Medicare covers an Annual Wellness Visit (AWV) providing Personalized Prevention Plan Services (PPPS). The AWV includes a Health Risk Assessment (HRA). A brief summary of the minimum elements included in the HRA is below. Additionally, the Centers for Disease Control and Prevention (CDC) published "A Framework for Patient-Centered Health Risk Assessments: Providing Health Promotion and Disease Prevention Services to Medicare Beneficiaries." This framework includes sections about the history of HRAs, defining 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, visit [http://www.cdc.gov/policy/opthra/FrameworkForHRA.pdf](http://www.cdc.gov/policy/opthra/FrameworkForHRA.pdf) on the Internet.

You must provide, or provide and refer, all components of the AWV prior to submitting a claim for the AWV. Medicare covers the AWV for beneficiaries who are no longer in the first 12 months of their first Part B coverage period. We divided this document into two sections: the first explains the elements included in the first AWV a beneficiary receives; and the second explains the elements included in all subsequent AWVs. Please note the AWV is a separate service from the Initial Preventive Physical Examination (IPPE, also known as the “Welcome to Medicare Preventive Visit”).

### Elements of the FIRST AWV Providing PPPS

<table>
<thead>
<tr>
<th>Acquire Beneficiary History</th>
<th>Description</th>
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</thead>
</table>
| **Health Risk Assessment** | - Collects self-reported information known to the beneficiary;  
- Can be administered by the beneficiary or health professional before, or as part of, the AWV encounter;  
- Takes no more than 20 minutes to complete; and  
- At a minimum, addresses the following topics:  
  ▪ Demographic data,  
  ▪ Self-assessment of health status,  
  ▪ Psychosocial risks,  
  ▪ Behavioral risks,  
  ▪ Activities of daily living (ADLs), and  
  ▪ Instrumental ADLs. |
| **Establishment of the beneficiary’s medical/family history** | At a minimum, collect and document the following:  
- Past medical and surgical history, including experiences with illnesses, hospital stays, operations, allergies, injuries, and treatments;  
- Use of or exposure to medications and supplements, including calcium and vitamins; and  
- Medical events in the beneficiary’s parents and any siblings and children, including diseases that may be hereditary or place the beneficiary at increased risk. |
| **Review of the beneficiary’s potential risk factors for depression, including current or past experiences with depression or other mood disorders** | Use any appropriate screening instrument for persons without a current diagnosis of depression, which the health professional may select from various available standardized screening tests designed for this purpose and recognized by national professional medical organizations. |
| **Review of the beneficiary’s functional ability and level of safety** | Use direct observation of the beneficiary, or any appropriate screening questions or a screening questionnaire, which the health professional may select from various available screening questions or standardized questionnaires designed for this purpose and recognized by national professional medical organizations to assess, at a minimum, the following topics:  
  ▪ Hearing impairment,  
  ▪ Ability to successfully perform ADLs,  
  ▪ Fall risk, and  
  ▪ Home safety. |
### BEGIN ASSESSMENT

| An assessment | Obtain the following measurements:  
| | ▪ 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. |

| Establishment of a list of current providers and suppliers | Include current providers and suppliers that are regularly involved in providing medical care to the beneficiary. |

| Detection of any cognitive impairment that the beneficiary may have | Assess the beneficiary’s cognitive function by direct observation, with due consideration of information obtained by way of patient reports and concerns raised by family members, friends, caretakers, or others. |

### COUNSEL BENEFICIARY

| Establishment of a written screening schedule for the beneficiary, such as a checklist for the next 5 – 10 years, as appropriate | Base written screening schedule on:  
| | ▪ Recommendations from the United States Preventive Services Task Force (USPSTF) and the Advisory Committee on Immunization Practices (ACIP),  
| | ▪ The beneficiary’s health status and screening history, and  
| | ▪ Age-appropriate preventive services covered by Medicare. |

| Establishment of 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:  
| | ▪ Any mental health conditions or any such risk factors or conditions identified through an IPPE, and  
| | ▪ A list of treatment options and their associated risks and benefits. |

| Furnishing of personalized health advice to the beneficiary and a referral, as appropriate, to health education or preventive counseling services | Includes referrals to programs aimed at:  
| | ▪ Community-based lifestyle interventions to reduce health risks and promote self-management and wellness,  
| | ▪ Weight loss,  
| | ▪ Physical activity,  
| | ▪ Tobacco-use cessation,  
| | ▪ Fall prevention, and  
| | ▪ Nutrition. |

### ACQUIRE UPDATE OF BENEFICIARY HISTORY

| Update of health risk assessment | Collects self-reported information known to the beneficiary;  
| | Can be administered by the beneficiary or health professional before, or as part of, the AWV encounter;  
| | Takes no more than 20 minutes to complete; and  
| | At a minimum, addresses the following topics:  
| | ▪ Demographic data,  
| | ▪ Self-assessment of health status,  
| | ▪ Psychosocial risks,  
| | ▪ Behavioral risks,  
| | ▪ ADLs, and  
| | ▪ Instrumental ADLs. |

| An update of the beneficiary’s medical/family history | At a minimum, update and document the following:  
| | ▪ Past medical and surgical history, including experiences with illnesses, hospital stays, operations, allergies, injuries, and treatments;  
| | ▪ Use of or exposure to medications and supplements, including calcium and vitamins; and  
| | ▪ Medical events in the beneficiary’s parents and any siblings and children, including diseases that may be hereditary or place the beneficiary at increased risk. |
**BEGIN ASSESSMENT**

- **An assessment**
  - Obtain the following measurements:
    - Weight (or waist circumference, if appropriate) and blood pressure; and
    - Other routine measurements as deemed appropriate, based on medical and family history.

- **An update of the list of current providers and suppliers, as that list was developed for the first AWV providing PPPS or previous subsequent AWV providing PPPS**
  - Include current providers and suppliers that are regularly involved in providing medical care to the beneficiary.

- **Detection of any cognitive impairment that the beneficiary may have**
  - Assess the beneficiary’s cognitive function by direct observation, with due consideration of information obtained by way of patient reports and concerns raised by family members, friends, caretakers, or others.

**COUNSEL BENEFICIARY**

- **Update of the written screening schedule for the beneficiary, as that schedule was developed at the first AWV providing PPPS or previous subsequent AWV providing PPPS**
  - Base written screening schedule on:
    - Recommendations from the USPSTF and the ACIP,
    - The beneficiary’s health status and screening history, and
    - Age-appropriate preventive services covered by Medicare.

- **Update of the list of risk factors and conditions for which the primary, secondary, or tertiary interventions are recommended or underway for the beneficiary, as that list was developed at the first AWV providing PPPS or previous subsequent AWV providing PPPS**
  - Include any such risk factors or conditions identified.

- **Furnishing of 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:
    - Community-based lifestyle interventions to reduce health risks and promote self-management and wellness,
    - Nutritional counseling,
    - Physical activity,
    - Tobacco-use cessation,
    - Fall prevention,
    - Other interventions as appropriate.

**MEDICARE PART B PREVENTIVE SERVICES**

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Initial Preventive Physical Examination (IPPE)</td>
<td><strong>NOTE:</strong> A beneficiary who is eligible for an AWV is no longer eligible for an IPPE.</td>
</tr>
<tr>
<td>Bone Mass Measurements</td>
<td>Medical Nutrition Therapy (MNT)</td>
</tr>
<tr>
<td>Cardiovascular Screening Blood Tests</td>
<td>Prostate Cancer Screening</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>Seasonal Influenza, Pneumococcal, and Hepatitis B Vaccinations and their Administration</td>
</tr>
<tr>
<td>Counseling to Prevent Tobacco Use for Asymptomatic Patients</td>
<td>Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse (effective October 14, 2011)</td>
</tr>
<tr>
<td>Diabetes Screening Tests</td>
<td>Screening for Depression in Adults (effective October 14, 2011)</td>
</tr>
<tr>
<td>Diabetes Self-Management Training (DSMT)</td>
<td>Screening Mammography</td>
</tr>
<tr>
<td>Glaucoma Screening</td>
<td>Screening Pap Tests and Pelvic Examination</td>
</tr>
<tr>
<td>Human Immunodeficiency Virus (HIV) Screening</td>
<td>Sexually Transmitted Infections (STIs) Screening and High Intensity Behavioral Counseling (HIBC) to Prevent STIs (effective November 8, 2011)</td>
</tr>
<tr>
<td>IBT for Cardiovascular Disease (effective November 8, 2011)</td>
<td>Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)</td>
</tr>
</tbody>
</table>
Notes on Medicare Part B Preventive Services


Use the following Healthcare Common Procedure Coding System (HCPCS) codes, listed in the table below, when filing claims for the AWV.

<table>
<thead>
<tr>
<th>AWV HCPCS CODES</th>
<th>BILLING CODE DESCRIPTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0438</td>
<td>Annual wellness visit; includes a Personalized Prevention Plan of Service (PPPS), initial visit</td>
</tr>
<tr>
<td>G0439</td>
<td>Annual wellness visit, includes a Personalized Prevention Plan of Service (PPPS), subsequent visit</td>
</tr>
</tbody>
</table>

Frequently Asked Questions

Who may perform the AWV?
A health professional, meaning a physician (a doctor of medicine or osteopathy), a qualified non-physician practitioner (a physician assistant, nurse practitioner, or certified clinical nurse specialist), or a 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, must furnish the AWV.

Is the AWV the same as a beneficiary’s yearly physical?
No, the AWV is a preventive wellness visit and is 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 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 want to make referrals for such tests as part of the AWV, if appropriate.

Who Is Eligible to Receive the AWV?
Medicare covers an AWV for a beneficiary who is no longer within 12 months after the effective date of his or her first Medicare Part B coverage period and who has not received either an IPPE or an AWV providing PPPS within the past 12 months (i.e., 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.

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.

Do deductible or coinsurance/copayment apply for the AWV?
No, coverage for the AWV is provided as a Medicare Part B benefit. Medicare waives both the coinsurance or copayment and the Medicare Part B deductible for the AWV.

Can I bill a separate Evaluation and Management (E/M) service at the same visit as the AWV?
Medicare may pay 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.

Which diagnosis code should I use for the AWV?
You must report a diagnosis code; however, CMS does not require a specific diagnosis code for the AWV. Therefore, you may choose any appropriate diagnosis code.

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 received 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 in which you practice. CMS suggests you check with your Medicare Administrative Contractor (MAC) to see what options are available to check eligibility for the AWV as well as other preventive services.

If a beneficiary has never had an IPPE, does Medicare cover an Ultrasound Screening for AAA ordered based on an AWV referral?
No, Medicare does not cover the ultrasound screening for AAA when ordered based on an AWV referral. Medicare coverage for a one-time ultrasound screening for AAA depends on the beneficiary meeting certain eligibility requirements, including receiving a referral as a result of an IPPE.
<table>
<thead>
<tr>
<th>RESOURCE</th>
<th>WEBSITE</th>
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[Chapter 18, Section 140](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf) |

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