

AWV Workflow

	BEFORE VISIT	
MEDICAL ASSISTANT	Give patient Health Risk Assessment form and ensure it is filled out. Help them if needed. Scan into EMR or enter directly into flowsheet on Epic.	
	Review pre-visit planning form for open gaps in care - document needed info to close gap or cue provider for any needed orders/referrals	
	Review health maintenance and update with any changes since last visit.	
W	Record all vital signs in EMR, including updating height (don't just copy forward). If BP reading is greater than 140/90, retake toward end of visit and be sure to document second reading.	
PROVIDER	DURING VISIT	
	Review and update problem list. Review pre-visit planning form for chronic conditions needing to be revalidated during visit. Ensure problem list has accurate specificity.	
	Review medication list, complete med reconciliation, review & update allergies.	
	Review and discuss Health Risk Assessment.	
	Offer to discuss Advance Directives (bill for Advance Care Planning if >=16 minutes)	
	Provide personalized verbal and written advice on routine screenings; place necessary orders/referrals for	
<u> </u>	screenings, tests, labwork, etc.	
MA / FRONT DESK	AFTER VISIT	
	Review orders/referrals with patient - have they seen this specialist before? Do they need help scheduling? Confirm they know where to go for labwork, radiology, etc. Reviewing this information reinforces patients'	
	understanding of the care plan and encourages follow through.	
MA	Schedule next AWV one year out, and any f/u appointment needed sooner.	
PROVIDER - HOW TO BILL	Option 1: Bill with a Problem Visit	Option 2: Bill as standalone AWV
	Annual Wellness Visit Mod 25	Annual Wellness Visit
	□ Bill AWV G0439 (G0438 if first AWV for patient) and	Bill AWV G0439 (G0438 if first AWV for patient)
	Problem Visit (such as Est Pt Level 4 - 99214)	
	Code all medical diagnoses that you review/document as contributing to medical decision	Code Z00.00 or Z00.01. If you discussed medical issues, document and bill as Option 1 (with a problem
	making	visit for those issues)
	Document the Problem Visit in same or separate	Document using AWV template, ensure Health Risk
	note as you would normally and use AWV template for AWV documentation	Assessment is included and addressed.
		ble things when the documentation is clearly labeled for
	each component. For example, separate notes for problem visit and AWV -or- title each section of the	
	TO BILL FOR ADVANCE CARE PLANNING DISCUSSION (Optional - can bill if ACP discussion ≥16 mins)	
	Advance Care Planning- first 16 minutes face to face	Must document discussion and time spent; Bill 99497 with Modifier 33 attached to AWV. Code any
	with patient (and caregiver) - CPT 90497	diagnoses related to ACP discussion