

Medicare Annual Wellness Visit (AWV) FAQ

****FOR PROVIDER USE ONLY****

Ensuring the health of our Medicare population is important. Since 2011, Medicare has encouraged patients to receive an Annual Wellness Visit (AWV). PacificSource Medicare is committed to helping our clinical partners perform these visits for our members.

What is an Annual Wellness Visit (AWV)?

Medicare's AWV is an important tool for assessing and addressing our members' health risks and needs. This visit provides an opportunity for patients and their healthcare providers to develop or update a personalized prevention plan based on the patient's specific health and risk factors.

The Initial AWV is a once in a lifetime benefit and is intended to establish the patient's health history and status. The Subsequent AWV is an annual benefit intended to update the patient's health status.

Who is eligible for an AWV?

- **Initial AWV:** for beneficiaries who have had Medicare Advantage coverage for more than 12 months and who have not received an initial preventive physical exam (IPPE or "Welcome to Medicare" visit) in the past 12 months.
- **Subsequent AWV:** can be scheduled annually (must be scheduled at least 11 months after either the initial AWV or the last subsequent AWV).

What are the components of the AWV?

Both the Initial and Subsequent Annual Wellness Visits have specific requirements:

- A patient-completed health risk assessment
- Obtaining or updating the patient's medical, surgical, and family history
- Reviewing patient's risk factors for depression
- Reviewing the patient's functional ability and safety (ADLs, fall risk, hearing impairment, home safety)
- Documenting or updating current medications and supplements
- BP, height, weight, BMI calculation, or waist circumference measurement
- Establishing or updating a list of current providers and suppliers involved in the patient's care
- Detection of cognitive impairment (by direct observation)
- Establishing or updating a written screening schedule for the next five to 10 years
- Establishing or updating a list of risk factors and conditions for which treatment is recommended
- Providing personalized health advice and referrals for health education and preventive counseling

How do I bill the AWV?

Annual Wellness Visits are billed using the following HCPCS codes:

- **G0438 – Annual Wellness Visit; Initial**
- **G0439 – Annual Wellness Visit; Subsequent**

ICD-9-CM code V70.0 (Routine general medical exam) is an appropriate primary diagnosis for the AWV. Any chronic or acute conditions addressed and documented during the visit should also be coded with the appropriate ICD-9-CM diagnosis code.

The AWV is a preventive visit meant to establish or update the patient's health roadmap. These visits are paid in full by Medicare with no cost to the member. However, there may be additional charges to the patient if the provider addresses chronic conditions or orders certain testing.

If additional work is done during the visit to address a new or chronic condition in depth, you may be able to bill an evaluation and management (E&M) visit for the extra work completed. It is important that the elements of documentation necessary to bill the additional E&M service not overlap with the requirements of the AWV. The additional visit must meet the documentation requirements of history, review of systems, exam, and medical decision making.

Example: A patient presents for a subsequent annual wellness visit and during the visit the provider takes extra time to evaluate, address, and document the patient's improving Crohn's disease. This extra time and work equates to a level 2 E&M code. Procedure and diagnosis coding would be as follows:

Service	HCPCS/CPT	Diagnosis
Annual Wellness Visit	G0439	V70.0
Crohn's disease	99212-25	555.9

Where can I find more information on the AWV?

The following sites provide detailed information about the requirements of both the initial and subsequent annual wellness visits:

www.CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/AWV_Chart_ICN905706.pdf

www.CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7079.pdf

PacificSource Community Health Plans is an HMO/PPO plan with a Medicare contract.