

Closing Gaps & Meeting Metrics

Coding Tips & Best Practices

May 2023

Annual Wellness Visits

Medicare's Annual Wellness Visits (AWV) are yearly routine appointments with a primary care provider. These exams evaluate the patient's overall wellness and give the primary care provider vital information about the condition of the patient's health.

The AWV consists of the following:

- Complete Health Risk Assessment (HRA)
- Update of patient's medical and family history
- Update of current providers and suppliers list
- Height, weight, BMI, and blood pressure
- Detection of cognitive impairments
- Review of current opioid prescriptions
- Screening of potential substance use disorders (SUDs)
- Update of patient's list of risk factors and conditions that need and/or receive intervention (treatment options)
- Update of patient's written screening schedule (preventive services, immunizations)
- Personalized prevention plan services (e.g., referrals, counseling services, programs directed to reduce health risks including fall prevention, tobacco-use cessation, weight loss)
- Review of patient's Advance Care Planning (ACP) (the patient's advance directive)



Annual Wellness Visit Types

Type	Initial Preventive Physical Examination (IPPE)	Initial Annual Wellness Visit	Annual Wellness Visit
Description	<ul style="list-style-type: none">• Known as Welcome to Medicare visit• Services limited to new beneficiary during first 12 months of Medicare Part B enrollment	<ul style="list-style-type: none">• First Medicare AWV• For patients enrolled with Medicare more than one year• Includes a personalized prevention plan of service (PPS)	<ul style="list-style-type: none">• Yearly visits• Includes PPS
Mode	Face-to-face only	Face-to-face or telehealth	Face-to-face or telehealth
Frequency	Once in a lifetime	Once in a lifetime	Annual
CPT Code	G0402	G0438	G0439

Who can Perform an Annual Wellness Visit?

- Physician: Doctor of medicine or osteopathy
- Qualified non-physician practitioner (NPP), such as a physician assistant (PA), nurse practitioner (NP), or certified clinical nurse specialist (CCNS)
- Medical professional (including health educator, registered dietitian, nutrition professional, or other licensed practitioner) or a team of medical professionals that a physician directly supervises

Preparing Patients for the Annual Wellness Visit

Help patients prepare for their AWW by encouraging them to bring this information to their appointment:

- Medical records, including immunization records
- Detailed family health history
- Full list of medications and supplements, including calcium and vitamins, and their dosage/frequency
- Full list of current providers and suppliers involved in their care, including community-based providers (e.g., personal care, adult day care, and home-delivered meals), and behavioral health specialists

Telehealth Services

For 2023, continue billing telehealth claims with the place of service indicator for a face-to-face visit. You must use modifier 95 to identify them as telehealth services through the end of CY 2023 or the end of the year in which the public health emergency (PHE) ends. See the [codes added to the telehealth services list](#).

Note that the IPPE is not eligible for telehealth services.

Diagnosis Coding and Additional Services

Medicare has not designated a specific ICD-10-CM to use with the AWW. Choose a diagnosis code addressed during the visit or use a code from Z00-Z99. For example, Z00.00 Encounter for general adult medical examination without abnormal findings or Z00.01 Encounter for general adult medical examination with abnormal findings.

If you address a new or chronic condition in depth during the AWW, you may be able to bill an Evaluation and Management (E/M) visit for separately identifiable, medically necessary service. Report the additional CPT code with modifier -25. The documentation must satisfy medical necessity for a problem-oriented E/M separately from the components of the Annual Wellness Visit.

Example

Service	HCPCS/CPT	Diagnosis
Annual Wellness Visit	G0439	Z00.00
E/M visit	99213-25	I50.9

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AWVs are preventive services, covered in full with no additional cost to the member. However, the patient may have additional charges if the provider addresses chronic conditions or orders certain testing. Physicians may choose to discuss the possibility of more out-of-pocket costs with their patients at the time of service to help avoid confusion and frustration. Practice billing staff should also be familiar with the payers and their policies to minimize the risk of unanticipated charges.

References

- [AAPC.com/blog/78457-Whats-Included-in-an-AWV/](https://www.aapc.com/blog/78457-Whats-Included-in-an-AWV/)
- [AMA-ASSN.org/Practice-Management/cpt/Can-Physicians-Bill-Both-Preventive-and-EM-Services-Same-Visit](https://www.ama-assn.org/practice-management/cpt/can-physicians-bill-both-preventive-and-em-services-same-visit)
- [CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Preventive-Services/Medicare-Wellness-Visits.html](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Preventive-Services/Medicare-Wellness-Visits.html)
- [CMS.gov/Files/Document/mm12982-Medicare-Physician-Fee-Schedule-Final-Rule-Summary-CY-2023.pdf](https://www.cms.gov/Files/Document/mm12982-Medicare-Physician-Fee-Schedule-Final-Rule-Summary-CY-2023.pdf)
- [CMS.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes](https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes)

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