

For dates of service on or after January 1, 2011, the Affordable Care Act allows for coverage of the Annual Wellness Visit (AWV), providing Personalized Prevention Plan Services (PPPS). All components of the AWV must be provided, or provided and referred, prior to submitting a claim for the AWV. Note that the AWV is a separate service from the Initial Preventive Physical Examination (IPPE), and that the AWV is not covered during the first 12 months of a beneficiary's initial enrollment into Medicare Part B. This document is divided into two sections: the first explains the elements included in the first AWV a beneficiary receives, and the second explains the elements included in all subsequent AWVs.

Elements of the FIRST AWV Providing PPPS

ACQUIRE BENEFICIARY HISTORY

DESCRIPTION

Establishment of the beneficiary's medical/family history

At a minimum, collect and document the following:

- Past medical and surgical history, including experiences with illnesses, hospital stays, operations, allergies, injuries, and treatments;
- Use or exposure to medications and supplements, including calcium and vitamins; and
- Medical events in the beneficiary's parents and any siblings and children, including diseases that may be hereditary or place the beneficiary at increased risk.

Review of the beneficiary's potential risk factors for depression, including current or past experiences with depression or other mood disorders

Use any appropriate screening instrument for persons without a current diagnosis of depression, which the health professional may select from various available standardized screening tests designed for this purpose and recognized by national professional medical organizations.

Review of the beneficiary's functional ability and level of safety

Use direct observation of the beneficiary, or any appropriate screening questions or a screening questionnaire, which the health professional may select from various available screening questions or standardized questionnaires designed for this purpose and recognized by national professional medical organizations to assess, at a minimum, the following topics:

- Hearing impairment;
- Ability to successfully perform activities of daily living;
- Fall risk; and
- Home safety.

BEGIN EXAMINATION

DESCRIPTION

An examination

Obtain the following:

- Height, weight, body mass index (or waist circumference, if appropriate), and blood pressure; and
- Other routine measurements as deemed appropriate, based on medical and family history.

Establishment of a list of current providers and suppliers

Include current providers and suppliers that are regularly involved in providing medical care to the beneficiary.

Detection of any cognitive impairment that the beneficiary may have

Assess the beneficiary's cognitive function by direct observation, with due consideration of information obtained by way of patient reports and concerns raised by family members, friends, caretakers, or others.

COUNSEL BENEFICIARY

DESCRIPTION

Establishment of a written screening schedule for the beneficiary, such as a checklist for the next 5-10 years, as appropriate

Base written screening schedule on:

- Recommendations from the United States Preventive Services Task Force (USPSTF) and the Advisory Committee on Immunization Practices (ACIP);
- The beneficiary's health status and screening history; and
- Age-appropriate preventive services covered by Medicare.

Establishment of a list of risk factors and conditions of which the primary, secondary, or tertiary interventions are recommended or underway for the beneficiary

Include the following:

- Any mental health conditions or any such risk factors or conditions that have been identified through an IPPE; and
- A list of treatment options and their associated risks and benefits.

Furnishing of personalized health advice to the beneficiary and a referral as appropriate to health education or prevention counseling services

Includes referrals to programs aimed at:

- Community-based lifestyle interventions to reduce health risks and promote self-management and wellness;
- Weight loss;
- Physical activity;
- Smoking cessation;
- Fall prevention; and
- Nutrition.

Elements of SUBSEQUENT AWVs Providing PPS

ACQUIRE BENEFICIARY HISTORY	DESCRIPTION
<input type="checkbox"/> An update of the beneficiary's medical/family history	At a minimum, collect and document the following: <ul style="list-style-type: none"> • Past medical and surgical history, including experiences with illnesses, hospital stays, operations, allergies, injuries, and treatments; • Use or exposure to medications and supplements, including calcium and vitamins; and • Medical events in the beneficiary's parents and any siblings and children, including diseases that may be hereditary or place the beneficiary at increased risk.
BEGIN EXAMINATION	DESCRIPTION
<input type="checkbox"/> An examination	Obtain the following: <ul style="list-style-type: none"> • Weight (or waist circumference, if appropriate) and blood pressure; and • Other routine measurements as deemed appropriate, based on medical and family history.
<input type="checkbox"/> An update of the list of current providers and suppliers, as that list was developed for the first AWV providing PPS	Include current providers and suppliers that are regularly involved in providing medical care to the beneficiary.
<input type="checkbox"/> Detection of any cognitive impairment that the beneficiary may have	Assess the beneficiary's cognitive function by direct observation, with due consideration of information obtained by way of patient reports and concerns raised by family members, friends, caretakers, or others.
COUNSEL BENEFICIARY	DESCRIPTION
<input type="checkbox"/> Update to the written screening schedule for the beneficiary, as that schedule was developed at the first AWV providing PPS	Base written screening schedule on: <ul style="list-style-type: none"> • Recommendations from the USPSTF and the ACIP; • The beneficiary's health status and screening history; and • Age-appropriate preventive services covered by Medicare.
<input type="checkbox"/> Update to the list of risk factors and conditions of which the primary, secondary, or tertiary interventions are recommended or underway for the beneficiary, as that list was developed at the first AWV providing PPS	Include any such risk factors or conditions that have been identified.
<input type="checkbox"/> Furnishing of personalized health advice to the beneficiary and a referral as appropriate to health education or prevention counseling services	Includes referrals to programs aimed at: <ul style="list-style-type: none"> • Community-based lifestyle interventions to reduce health risks and promote self-management and wellness; • Weight loss; • Physical activity; • Smoking cessation; • Fall prevention; and • Nutrition.

MEDICARE PART B PREVENTIVE SERVICES

Initial Preventive Physical Examination (IPPE) ^a	Human Immunodeficiency Virus (HIV) Screening
Bone Mass Measurements	Medical Nutrition Therapy (MNT)
Cardiovascular Screening Blood Tests	Prostate Cancer Screening
Colorectal Cancer Screening	Seasonal Influenza, Pneumococcal, and Hepatitis B Vaccinations and their Administration
Counseling to Prevent Tobacco Use ^b	Screening Mammography
Diabetes Screening Tests	Screening Pap Tests and Pelvic Examination
Diabetes Self-Management Training (DSMT)	Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)
Glaucoma Screening	

Notes on Medicare Part B Preventive Services

^a For more information on the IPPE, refer to "The ABCs of Providing the Initial Preventive Physical Examination" (ICN 006904) at http://www.cms.gov/MLNProducts/downloads/MPS_QRI_IPPE001a.pdf on the Centers for Medicare & Medicaid Services (CMS) website.

^b Effective for dates of service on or after August 25, 2010, Medicare provides coverage of counseling to prevent tobacco use.

Use the following Healthcare Common Procedure Coding System (HCPCS) codes, listed in the table below, when filing claims for the AWV.

AWV HCPCS CODES	BILLING CODE DESCRIPTORS
G0438	Annual wellness visit, includes Personalized Prevention Plan of Service (PPPS), first visit
G0439	Annual wellness visit, includes PPS, subsequent visit

Frequently Asked Questions

Who can perform the AWW?

The AWW must be furnished by a health professional, meaning a physician (a doctor of medicine or osteopathy), a qualified non-physician practitioner (a physician assistant, nurse practitioner, or clinical nurse specialist), or by a medical professional (including a 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.

Is the AWW the same as a beneficiary's yearly physical?

No, this visit is a preventive wellness visit and not a "routine physical checkup" that some seniors may receive every year or two from their physician or other qualified non-physician practitioner. Medicare does not provide coverage for routine physical exams.

Are clinical laboratory tests part of the AWW?

No, the AWW does not include any clinical laboratory tests, but the provider may want to make referrals for such tests as part of the AWW.

Is there a deductible or coinsurance/copayment for the AWW?

No, coverage for the AWW is provided as a Medicare Part B benefit, and both the coinsurance or copayment and the Medicare Part B deductible are waived for the AWW.

Can a separate Evaluation and Management (E/M) service be billed at the same visit as the IPPE?

Medicare payment can be made for a significant, separately identifiable medically necessary E/M service (Current Procedural Terminology [CPT] codes 99201-99215) billed at the same visit as the AWW when billed with modifier -25. That portion of the visit must be medically necessary to treat the beneficiary's illness or injury, or to improve the functioning of a malformed body member.



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Who Is Eligible to Receive the AWW?

Effective for dates of service on or after January 1, 2011, Medicare will pay for an AWW for a beneficiary who is no longer within 12 months after the effective date of his or her first Medicare Part B coverage and who has not received either an IPPE or an AWW providing PPPS within the past 12 months. Medicare pays for only one **first** AWW per beneficiary per lifetime, and pays for one subsequent AWW per year thereafter.

Preparing Eligible Medicare Beneficiaries for the AWW

Providers can help eligible Medicare beneficiaries get ready for their AWW by encouraging them to come prepared with the following information:

- Medical records, including immunization records;
- Family health history, in as much detail as possible;
- A full list of medications and supplements, including calcium and vitamins – how often and how much of each is taken; and
- A full list of current providers and suppliers involved in providing care.

Resources

"The Guide to Medicare Preventive Services" (ICN 006439)
http://www.cms.gov/MLNProducts/downloads/mps_guide_web-061305.pdf

"Medicare Benefit Policy Manual" – Publication 100-02, Chapter 15
<http://www.cms.gov/manuals/downloads/bp102c15.pdf>

"Medicare Claims Processing Manual" – Publication 100-04, Chapter 12, Section 30.6.1.1
<http://www.cms.gov/manuals/downloads/clm104c12.pdf>

"Medicare Claims Processing Manual" – Publication 100-04, Chapter 18
<http://www.cms.gov/manuals/downloads/clm104c18.pdf>

Change Request 7079/Transmittal 2159CP – Annual Wellness Visit (AWV), Including Personalized Prevention Plan Services (PPPS)
<http://www.cms.gov/transmittals/downloads/R2159CP.pdf>

Change Request 7079/Transmittal R138BP – Annual Wellness Visit (AWV), Including Personalized Prevention Plan Services (PPPS)
<http://www.cms.gov/transmittals/downloads/R138BP.pdf>

Medicare Learning Network[®] (MLN) Preventive Services Educational Products Website
http://www.cms.gov/MLNProducts/35_PreventiveServices.asp