abilities and develop plans to decrease the impact of increasing frailty on everyday life for elders.** Several of the chronic conditions experienced by elders are typically not of acute onset. These conditions often display minor symptoms at earlier stages that may be missed if not specifically screened for. **The AWV isn't a routine physical.** Per CMS: "We don't cover routine physical exams."

Why Perform an Annual Wellness Visit?

The Medicare Annual Wellness Visit is a valuable tool to promote preventive healthcare to your patients. It is one of the most effective means to accurately assess a patient's health over time.

It is also an opportunity to identify current needs, recognize deterioration, and avoid potential complications so that you can create a personalized plan for your patients' wellness and preventive care.

The goals of these visits are to **identify at-risk patients**, including those:

- Living alone in our community
- Increasing weakness
- Memory complaints
- With six or more chronic medications

These visits are also an **opportunity to close gaps** in care such as:

- Review chronic conditions
- Update immunizations
- Personalized care plan
- Highlight preventative services

Who Can Perform AWVs?

A "health professional" which includes the following:

- Physician (MD/DO)
- Physician assistant (PA)
- Nurse practitioner (NP)
- Clinical nurse specialist
- Medical professional (including health educator, RD, nutrition professional, or other licensed practitioner) or a team of such medical professionals, working under the direct supervision of a physician.

Opportunity for HCC Coding

AWVs are an opportune time to update a patient's HCC codes. Identified ICD-10 codes at the AWV may be cross-walked to an appropriate HCC code which may impact the patient's RAF score. This RAF score may be impactful for purposes of ACO benchmarking and Medicare Advantage reimbursement.

AWV Step-by-Step

Step 1: Schedule the Visit

- Contact patients to schedule an Annual Wellness Visit (AWV)
- On the day of the visit or sent electronically before the visit, your staff will provide a brief questionnaire
 - Questionnaire should include **medical and vaccination history, PHQ-9, and health risk questions**



Step 2: Meet with the Patient

- A qualified health professional will review the patient questionnaire and talk with the patient about health changes, care gaps, and the need for preventive services. Staff documents this information for the physician in their EHR/EMR.
- Perform a health risk assessment (HRA)
 - Elements of the HRA include psychosocial behavior risks, activities of daily living (ADLs), etc.
 - **The HRA can be completed in 20 minutes**
- A review of the patient’s functional ability will help determine home safety and future fall risk.
- Capture a list of the patient’s current providers and medications for increased care coordination.

Step 3: Create a Treatment Plan

- Assist the patient in setting health goals and document those goals in your EHR/EMR.
 - The treatment plan should include information on **fall prevention, physical activity, nutrition, tobacco use cessation, weight loss, and community-based resources.**
 - The plan should also address **mental health or other risk factors** identified in the visit or PHQ-9
- **Note: No physical exam is required during the AWW**

Step 4: Submit Claims

- Once steps 1 to 3 are completed, a member of your staff will submit a claim for the AWW.
- CMS may pay for the additional service when you perform an AWW and a medically necessary Evaluation and Management (E/M) service. **Report the additional CPT code with modifier -25.**
 - Refer to the [CMS website](#) for more detailed information on the use of modifiers.
 - **PCF Participating Providers:** CMS will only pay one flat visit fee (FVF) for all eligible HCPCS codes provided on the same date of service. Refer to the [CMS website](#) for more detailed information.
- **You must report a diagnosis code when submitting AWW claims.** CMS does require you to use a specific code, meaning you may choose any diagnosis code consistent with the patient’s exam.
- The following codes should be used depending on the nature of the visit:

AWW HCPCS Coding:

- G0402** Initial preventive physical examination; face-to-face visit; services limited to new beneficiary during the first 12 months of Medicare enrollment
- G0438** Initial visit; AWW includes personalized prevention plan of service (PPPS)
- G0439** Subsequent visit; AWW includes PPPS

Advanced Care Planning Codes:

- 99497** Advance care planning; includes explanation and discussion of advance directives, completion of the standard forms by the physician or other qualified healthcare professional; first 30 minutes, face-to-face with patient, family member(s), or surrogate
- 99498** Advanced care planning; each additional 30 minutes; (List separately in addition to the 99497 code)

Disclaimer: This information is not intended to dictate or substitute your professional judgment in a particular patient.

References

- [CMS, Medicare Wellness Visits \(2023\)](#)
- [CMS, Primary Care First \(PCF\) Model Cohort 2 Applicant Webinar Frequently Asked Question Supplement](#)

For more info, visit our website

