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The Medicare Annual Wellness Visit (AWV)

The Patient Protection and Affordable Care Act (ACA) waives the deductible and coinsurance/copayment for the Annual Wellness Visit (AWV).[1]

Annual Wellness Visit (AWV) with Personalized Prevention Plan Services (PPPS)		
Codes	Diagnosis Code	Description
G0438	Any appropriate code is accepted	Annual wellness visit, includes a personalized prevention plan of service (PPPS), *first visit*
G0439		Annual wellness visit, includes a personalized prevention plan of service (PPPS), *subsequent visit*

What is included in initial AWV with PPPS (G0438)?

- Health risk assessment[2]
- Establishment of medical/family history
- Establishment of list of current providers and suppliers
- Measurement of: height, weight, BMI, blood pressure and other medically necessary routine measurements
- Detection of any cognitive impairment
- Review of potential risk factors for depression
- Review of functional ability and level of safety
- Establishment of a written screening schedule
- Establishment of a list of risk factors and conditions for which interventions are recommended or are underway and a list of treatment options and their risks and benefits
- Furnishing of personalized health advice and referral, as appropriate, to health education or preventive counseling services or programs, or community-based lifestyle interventions to reduce identified risk factors and promote self-management and wellness
- Voluntary advance planning upon agreement with patient*

What is included in subsequent AWV with PPPS (G0439)?

- Update of health risk assessment
- Update of medical/family history
- Update the list of current providers and suppliers
- Measurement of weight, blood pressure and other medically necessary routine measurements
- Detection of any cognitive impairment
- Update to the written screening schedule developed in the first AWV providing PPPS
- Update to the list of risk factors and conditions for which interventions are recommended or are underway based on the list developed at the first AWV providing PPPS
- Furnishing of personalized health advice and referral, as appropriate, to health education or preventive counseling services or programs
- Voluntary advance planning upon agreement with patient*

AWV coding tips

- G0438 is for the first AWV only and is paid only once in a patient's lifetime
- G0438 or G0439 must be not be billed within 12 months of a previous billing of a "Welcome to Medicare" exam (G0402) or G0438 or G0439 for the same patient. Such subsequent claims will be denied.
- If a claim for a G0438 or G0439 is billed within the first 12 months after the effective date of the patient's Medicare Part B coverage, it will also be denied. A patient is eligible for only the "Welcome to Medicare" exam (G0402) in the first 12 months of eligibility.[3]
- When a provider performs a separately identifiable medically necessary E/M service in addition to the AWV with PPPS, CPT codes 99201-99215 reported with modifier -25 may also be billed. When medically indicated, this additional E/M service would be subject to the applicable deductible, copayment or coinsurance for office visits.

Other services provided with the AWV

If you also bill other services with the AWV, and those services are normally subject to a copayment or coinsurance, that copayment or coinsurance will still apply even if the primary reason for the visit was a routine physical exam.

Other preventive services (screenings)[4,5]

Providers may also provide and bill separately for screenings and other preventive services. Medicare Advantage plans cover many Medicare-covered preventive services.

Please follow original Medicare coding rules when billing Medicare-covered preventive services, see: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/PreventiveServices.html.

**Voluntary advance planning refers to verbal or written information regarding an individual's ability to prepare an advance directive in the case where an injury or illness causes the individual to be unable to make health care decisions and whether or not the physician is willing to follow the individual's wishes as expressed in an advance directive.*

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1. Please note, payment policies regarding the AWVs vary by plan. Please check with your contracted plan for further information prior to billing.
2. For a Framework for Patient-Centered Health Risk Assessments, see: <http://www.cdc.gov/policy/opth/hra/>
3. For more information about the "Welcome to Medicare" exam, please ask your Healthcare Advocate for the Optum brochure "Understanding & Coding Medicare Preventive Services."
4. Slight exceptions may vary from plan to plan. Please check with your contracted plan for product variances. Certain eligibility and other limitations may apply.
5. For a complete list of services and procedures that are defined as preventive services under Medicare and which have waived coinsurance/deductible, see:<http://www.cms.gov/mlnmattersarticles/downloads/SE1129.pdf> and <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE0752.pdf>.

Optum does not warrant that this easy reference guide, supplied for informational purposes, is complete, accurate or free from defects; the ICD-9-CM code book is the authoritative reference. Records should reflect a practitioner's clinical "thought process," coding and documenting the status and treatment of all conditions affecting the patient to the most specific level. In 2013, CMS announced an "updated, clinically revised CMS-HCC risk adjustment model" that differs from the proposed model. See: www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Advance2014.pdf, www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2014.pdf and www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/index.html.

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