

The Annual Wellness Visit: Preventive Care for Your Medicare Advantage Patients

Incorporating quality measures during the Annual Wellness Visit (AWV) is essential to improving health outcomes and experiences for your patients, our members. This visit gives you the opportunity to review medical history, assess current health, and develop a customized plan to address any health risks. We encourage you to review these quality and coding insights about the AWV and schedule your Florida Blue Medicare Advantage patients for this visit.

Key Quality Measures

There are several Healthcare Effectiveness Data and Information Set (HEDIS^{®1}) quality measures to reference during AWV encounters:

- Adult Immunization Status (AIS)
- Advance Care Planning (ACP)
- Breast Cancer Screening (BCS)
- Colorectal Cancer Screening (COL)
- Controlling High Blood Pressure (CBP)
- Eye Exam for Patients with Diabetes (EED)

For more information about these and other HEDIS quality measures, visit FloridaBlue.com. Select *For Providers* and navigate to *Programs*, then click *Quality: HEDIS & PQA Measures*.

AWV Insights and Best Practices

- Consider adopting a consistent template for all AWV encounters to ensure preventive screenings and quality measures are discussed.
- Identify scheduled patients with hierarchical condition category (HCC) and quality measure opportunities in the Provider Link[™] platform through the Provider Portal.
- Ask relevant quality measure questions while taking patient vitals to encourage discussion, such as blood pressure.
- Assess and document all active chronic conditions that coexist at the time of the visit and require or affect patient care or management.
- Ensure the health risk assessment is completed at each AWV.
- Educate patients about their health risks and the importance of preventive screenings and vaccines.
- Assist with arranging necessary screenings, such as colon and breast cancer, diabetic retinal exams, or other needed tests.

Billing and Coding

Be sure to use the correct procedure code when filing your AWV claims, as shown below:

HCPSC Codes	Billing Code Description
G0402	Initial Preventive Physical Examination (IPPE) or Welcome to Medicare Visit: This code can only be billed when services are provided during the first 12 months the patient is enrolled in Medicare Part B; deductible and coinsurance are waived. Medicare pays for only one IPPE per beneficiary per lifetime.

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G0438	Annual wellness visit (AWV), includes a personalized prevention plan of service, initial visit: This code can only be used for those beneficiaries who are <i>no longer in the first 12-month period</i> after their Medicare Part B coverage effective date and have not received an IPPE during the first 12 months of coverage. Medicare pays for <i>one AWV per beneficiary per lifetime</i> . Subsequent wellness visits must be billed as a subsequent AWV using procedure code G0439.
G0439	Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit: This code should be used in the subsequent years to submission of an annual wellness visit, even if the patient switches to a new physician.

When a significant, separately identifiable, medically necessary evaluation and management (E/M) service is also administered, 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 IPPE or the AWV.

Need Access to Our Provider Portal?

Simply ask your Availity Essentials^{TM2} Primary Access Administrator (PAA) to select the Provider Portal role in your profile. You will find the Provider Portal tile in the Florida Blue or Truli for Health Payer Space. As a reminder, ProviderVista and Provider Link educational materials, including a user's guide, are available through the Florida Blue Learning Center in the Florida Blue payer space at essentials.availity.com.

We appreciate your commitment to your Florida Blue Medicare Advantage patients' health and well-being.

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