Medicare Annual Wellness Visit—Fact Sheet

What is an Medicare Annual Wellness Visit (AWV)?
The purpose of an AWV is to get a comprehensive picture of the patient’s health risks, goals and barriers; and to create a plan for the patient’s wellness and preventive care. An AWV should be longer than a typical office visit; most last 45 minutes to 1 hour. An AWV is NOT the same as an Initial Preventive Physical Exam (IPPE) or a yearly physical exam. Original Medicare does NOT reimburse for comprehensive preventive visits (99385-99397).

Who can perform an Annual Wellness Visit?
Annual Wellness Visits can be performed by:

- Physicians (MD or DO)
- Qualified non-physician practitioner (physician assistant, nurse practitioner, or certified clinical nurse specialist)
- Other medical professional (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

Other Medical Professionals
The supervising physician decides the “other medical professionals’” role in the visit. Some options include:

- A CMA completes the first portion of the visit, then the physician finishes it.
- Health educators or pharmacists complete the entire visit, and the physician signs off on it later.

Each practice should determine what works best for them.

What can Annual Wellness Visits do for my patients?
A thorough annual wellness visit may help a patient:

- Understand their risk factors and what they can do to prevent disease
- Identify their own health goals and barriers to care
- Learn about preventive screenings and create a schedule of recommended screenings and tests
- Have more time with their provider or care team
- Become more engaged in their care and improve health outcomes

Did you know up to 11 patient care gaps can be addressed at an Annual Wellness Visit?

What can Annual Wellness Visits do for my practice?
Annual Wellness visits help primary care providers:

- Reassess the patients’ risk factors and chronic conditions every year (RAF)
- Meet quality measures
- Improve patient satisfaction scores
- Improve patient engagement and outcomes

Questions or comments? Contact Christie.Haugh@ConeHealth.com or read about the ABCs of AWVs at cms.gov.
<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Frequency</th>
<th>Scheduling</th>
<th>Details</th>
<th>Estimated Reimbursement**</th>
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</thead>
<tbody>
<tr>
<td>Welcome to Medicare Visit (Initial Preventive Physical Exam (IPPE))</td>
<td>G0402</td>
<td>Once per lifetime</td>
<td><strong>Original Medicare, UHC, Humana, HTA:</strong> Within first 12 months of Medicare coverage</td>
<td>$156 - $165</td>
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| Initial Annual Wellness Visit (AWV-I) | G0438 | Once per lifetime | **Original Medicare:** At least 12 months after Part-B coverage began and 12 months after IPPE  
**UHC, Humana and HTA:** Once at least 12 months after Medicare coverage began | $161 - $170 |
| Subsequent Annual Wellness Visits (AWV-S) | G0439 | Annually | **Original Medicare:** At least 11 months after previous AWV  
**UHC, Humana and HTA:** Once per calendar year | $108 - $114 |
| Preventive Visit Codes (Comprehensive Preventive Medicine Examination) | 99385-99387 99395-99397 | Original Medicare: Not Covered  
**UHC:** Once per calendar year, may be billed with AWV using -25 modifier  
**Humana, HTA:** Once every 365 days. May be billed with AWV using -25 modifier | Includes a comprehensive preventive medicine visit with gender-specific examination and counseling about health behaviors and recommended screenings. | Depends on payor and coverage |

*Additional lab tests, screenings and services may be billed during an AWV for all payors if medically necessary by using the –25 modifier.

Please note: Patients may be responsible for a copayment or coinsurance for additional services billed.

**How does health coaching fit in?**

Some THN practices employee health educators to offer AWVs. These educators are trained in behavior change theories that equip them to work with patients to achieve their health goals. Many educators employ motivational interviewing, the same technique health coaching programs teach. Other THN practices are opting to cross-train clinical staff (CMAs, LPNs, RNs etc.) as health coaches. These coaches are able to complete most or all of the AWV with an extra focus on the patient goals. Coaching patients and discussing goals and barriers at length is likely to help patients achieve more positive outcomes. Health educators and health coaches may continue to see patients periodically to reassess their goals. This is not yet reimbursed by CMS, but some find it is worth the investment to improve outcomes as we continue the shift to value-based care.

**Reimbursement estimates from 2014 publication in the American Academy of Family Physicians**