

# The Annual Wellness Visit

Promoting Good Health Through Disease Prevention and Detection

4/22/2025

**Closed Captioning:** *Auto-generated closed captioning is enabled in this course and is at best 70-90% accurate. Words prone to error include specialized terminology, proper names and acronyms.*



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# Objective

Provide an overview of the AWW

Encourage providers to promote and educate beneficiaries in life-saving preventive services and screenings

Assist providers in billing for AWW so claim denials may be avoided



# Today's Presenters

- Provider Outreach and Education Consultants
  - Jeanine Gombos, LPN
  - Andrea Freibauer





# Agenda

- [Preventive Services Overview](#)
- [AWV Coverage](#)
- [AWV Components](#)
- [AWV Billing](#)
- [Resources and References](#)
- [Questions](#)

# Preventive Services Overview

# Preventive Services Overview

- CMS recognizes the importance of disease prevention, early detection and lifestyle modifications that support the health of Medicare beneficiaries
- Medicare pays for over 30 preventive benefits, including
  - Shots and vaccines
  - Wellness visits
  - Diabetes-related services
  - Tests and screenings
  - Counseling and therapies
  - Mental health services

# Did You Know

- A beneficiary must be enrolled in Medicare Part B to be covered for any Medicare preventive services





# Medicare Preventive Services: Quick Reference Chart

## MLN006559 – Medicare Preventive Services

**mln**  
EDUCATIONAL TOOL  
KNOWLEDGE • RESOURCES • TRAINING

Back to MLN Print

Overview • **Telehealth Eligible Services**

### Medicare Preventive Services

× Select a Service      FAQs      Resources

Alcohol Misuse Screening & Counseling <b>T</b>	Annual Wellness Visit <b>T</b>	Bone Mass Measurement	Cardiovascular Disease Screening Test	Cervical Cancer Screening	Colorectal Cancer Screening	Counseling to Prevent Tobacco Use <b>T</b>
COVID-19 Vaccine & Administration	Depression Screening <b>T</b>	Diabetes Screening	Diabetes Self-Management Training <b>T</b>	Flu Shot & Administration	Glaucoma Screening	Hepatitis B Screening
Hepatitis B Shot & Administration	Hepatitis C Screening	HIV PrEP <b>T</b>	HIV Screening	IBT for Cardiovascular Disease <b>T</b>	IBT for Obesity <b>T</b>	Initial Preventive Physical Exam
Lung Cancer Screening <b>T</b>	Mammography Screening	Medical Nutrition Therapy <b>T</b>	Medicare Diabetes Prevention Program	Pneumococcal Shot & Administration	Prolonged Preventive Services <b>T</b>	Prostate Cancer Screening
Screening Pap Test	Screening Pelvic Exam	STI Screening & HIRC to Prevent STIs <b>T</b>	Ultrasound AAA Screening			

▲ Advance Health Equity

MLN006559 December 2024

# How Can Medicare Beneficiaries Keep Track of Their Preventive Services?

- [Are You Up-To-Date on Your Medicare Preventive Services checklist](#)

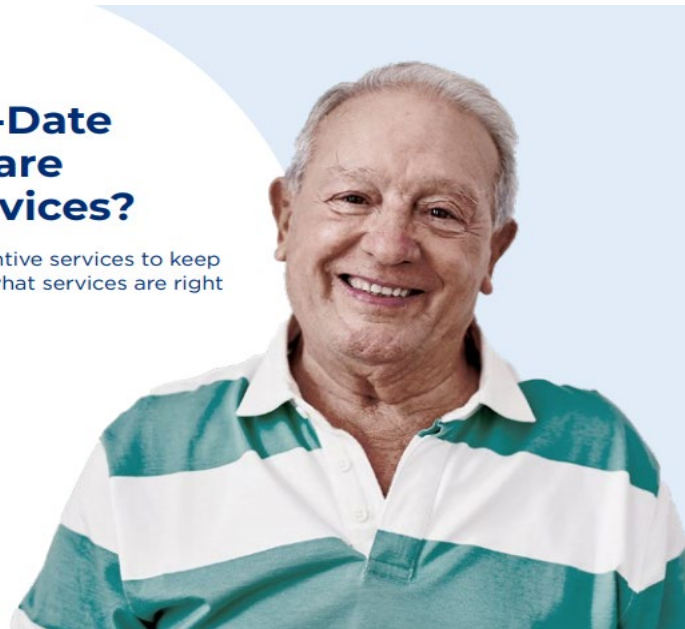
## Are You Up-To-Date on Your Medicare Preventive Services?

Medicare pays for many preventive services to keep you healthy. Ask your doctor what services are right for you.

[Medicare.gov](https://www.Medicare.gov)



Medicare



- One time "Welcome to Medicare" preventive visit—get this visit within the first 12 months you have Medicare Part B (Medical Insurance)
- Yearly "Wellness" visit—get this visit 12 months after your "Welcome to Medicare" preventive visit or 12 months after your Part B coverage starts
- Abdominal aortic aneurysm screenings
- Alcohol misuse screenings & counseling
- Bone mass measurements
- Cardiovascular behavioral therapy
- Cardiovascular disease screenings (cholesterol, lipids, triglycerides)
- Cervical & vaginal cancer screenings
- Colorectal cancer screenings
- Counseling to prevent tobacco use & tobacco-caused disease
- COVID-19 vaccines
- Depression screenings
- Diabetes screenings
- Diabetes self-management training
- Flu shots
- Glaucoma screenings
- Hepatitis B shots
- Hepatitis B Virus (HBV) infection screenings
- Hepatitis C screenings
- HIV (Human Immunodeficiency Virus) screenings
- Lung cancer screenings
- Mammograms (Breast cancer screenings)
- Medical nutrition therapy services
- Medicare Diabetes Prevention Program
- Obesity behavioral therapy
- Pneumococcal shots
- Prostate cancer screenings
- Sexually transmitted infection screenings & counseling

For more details about Medicare's coverage of preventive services, including your costs in Original Medicare, visit [Medicare.gov/publications](https://www.Medicare.gov/publications) to view or print the booklet "Your Guide to Medicare Preventive Services."

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# Deductible & Coinsurance for Preventive Services

- Medicare deductible and coinsurance waived for many preventive services
- [CR 7012](#), “Waiver of Coinsurance and Deductible for Preventive Services, Section 4104 of Patient Protection and Affordable Health Care Act, Removal of Barriers to Preventive Services in Medicare”

# AWV Coverage



# What Is an AWW?

- Visit to develop or update a personalized prevention plan to help prevent disease and disability, based on beneficiaries' current health and risk factors
- Not routine/annual physical examination

# Benefits of AWW

- Provides ongoing focus on prevention
- Can be adapted as beneficiary's health needs change over time
- Individualized prevention plan



## Who Is Covered?

- All Medicare beneficiaries who haven't received IPPE or AWW with PPS within last 12 months

# Frequency

- Initial AWW providing PPS is one-time benefit
  - Provided after at least 11 full months passed since IPPE or
  - At least 11 full months passed since Part B entitlement date when no IPPE performed
- Subsequent AWW providing PPS is annual benefit
  - Provided after at least 11 full months passed since last AWW



# Who Can Perform

- Physician
- Qualified NPP
  - NP, PA, CNS
- Medical professional (individual or team)
  - Health educator
  - Registered dietitian
  - Nutrition professional
  - Other licensed practitioner

# AWV Components

# Components of Initial AWW

- HRA
- Medical/family history
- List of current providers/suppliers
- Routine measurements
- Detection of cognitive impairment
- Review potential depression risk factors
- Review functional ability and level of safety
- Establish written screening schedule

# Components of Initial AWW

- Establish risk factors and conditions
- Provide personalized health advice and referrals
- Provide advance care planning services
- Review current opioid prescriptions
- Screen for potential SUDs
- SDOH risk assessment



# HRA

- AWW includes an HRA
  - Many different HRAs will meet minimum standards
  - Gives health care professionals flexibility to best fit beneficiary needs
- [A Framework for Patient-Centered Health Risk Assessments](#)



# Performing an HRA

- At a minimum, collect this information
  - Demographic data
  - Health status self-assessment
  - Psychosocial risks
  - Behavioral risks
  - ADLs

# Establish Patient's Medical & Family History

- At a minimum, document
  - Medical events of beneficiaries' parents, siblings, and children, including hereditary conditions placing them at increased risk
  - Past medical and surgical history (illnesses, hospital stays, operations, allergies, injuries and treatments)
  - Use of, or exposure to, medications, supplements and other substances

# AWV & Review of Opioid Use

- Performed as part of review of medical and family history component
  - Diagnosis and treatment of OUD as appropriate
  - When beneficiary using opioids, assess benefit from other, non-opioid pain therapies instead
    - Even if beneficiary doesn't have OUD but possibly at risk
- CMS' [Addressing & Improving Behavioral Health](#) website includes information on OUD

# Establish List of Current Providers & Suppliers



- Include current beneficiary providers and suppliers that regularly provide medical care, including behavioral health care

# Routine Measurements

- Height
- Weight
- Body mass index (BMI) (or waist circumference)
- Blood pressure
- Other routine measurements deemed appropriate based on medical and family history



# Detect Any Cognitive Impairments

- Check for [cognitive impairment](#)
- Assess cognitive function by direct observation or reported observations from the patient, family, friends, caregivers
- Consider using brief cognitive tests, health disparities, chronic conditions, and other factors that contribute to increased cognitive impairment risk
  - [Alzheimer's and Related Dementias Resources for Professionals](#)

# Review Potential Depression Risk Factors

- Select from various standardized depression screening tools recognized by national professional medical organizations
  - [Depression Assessment Instruments](#)
- Depression risk factors include
  - Current or past experiences with depression
  - Other mood disorders

# Review Functional Ability & Safety Level

- Use direct patient observation, appropriate screening questions, or standardized questionnaires recognized by national professional medical organizations to review:
  - Ability to perform ADLs
  - Fall risk
  - Hearing impairment
  - Home and community safety, including driving when appropriate
- Medicare offers [cognitive assessment and care plan services](#) for patients who show signs of impairment

# Establish Screening Schedule

- Base written screening schedule on
  - Checklist for the next 5–10 years
  - [U.S. Preventive Services Task Force](#) and [Advisory Committee on Immunization Practices \(ACIP\)](#) recommendations
  - Beneficiaries' HRA, health status and screening history, and age-appropriate [preventive services](#) we cover

# Establish Risk Factors & Conditions

- Include:
  - Recommendation for primary, secondary or tertiary interventions
    - Report whether interventions in progress
  - Mental health conditions, including depression, [substance use disorders](#) and cognitive impairments
  - IPPE risk factors or identified conditions
  - Treatment options and associated risks and benefits

# Provide Personalized Advice & Appropriate Referrals

- Include referrals to educational and counseling services or programs aimed at community-based lifestyle interventions to reduce health risks and promote self-management and wellness, including
  - Fall prevention
  - Nutrition
  - Physical activity
  - Tobacco-use cessation
  - Social engagement
  - Weight loss
  - Cognition



# Provide Advanced Care Planning

- Discuss preparing an advance directive in case an injury or illness prevents them from making their own health care decisions including:
  - Future care decisions they might need or want to make
  - How they can let others know about their care preferences
  - Caregiver identification
- Advance directive elements may involve completing standard forms
  - [Advance Care Planning](#) fact sheet

*We don't limit how many times a Medicare beneficiary can revisit the ACP during the year, but cost sharing applies outside the AWW*

# Review Current Opioid Prescriptions

- For beneficiaries with a current [opioid](#) prescription
  - Review any potential OUD risk factors
  - Evaluate their pain severity and current treatment plan
  - Provide information about non-opioid treatment options
  - Refer to specialist, as appropriate
- [HHS Pain Management Best Practices Inter-Agency Task Force Report](#)

*Medicare covers monthly [chronic pain management and treatment services](#)*

# Screen for Potential SUDs

- Review potential SUD risk factors and refer for treatment as appropriate
- Use of a screening tool is appropriate, but not required
  - [National Institute on Drug Abuse](#) has screening and assessment tools
- Review [Implementing Drug and Alcohol Screening in Primary Care](#) for additional information

# SDOH Risk Assessment

- Starting in 2024, Medicare includes optional [SDOH Risk Assessment](#) as part of AWW
  - Must follow standardized, evidence-based practices
  - Ensure communication aligns with beneficiaries educational, developmental and health literacy level, as well as being culturally and linguistically appropriate

# Subsequent AWW Components

- Update HRA
- Update to medical/family history
- Update list of current medical providers/suppliers
- Weight, BP, other routine measurements
- Detection of cognitive impairment
- Update to written screening schedule
- Update to risk factors and interventions
- Personalized health advice and referrals
- At beneficiary's discretion, advance care planning services

# AWV FAQs

- Does it include clinical laboratory tests?
  - No, but you may make referrals for such tests as part of the AWV, as appropriate
- Can I provide other medically necessary services on the same date as an AWV?
  - Yes, but note that deductible and/or coinsurance may be applied, and additional coding requirements typically required for those services



# Documentation

- When last AWW performed (subsequent only)
- When IPPE performed (if appropriate)
- Must show all required components performed
- Which appropriate HRA screening tool used

# AWV Billing

# TOBs

TOB	Description	TOB	Description
12X	Hospital inpatient (Part B)	71X	RHC
13X	Hospital outpatient	77X	FQHC
22X	SNF inpatient (Part B)	85X	CAH
23X	SNF outpatient		

# Billing Requirements

- Report appropriate ICD-10 diagnosis code
  - No specific diagnosis code required
- Report appropriate revenue code
  - Report appropriate HCPCS code – one unit
    - G0438: Annual wellness visit; includes a personalized prevention plan of service (PPPS); initial visit
    - G0439: Annual wellness visit; includes a personalized prevention plan of service (PPPS); subsequent visit

# Additional Billing Instructions for RHC/FQHC

- RHC
  - If only AWV provided, bill as stand-alone visit
  - If AWV provided on same DOS as another billable visit, bill AWV as incident to visit
- FQHC
  - Report payment code G0468 with revenue code 052X
  - Report AWV HCPCS code G0438 or G0439 as qualifying visit

# Billing Requirements Advance Care Planning

- Optional element
  - Face-to-face conversation between physician or other qualified health care professional and beneficiary
  - Discuss beneficiary's wishes and preferences for medical treatment if unable to speak or make decisions in future
- Coinsurance and deductible waived only if
  - Done on same day and by same provider as covered AWW
  - Billed on same claim as covered AWW
  - Billed with modifier 33 (Preventive Service)



# Billing Requirements Advance Care Planning

- Diagnosis code (no specific code required)
- Appropriate CPT code
  - CPT 99497 – ACP first 30 minutes
  - CPT 99498 – Each additional 30 minutes (add on code)

# Payment

- AWW payment based on reasonable cost for
  - CAH Method I or Method II (TOB 85X)
- AWW payment made under MPFS for
  - Hospital inpatient Part B (TOB 12X) and hospital outpatient (TOB 13X)
  - SNF inpatient Part B (TOB 22X) and SNF outpatient (TOB 23X)
  - CAH Method II (TOB 85X)
    - For professional services for the AWW (in addition to the facility payment), when those charges are reported under revenue codes 096X, 097X, or 098X
- AWW payment made via AIR for
  - RHC (TOB 71X)
- AWW payment made via PPS for
  - FQHC (TOB 77X)

# Beneficiary Cost-Sharing

- Deductible waived
- Coinsurance/copayment waived

# Why AWV Claims Did Not Pay


- Initial AWV billed within 12 months of Part B coverage effective date (RARC N130)
- Initial AWV billed within 12 months of IPPE (RARC N117)
- A second initial AWV billed for same beneficiary (RARC N117)
- Subsequent AWV billed less than 12 months after previous covered AWV (RARC N130)

# NGSConnex Preventive Services Lookup


Beneficiary Eligibility


Part B Deductibles


Medicare Advantage


Medicare Secondary Payer 


Crossover


Qualified Medicare Beneficiary 


Home Health Plan 

Hospice Notice Of Elections 


Hospice Benefit Periods 

Inpatient/SNF Spell History 

End Stage Renal Disease 

**Preventive Services** 

Audiology Screening

Hepatitis Screening 


COVID-19 Vaccine

Flu Vaccine

Pneumococcal Vaccine

## Preventive Services

Search String  **Search**  
Reset Search

Procedure	Modifier	Next Eligibility Dt 	Deductible Applies	Co-Insurance Applies
77067 - SCREENING MAMMOGRAPHY			No	No
83036 - HEMOGLOBIN; GLYCOSYLAT			No	No
92550 - TYMPANOMETRY AND REFLE			No	No
92552 - PURE TONE AUDIOMETRY (			No	No
92553 - PURE TONE AUDIOMETRY (			No	No
92555 - SPEECH AUDIOMETRY THRE			No	No
92556 - SPEECH AUDIOMETRY THRE			No	No
92557 - COMPREHENSIVE AUDIOMET			No	No
92562 - LOUDNESS BALANCE TEST,			No	No
92563 - TONE DECAY TEST			No	No

1 to 10 of 81 items

< **1** 2 3 4 ... 9 >

# FISS DDE Beneficiary Eligibility Lookup

- From Inquiries Submenu (01) choose Beneficiary/CWF (10)

```
MAP1702          NATIONAL GOVERNMENT SERVICES,#13001 UAT  ACMFA561 08/08/23
MXG9282          INQUIRY MENU                          A20233CP 14:25:57

BENEFICIARY/CWF      10      ZIP CODE FILE          19
DRG (PRICER/GROUPER) 11      OSC REPOSITORY INQUIRY 1A
CLAIM SUMMARY        12      CLAIM COUNT SUMMARY    56
REVENUE CODES        13      HOME HEALTH PYMT TOTALS 67
HCPC CODES           14      ANSI REASON CODES      68
DX/PROC CODES ICD-9  15      CHECK HISTORY          FI
ADJUSTMENT REASON CODES 16      DX/PROC CODES ICD-10   1B
REASON CODES         17      CMHC PAYMENT TOTALS    1C
INVOICE NO/DCN TRANS 88      PROV PRACTICE ADDR QUER 1D
                                NEW HCPC SCREEN        1E
                                OUD DEMO 99            1F

ENTER MENU SELECTION:

PLEASE ENTER DATA - OR PRESS PF3 TO EXIT
```

# FISS DDE Beneficiary Eligibility Lookup

- From initial Eligibility Detail Inquiry screen
  - Enter MBI and hit enter
  - Press PF8 to scroll through various screens until reach Preventive Services screens
    - MAP175J and MAP175M



# Eligibility Detail Inquiry Screen

```

MAP1751          NATIONAL GOVERNMENT SERVICES #06101 UAT      ACMFA621 02/27/25
PKX1325    SC          ELIGIBILITY DETAIL INQUIRY              A20252BB 06:34:27

MID              CURR XREF HIC              PREV XREF HIC
TRANSFER HIC    C-IND                      LTR DAYS
LN              FN              MI      SEX
DOB            ELIG FROM                ELIG THRU
ADDRESS: 1      2
           3      4
           5      6
           ZIP:

CURRENT ENTITLEMENT
PART A EFF DT   TERM DT           PART B EFF DT   TERM DT

CURRENT          BENEFIT PERIOD DATA
FRST BILL DT    LST BILL DT           HSP FULL DAYS   HSP PART DAYS
SNF FULL DAYS   SNF PART DAYS         INP DED REMAIN   BLD DED PNTS

PSYCHIATRIC
PSY DAYS REMAIN  PRE PHY DAYS USED     PSY DIS DT       INTRM DT IND

PLEASE ENTER DATA - MID, LN, FN, SEX, DOB AND ELIG FROM/THRU.
PRESS PF3-EXIT  PF8-NEXT PAGE
  
```



# FISS DDE Beneficiary Eligibility Lookup

- All eligibility fields will report
  - Next eligible date when applicable
  - Start date of benefit if service not utilized by beneficiary to date
- If eligibility date not available, will show three or four position alpha code to indicate reason why
  - PTB – Beneficiary not entitled to Part B
  - RCVD – Beneficiary already received service
  - DOD – Beneficiary not eligible due to DOD
  - GDR – Beneficiary not eligible due to gender
  - AGE – Beneficiary not eligible due to age
  - SRV – Beneficiary not eligible for the service
  - VAC – Beneficiary already vaccinated
  - 0000 – Service not applicable

# FISS DDE Preventive Services Screen MAP175J

MAP175J		NATIONAL GOVERNMENT SERVICES #06101 UAT						ACMFA621 02/27/25	
PXK1325		ACCEPTED						A20252BB 06:47:01	
MID	SC	NM	IT	DB	SX				
PRVN SERVC	TECH D	PROF D	PRVN SERVC	TECH D	PROF D	PRVN SERVC	TECH D	PROF D	
CARD/80061	080109	080109	DIAB/82951	080109	080109	AAA /	070107	070107	
CARD/82465	080109	080109	PCBE/G0101	080109	080109	PTWR/G9143	080309	080309	
CARD/83718	080109	080109	DIAB/83036	010124	010124	IPPE/G0402	080109	080109	
CARD/84478	080109	080109	PROS/G0102	080109	080109	IPPE/G0403	080109	080109	
COLO/G0104	080109	080109	PROS/G0103	080109	080109	IPPE/G0404	080109	080109	
COLO/G0105	080109	080109	PAPT/Q0091	080109	080109	IPPE/G0405	080109	080109	
COLO/G0106	080109	080109	GLAU/	080109	080109	PULM/G0424	0072	0072	
COLO/G0120	080109	080109	MAMM/	080109	080109	CR /	0000	0000	
COLO/G0121	080109	080109	PAPT/	080109	080109	ICR /	0000	0000	
FOBT/G0107	TERM	TERM	HIBC/G0445	110811	110811	AWV /G0438	0000	010111	
FOBT/G0328	080109	080109	HBV/	092816	092816	AWV /G0439	0000	010111	
FOBT/82270	080109	080109	SETS/93668	0072		BEHV/G0447	112911	112911	
IPPE/G0344	SRV	SRV	CCBB/G0327	080124		APRP/G0465			
IPPE/G0366	SRV	SRV	AUDG/	070123	070123				
IPPE/G0367	SRV	0000	HIVP/	093024	093024				
IPPE/G0368	0000	SRV	HIVS/	093024	093024				
DIAB/82947	080109	080109	HPBV/	093024	093024				
DIAB/82950	080109	080109							

PROCESS COMPLETED --- PLEASE CONTINUE  
 PRESS PF3-EXIT PF6-SCROLL FWD PF7-PREV PAGE PF8-NEXT PAGE

# FISS DDE Preventive Services Screen

## MAP175M

```

MAP175M          NATIONAL GOVERNMENT SERVICES #06101 UAT      ACMFA621 02/27/25
PKK1325         SC              ACCEPTED                    A20252BB 06:48:35
MID              NM              IT              DB              SX
PRVN SERVC TECH D PROF D ; PRVN SERVC TECH D PROF D ; PRVN SERVC TECH D PROF D
TELH/99231 010111 010111 ; BONE/77085 080109 080109 ;
TELH/99232 010111 010111 ; COCS/ 100914 ;
TELH/99233 010111 010111 ; LDCT/G0297 AGE AGE ;
TELH/99307 010111 010111 ; HPVS/G0476 AGE ;
TELH/99308 010111 010111 ; HIVS/ 041315 SRV ;
TELH/99309 010111 010111 ; BONE/0508T 080109 080109 ;
TELH/99310 010111 010111 ; BONE/0554T ;
BEHV/G0442 101411 101411 ; BONE/0555T ;
BEHV/G0443 110811 110811 ; SVC BONE/0556T ;
BEHV/G0444 101411 101411 ; BONE/0557T ;
BEHV/G0446 110811 110811 ; BONE/0558T ;
BONE/77078 080109 080109 ; ABPM/93784 070219 070219 ;
BONE/77080 080109 080109 ; ACUP/ 012120 012120 ;
BONE/77081 080109 080109 ; LDCT/71271 AGE AGE ;
BONE/76977 080109 080109 ;
BONE/G0130 080109 080109 ;
BEHV/G0473 010115 010115 ;
HCAS/G0472 060214 060214 ;
PROCESS COMPLETED --- PLEASE CONTINUE
PRESS PF3-EXIT PF5-SCROLL BKWD PF7-PREV PAGE PF8-NEXT PAGE
  
```

# Resources and References

# CMS Resources and References

- [Preventive Services](#)
- MLN Educational Tool®: [MLN006559 – Medicare Preventive Services](#)
- MLN Educational Tool®: [MLN6775421 – Medicare Wellness Visits](#)
- MLN Matters® [SE18004: Review of Opioid Use during the Initial Preventive Physical Examination \(IPPE\) and Annual Wellness Visit \(AWV\)](#)
- [CMS IOM Publications](#)
  - 100-02, *Medicare Benefit Policy Manual*, Chapter 15, Section 280, Preventive and Screening Services
  - 100-04, *Medicare Claims Processing Manual*,
    - Chapter 9, Rural Health Clinics/Federally Qualified Health Centers, Section 70 – General Billing Requirements for Preventive Services
    - Chapter 18, Preventive and Screening Services, Section 80 – Initial Preventive Physical Examination (IPPE)

# Resources and References - Beneficiaries

- [Medicare.gov](https://www.medicare.gov)
  - [Preventive Services](#)
  - [Are You Up-To-Date on Your Medicare Preventive Services](#) checklist
- [Medicare & You: Medicare's Preventive Benefits – YouTube](#)

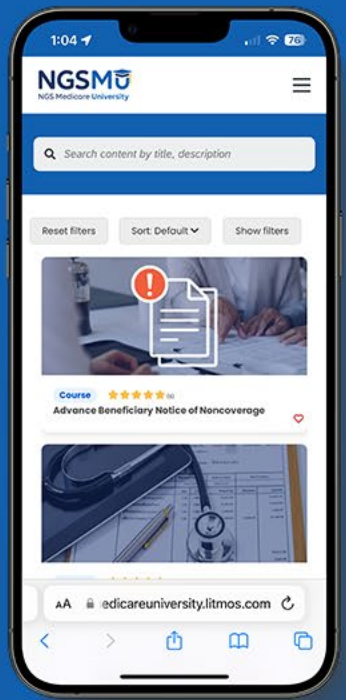
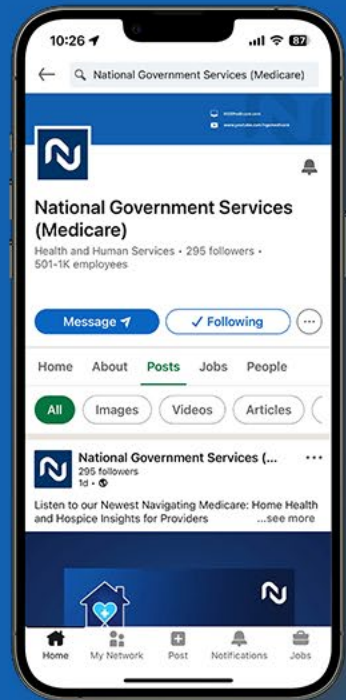
# Resources

- [MLN Matters articles](#)
- [MLN Publications & Multimedia](#)
  - Preventive Services Educational Products web page
  - MLN Products Catalog
  - Web-based training
- [MCD Search](#)


# NGS Resources and References

- [NGS website](#)
  - Education > Specialties > Preventive Services
    - Links to CMS references
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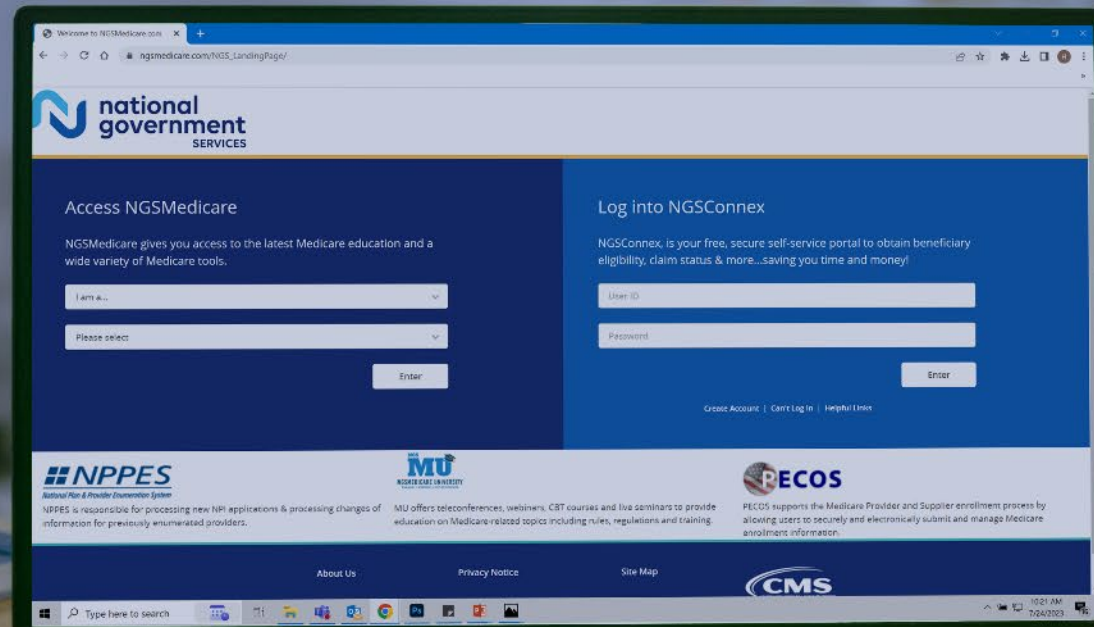
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# Questions?

Thank you!