

AWV Annual Wellness Visit

Frequently Asked Questions

What are the required components of the initial Medicare Annual Wellness Visit (AWV)?

The first Annual Wellness Visit includes:

- Health Risk Assessment
- Establishment of individual's medical and family history; and medications including supplements
- Establishment of a list of current providers and suppliers that are regularly involved in providing medical care to the individual
- Measurement of individual height, weight, BMI (or waist circumference, if appropriate) BP and other routine measurements as deemed appropriate, based on the beneficiary's medical / family history
- Review of the completed Health Risk Assessment
- Detection of any cognitive impairment that individual may have
- Review of the individual's potential (risk factors) for depression, including current or past experiences with depression or other mood disorders
- Review of individual's functional ability and level of safety
- Establishment of a written screening schedule or checklist for the next 5-10 years, based on the recommendations by the United States Preventive Services Task Force (USPSTF) and the Advisory Committee on Immunization Practices (ACIP), as well as the individual's health;
- Establishment of a list of risk factors and conditions for which primary, secondary, or tertiary interventions are recommended or are underway for the individual, including any mental health conditions or any such risk factors or conditions, and a list of treatment options and their associated risks and benefits;
- Furnishing of personalized health advice to the individual and referrals, as appropriate

Who can perform the AWV?

The AWV must be furnished by a physician (a doctor of medicine or osteopathy), a physician assistant, nurse practitioner, or clinical nurse specialist, or by a health educator, registered dietitian, nutrition professional, or other licensed practitioner or a team of medical professionals who are working under the direct supervision of a physician. When using licensed clinical staff, you must have a physician or Non-Physician Practitioner (NPP) in the office when service is rendered and the service must be billed under the supervising provider. In RHC/FQHCs, the patient must have a face-to-face visit with the core provider, but other staff on the care team may assist with elements of the AWV.

Is the AWV the same as a beneficiary's yearly physical?

No, this visit is a preventive wellness visit and not a "routine physical checkup" that some seniors may receive every year or two from their physician or other qualified non-physician practitioner. Medicare does not provide coverage for routine physical exams.

Are clinical laboratory tests part of the AWV?

No, the AWV does not include any clinical laboratory tests, but the provider may want to make referrals for such tests as part of the AWV.

AWV Annual Wellness Visit

Frequently Asked Questions

Is there a deductible or coinsurance/copayment for the AWV?

No, coverage for the AWV is provided as a Medicare Part B benefit. Both the coinsurance or copayment and the Medicare Part B deductible are waived for the AWV. Medicare pays the physician the full amount.

What is the coding and reimbursement for Annual Wellness Visits?

CMS established a billing code that physicians must use to bill for a first AWV service, G0438, and a subsequent AWV service, G0439. The 2017 Medicare payment – not adjusted for geography – was approximately \$173 for G0438 and \$117 for G0439. With the addition of the Health Risk Assessment in 2012, CMS has added additional clinical staff time.

Medicare will pay the full amount, meaning that the beneficiary does not have to pay the typical 20 percent copayment or deductible.

Can a separate Evaluation and Management (E/M) service be billed at the same visit as the AWV?

Medicare payment can be made for a significant, separately identifiable medically necessary E/M service (Current Procedural Terminology [CPT] codes 99201-99215) billed at the same visit as the AWV when billed 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. If you do provide other services at the time of the Annual Wellness Visit, you should inform the patient ahead of time that they may have a coinsurance or copay for such services.

What should be included in the Subsequent AWV?

In subsequent AWVs, the following services would be provided to an eligible beneficiary by a health professional.

Update:

- Health risk assessment (HRA) Medical/family history
- List of current providers/suppliers
- Blood pressure, weight, and other routine measurements
- Detection of any cognitive impairment
- Written screening schedule
- List of risk factors and conditions where interventions are recommended
- Personalized health advice and referrals for health education and preventive counseling

For more information on the Annual Wellness Visit click here:

<https://www.cms.gov/outreach-and-education/outreach/npc/downloads/ippe-awv-faqs.pdf>

This material was prepared by HealthInsight, the Medicare Quality Innovation Network - Quality Improvement Organization for Nevada, New Mexico, Oregon and Utah, under contract with the Centers for Medicare & Medicaid Services (CMS), and agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. #11SOW-CORP-17-19