

A Guide to Medicare Annual Wellness Visits

MEDICARE AWV OVERVIEW


The Medicare Annual Wellness Visit (AWV) is a preventive visit covered by Medicare at no cost to patients. Medicare Annual Wellness Visits are a great way to connect with your patients, focus on issues that may be overlooked in routine physical exams and develop a long-term preventive care plan.

There are three types of preventive wellness visits covered by Medicare:

Welcome to Medicare Visit (G0402)	Initial Medicare Annual Wellness Visit (G0438)	Subsequent Medicare Annual Wellness Visit (G0439)
<ul style="list-style-type: none"> <input type="checkbox"/> Medicare pays for one per lifetime <input type="checkbox"/> Must be done in first 12 months of Part B coverage <input type="checkbox"/> Includes a visual acuity screening and allows for a one-time electrocardiogram screen 	<ul style="list-style-type: none"> <input type="checkbox"/> Applies the first time a beneficiary receives an AWV <input type="checkbox"/> Patient is eligible after the first 12 months of Part B coverage <input type="checkbox"/> Patient hasn't completed a Welcome to Medicare Visit in the past 12 months 	<ul style="list-style-type: none"> <input type="checkbox"/> Applies to all AWVs after a beneficiary's initial AWV <input type="checkbox"/> No AWV within the past year

MEDICARE AWV EXAMPLE

Three Medicare members want to schedule a preventive visit with you.




James
Has had Medicare for **5 months**

According to Medicare criteria, James is eligible for a **Welcome to Medicare Visit** because he enrolled in Medicare less than 12 months ago.
2.43 RVUs



Anthony
Has had Medicare for **18 months**

According to Medicare criteria, Anthony is eligible for an **Initial Medicare AWV** because he's had Medicare for longer than 12 months and has never had an AWV.
2.43 RVUs



Mary
Has had Medicare for **3 years**, had an initial Medicare AWV 13 months ago

According to Medicare criteria, Mary is eligible for a **Subsequent Medicare AWV** because she's had Medicare longer than 12 months and it's been at least 12 months since her initial AWV.
1.50 RVUs

ADDRESSING CARE GAPS AND PREVENTIVE SCREENINGS

The AWV is an ideal time to review open care gaps for your patients and ensure that all vaccinations, screenings and other preventive services are current. The following list includes vaccinations that Medicare provides at NO cost to the patient and preventive screenings that can be scheduled in advance at an AWV:

	Vaccinations:	<input checked="" type="checkbox"/>	Influenza	<input checked="" type="checkbox"/>	Pneumonia	<input checked="" type="checkbox"/>	Hepatitis B	<input checked="" type="checkbox"/>	COVID-19	<input checked="" type="checkbox"/>	Shingles*
	Screenings:	<input checked="" type="checkbox"/>	Breast Cancer screening	<input checked="" type="checkbox"/>	Colorectal Cancer screening	<input checked="" type="checkbox"/>	Comprehensive Diabetes care				

*Dependent on Part D coverage

APPOINTMENT STRUCTURE

Medicare Annual Wellness Visits are not head-to-toe physicals. During the visit, important information is gathered to develop a long-term preventive care plan.



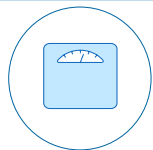
VISIT COMPARISON

The chart below depicts the Centers for Medicare and Medicaid Services required components of each visit.

Required Components (at a minimum)	Welcome to Medicare Visit	Initial Medicare Annual Wellness Visit	Subsequent Medicare Annual Wellness Visit
Establish/update Health Risk Assessment		X	X
Document height, weight, BMI and blood pressure	X	X	X
Document current medications and supplements	X	X	X
Review current opioid prescriptions and assess pain and risk factors. Provide non-opioid treatment options	X	X	X
Establish/update a list of current providers		X	X
Obtain and document medical, surgical and family history	X	X	X
Establish/update a list of the patient's risk factors, conditions and treatment options		X	X
Depression screening	X	X	
Assess cognitive function		X	X
Visual acuity screening	X		
One time EKG/ECG Screen	X		
Review patient's functional ability and level of safety	X	X	
Advance Care Planning (with patient consent)	X	X	X
Provide education, counseling and referrals based on visit components	X	X	X
Provide a written preventive screening schedule	X	X	X
Screen for potential Substance Use Disorders (SUDs)	X	X	X

ADDITIONAL SERVICES

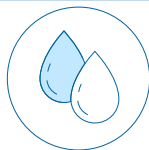
The services listed below meet value-based care contracts' quality measure requirements and fit into a Medicare AWW workflow with ease.



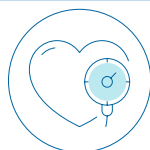
BMI screening and follow-up plan



Tobacco use and screening cessation intervention



Screening for clinical depression and follow-up plan



Blood pressure screening



Falls: screening, risk-assessment and plan of care to prevent future falls



Confirm STATIN use in patients with:

- Cardiovascular Disease
- Diabetes

BILLING AND CODING

If you perform additional services that are significant and separately identifiable from a Medicare Annual Wellness Visit, it is appropriate to bill for an evaluation and management visit in addition to the AWW. The guide below provides a brief explanation of how to bill for services commonly completed in conjunction with an AWW.

Evaluation and Management (E/M):

When additional services that are significant and separately identifiable from a Medicare preventive visit are performed, it is ABSOLUTELY appropriate to bill for an E/M visit in addition to a Medicare preventive visit.



Patients are responsible for copay/coinsurance and/or deductibles related to E/M service

Billing Example

- Medicare Annual Wellness Visit subsequent: **G0439**
- Level 3 E/M: **99213 with modifier -25**

Electrocardiogram:

Routine ECG with 12 leads; performed ONLY as a screening with Medicare's Initial Preventive Physical Examination (Welcome to Medicare Visit)



Patients are responsible for copay/coinsurance and/or deductibles related to screening ECGs.

Billing Example

- With interpretation and report: **G0403**
- Tracing only: **G0404**
- Interpretation and report only: **G0405**

Advance Care Planning:

Advance Care Planning (ACP) is a face-to-face service between a qualified health-care professional and a patient to discuss advance directives with or without completing relevant legal forms.



Medicare WAIVES copay/coinsurance and deductible when ACP is completed during an initial or subsequent Medicare AWW.

Billing Example

- Medicare AWW subsequent: **G0439**
- Advance care planning (initial 30 min): **99497 with modifier -33**
- Advance care planning (each additional 30 min): **99498 with modifier -33**

Qualified Health Professionals include:

- MD or DO
- Physician Assistant
- APRN

Depression:

The depression screening can only be billed separately for a subsequent AWW [G0439]. It is considered a component of the other AWWs [G0402, G0438] and cannot be billed separately for those visits.



G0444 is depression screening up to 15 minutes. The screening must last at least eight minutes for this code to be used.

Billing Example

- Subsequent AWW: **G0439**
- Depression screening (up to 15 minutes, 8-minute minimum) **G0444**

Vaccinations:

Billing Example

- Annual Wellness Visit Initial: **G0438**
- Administration of influenza vaccination: **G0008**
- Influenza virus vaccine: **90630 and diagnosis code Z23 (encounter for immunization)**

PATIENT AND PROVIDER BENEFITS



Quality Outcomes

- Health and wellness goals
- Questions and concerns



Care Management and Risk Capture

- Assess and address issues early before developing into something urgent
- Review care gaps
- Capture and recapture patient's health risk



Cost Savings Initiatives

- AWWs led to a 5.7% deduction in total health-care costs the 11 months following the AWW (AJMC)

PATIENT ENGAGEMENT

Despite the widespread benefits of Medicare Annual Wellness Visits, many beneficiaries are unaware of the appointment or confused about what it entails. In addition to one-on-one conversations with your patients to discuss the importance of an AWW, NHN created a number of resources to help communicate the benefits to beneficiaries and encourage them to schedule their AWW.

RESOURCES TO INCREASE ENGAGEMENT

Visit the Provider Resource Library at [NebraskaHealthNetwork.com](https://www.NebraskaHealthNetwork.com) to access the following resources:



Outreach Letters: Clinics are encouraged to mail introductory letters to beneficiaries who are due for an exam. NHN has letter templates available that can be customized with your clinic's information.



Patient Resources: NHN has two versions of a patient overview available. One option includes a patient planning worksheet to help patients prepare for the appointment. Both resources are available in English or Spanish. Contact the NHN for printed copies.



Patient Video: NHN created a two-minute, patient-facing video to introduce the AWW and its benefits. You are encouraged to share the video on your social media channels or patient portal.



Social Media Kit: Our Medicare AWW Social Media Kit includes sample content and images that you can share from your organization's social media channels. The content can be used as is, or further customized to reflect your clinic brand.

Visit the NHN's Provider Education Module for a detailed overview of the AWW and earn 0.25 credits CMEs for viewing.