

# Annual Wellness Visit (AWV) Toolkit



Your turnkey guide for  
strengthening this valuable  
Medicare preventative service  
with your patients



Revised March 2023



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# INDEX

Thank you for using the Annual Wellness Visit (AWV) Toolkit. This guide is intended to assist you and your team with understanding the service delivery requirements for implementing and providing AWV services. This guide will review eligibility, visit components, sample workflows, and coding and billing guidance.

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# PART ONE

## Overview

### Challenge

During one year in a patient's life, they can experience many changes which could impact their overall health and place them at increased risk for developing more serious health conditions. However, during a routine well visit, sick visit or an annual physical, providers have limited time to focus on issues not related to the primary reason for that visit.

### Solution

The Annual Wellness Visit (AWV) is an added opportunity for providers to comprehensively review and screen the patient's health status at no cost. However, Medicare provides generous reimbursement for this service which not only helps the provider financially, but also helps with improving clinical outcomes and quality measure performance. This will better support any performance-based incentives and alternative payment arrangements.

The AWV is NOT an annual physical exam, rather, an opportunity for the patient and their care team to develop a patient-centered prevention plan which can help improve engagement in their prevention care decisions over the next several years. AWVs can also identify additional screenings to assist the patient and that could be billable.

The AWV also provides an excellent opportunity to identify patients with multiple chronic conditions who could benefit from ongoing preventive and Medicare reimbursable services such as Chronic Care Management (CCM). Please see our [CCM Toolkit](#) and [CCM Revenue Estimation Tool](#) if you are interested.

The AWV utilizes a [Health Risk Assessment \(HRA\)](#) which, evidence has shown, can be effective for identifying high-risk health behaviors and supporting positive health outcomes.

[A Framework for Patient-Centered Health Risk Assessments | CDC](#)

### Team Members

#### Physician

A Doctor of Medicine or Osteopathy

#### Qualified Non-Physician Practitioner (NPP)

A Physician Assistant (PA), Nurse Practitioner (NP), or Certified Clinical Nurse Specialist (CCNS)

#### Medical Professional

Health educator, registered dietitian, nutrition professional, pharmacist, other licensed practitioner, or a team of medical professionals directly supervised by a physician



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## Patient Eligibility

The “Welcome to Medicare” Initial Preventive Physical Exam (IPPE) must be completed in the first year as a Medicare patient.

Medicare covers the AWW which delivers Personalized Prevention Plan Services (PPPS) for all patients who are not within 12 months after the eligibility date for their first Medicare Part B benefit period and who did not have an IPPE or an AWW within the past 12 months.

Medicare covers the AWW costs if the provider accepts assignment, and the **deductible does not apply**.

## Components

### The Medicare AWW includes, but is not limited to:

- A HRA to help identify and assess the person’s health status, psychosocial risks, behavioral risks, and Activities of Daily Living (ADLs) skills
  - Consider social determinants of health (SDOH) factors that may impact risks
- A medical and family history
- The patient’s list of providers and suppliers
- Vitals or other routine measurements deemed appropriate based on medical or family history
- Cognitive functioning assessment
- Depression risk assessment (i.e., PHQ-9)
- Screening for functional ability and level of safety (i.e., falls, hearing impairment, home safety)
- An appropriate screening schedule (i.e., USPSTF and ACIP)
- Establishment of a list of risk factors and conditions including mental health condition and Substance Use Disorders (SUDs), identified risk factors, and treatment options and associated risks and benefits
- Personalized health advice and referrals to educational or preventive services or programs
- Advance Care Planning (ACP) is an optional AWW element that can be completed at the patient’s discretion or request
  - ACP requires separate CPT Codes (see billing and reimbursement section below)

### If a patient has a current opioid prescription:

- Review current opioid prescriptions
  - Review potential Opioid Use Disorder (OUD) risk factors
  - Evaluate pain severity and treatment plan
  - Provide information on non-opioid treatment options
  - Refer to a specialist if appropriate
- Screen for SUDs
  - Potential risk factors
  - Refer for treatment
  - A formal screening tool is not required but can be used if desired
    - Refer to this [NIH Screening and Assessment Tools Chart](#) for suggestions

**NOTE:** The AWW is a fully covered Medicare preventive service and patients pay nothing out of pocket for this visit. However, if additional tests, screenings, or services other than those covered by the AWW are required, the patient may incur an expense.



# PART TWO

## Strategies for Implementing a Successful AWV Program

### Establish a Planning Team

The key to any successful improvement effort involves an internal champion(s) leading the intended change. **Identify this champion** who may have the following characteristics before the detailed planning process begins:

- An established leader in the organization or someone who has the authority to make changes
- Function as the spokesperson or advocate for the change and help the organization stay focused on the defined end goal

**Identify a team** who can add value to the project and act as subject matter experts. Work to ensure all areas that would be impacted by the project and implementation efforts are represented.

- Office managers, front and back-office staff, clinical teams
- Patients or Person and Family Advisory Council (PFAC)
- Consider partnership with a community pharmacist

Develop a project **charter** to define these important elements:

- The problem you are addressing
- The business case and benefits
- [Establish SMART goals](#) (Specific, Measurable, Achievable, Relevant, Time-based)
- [Quality Improvement Method](#) (i.e., DMAIC, PDSA, other QI cycle)
- Scope
- Team roles and responsibilities

### Develop a Plan

1	Define Team Roles and Responsibilities	<ul style="list-style-type: none"><li>• Clinician</li><li>• Nurse, Medical Assistant (MA), Dietitian, Pharmacist, PFAC Patients</li><li>• Support roles for outreach and scheduling</li></ul>		
2	Establish Benchmark Goals	<ul style="list-style-type: none"><li>• Develop SMART goals. <b>For example:</b> Provide AWV services to at least 70% of our eligible Medicare population annually by the end of [year].</li></ul>		
3	Use or Create a Template	<ul style="list-style-type: none"><li>• Employ AWV templates and/or HRA within your Electronic Health Record (EHR) if available.</li><li>• Assess current templates for compliance</li></ul>		
4	Define Your Workflows	<table><tr><td><ul style="list-style-type: none"><li>• Outreach</li><li>• Scheduling</li><li>• AWV eligibility verification</li><li>• HRA Completion</li></ul></td><td><ul style="list-style-type: none"><li>• Assessment</li></ul><p><b>*Consider pre-scheduling based on patient's birthday month</b></p></td></tr></table>	<ul style="list-style-type: none"><li>• Outreach</li><li>• Scheduling</li><li>• AWV eligibility verification</li><li>• HRA Completion</li></ul>	<ul style="list-style-type: none"><li>• Assessment</li></ul> <p><b>*Consider pre-scheduling based on patient's birthday month</b></p>
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5	Determine Training Needs	<ul style="list-style-type: none"><li>• Specific to staff roles and responsibilities</li></ul>		
6	Testing	<ul style="list-style-type: none"><li>• Process testing or trials (i.e., one clinician and 3 to 5 patients)</li></ul>		
7	Quality Improvement and Spread	<ul style="list-style-type: none"><li>• Determine how you will evaluate success</li><li>• Determine your plan for expanded services and implementation beyond the trial</li></ul>		





## Identify Patients

Leverage your EHR or Practice Management System to identify eligible patients

- Include patients who will be Medicare eligible within two months for IPPE outreach
- Determine planned frequency for running eligibility lists (monthly, quarterly, etc.)
- Activate clinical decision support (CDS) rules in your EHR to support ongoing identification of potential patients
- Train frontline staff to identify potential upcoming or overdue eligible patients as part of preplanning huddles, check in, or rooming processes
- Use EHR to schedule AWVs in advance or to create outreach campaigns to market your AWV services
  - Pre-schedule while patient is in the office
  - Use birthday month for annual consistency
- Employ EHR Annual Wellness Visit templates or modules if available, check with your vendor if you are not sure

## Outreach and Education

- Invite the patient to participate through the EHR patient portal, email, and/or letter
- Make follow-up phone calls to encourage participation and to answer questions
- Send HRA to patient for completion prior to their appointment
- Review the day's schedule and flag eligible patients to discuss AWV importance during office visits

## Delivering AWV

1

Scheduling

Verify Eligibility

- Welcome to Medicare visit?
- AWV initial?
- AWV subsequent?

If AWV, provide HRA prior to visit or at visit

2

Triage Patient

- Collect vitals
- Functional status evaluation
- Fall risk screening
- Cognition screening
- Depression screening
- Alcohol misuse screening

3

Complete written preventive screening schedule to include age and gender appropriate screening

4

Create risk factor and condition list

Include recommended interventions

5

Share personalized health advice and provide referrals

6

Provide patient a copy of personalized action plan

## Prepare for Reimbursement

There are two types of AWV Services:

Initial AWV (G0438)	Subsequent AWV (G0439)
One-time allowed medicare benefit	Annually (>365 days since initial or last AWV)
Medicare telehealth is allowed	Medicare telehealth is allowed
2023 non-facility price is \$166.39	2023 non-facility price is \$130.13
FQHC and RHC pricing and rules may vary ( <a href="#">NACHC IPPE &amp; AWV Payment and Reimbursement Tips</a> )	

Use our [AWV Revenue Estimator Tool](#) to understand the potential revenue you are leaving on the table by not fully leveraging AWV services.



# PART THREE

## Billing for AWW Services

Billing Details						
Type	CPT Code	Oversight/Delivery of Care	Billing Limitations	Required Elements	E/M Service	Approx. Reimbursement
Initial	G0438 AWW	<ul style="list-style-type: none"> <li>Physician (MD or DO) - Qualified nonphysician practitioner (PA, NP, CCNS)</li> <li>Medical professional (i.e., health educator, registered dietitian, nutrition professional or other licensed practitioner), or a team of medical professionals directly supervised by a physician</li> </ul>	<p>Applies first time a patient receives AWW</p> <ul style="list-style-type: none"> <li>Once after first 12 months of Part B coverage</li> <li>No IPPE or AWW within the past 12 months</li> </ul>	<ul style="list-style-type: none"> <li>Perform HRA</li> <li>Establish medical and family history</li> <li>Establish list of providers/supplies</li> <li>Obtain vitals and other appropriate measures</li> <li>Screen for cognitive impairment</li> <li>Screen for depression/mood disorders</li> <li>Review functional ability/level of safety</li> <li>Establish written screening schedule - Establish list of risk factor and conditions</li> <li>Furnish personalized health advice and appropriate referrals and prevention plan (PPS)</li> </ul>	Can bill concurrently. Report E/M with a Modifier -25. Documentation must support significant, separately identifiable, and medically necessary service	\$166.39* Telehealth Allowed
Subsequent	G0439 AWW		<p>Once every 12 months</p> <ul style="list-style-type: none"> <li>No IPPE or AWW within the past 12 months</li> </ul>	<ul style="list-style-type: none"> <li>Review and update HRA</li> <li>Obtain vitals and other appropriate measures</li> <li>Screen for cognitive impairment</li> <li>Update all other required elements and make necessary referrals/coordinate care</li> <li>Furnish personalized health advice</li> <li>Update the PPS and furnish to patient</li> </ul>		\$130.13* Telehealth Allowed

\*Estimates are based on Medicare Part B coverage and the Physician Fee Schedule (PFS); however, other insurances or Medicare Advantage plans may have different coverage rules and fees. [CMS Online Physician Fee Schedule Lookup Tool](#)



## Evaluation and Management Services on the Same Date

- Medically necessary evaluation and management (E/M) services (CPTs 99201 – 99215) billed on the same date of service as an AWV or IPPE are covered and payable by Medicare
- Documentation must support the separate E/M service and the service should be billed with a modifier 25
- Notify patients that deductibles and coinsurance do apply for the additional service

## Diagnosis Coding

- A diagnosis code must be reported when submitting a claim for an AWV
- You may choose any diagnosis code consistent with the patient's exam

## Optional Advance Care Planning (ACP)

ACP services can be offered as an optional service during Medicare Wellness Visits (MWVs) (which covers both the AWV and the IPPE). You should report the condition you counsel the patient about using an appropriate ICD-10-CM code. This code shows an administrative examination, or a well exam diagnosis when part of the MWVs. You DO NOT need to report a specific diagnosis to bill ACP

Type	CPT Code	Oversight/Delivery of Care	Billing Limitations	Required Elements	E/M Service	Approx. Reimbursement
30 Minutes	99497 ACP Modifier -33 with AWV	Hospitals, physicians, or non-physician practitioners (NPP) may bill ACP services if the practice scope and Medicare benefit category include the required elements for these services.	Can be offered in non-facility (NF) and facility (F) settings.	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 16-30 minutes, face-to-face with the patient, family member(s), and/or surrogate	No limits on the number of times you can report ACP for a given patient in a given time period. However, changes in patients' health status and or wishes about end-of-life care must be documented.	\$83.02 (NF)* \$75.57 (F)* Telehealth Allowed
Additional 30 Minutes	99498 ACP Modifier -33 with AWV	ACP 'Incident to' Reporting should follow CMS Guidelines.		Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (requires at least 46 min) (List separately in addition to code for primary procedure)	Can be included with other E/M codes including CCM and TCM services with Modifier -25	\$71.84 (NF)* \$71.50 (F)* Telehealth Allowed

\*Estimates are based on Medicare Part B coverage and the Physician Fee Schedule (PFS); however, other insurances or Medicare Advantage plans may have different coverage rules and fees. [CMS Online Physician Fee Schedule Lookup Tool](#)

FQHC and RHC pricing and rules may vary - [NACHC IPPE & AWV Payment and Reimbursement Tips](#)



## Establish Ongoing Monitoring and Quality Improvement

As with all new endeavors, it is important to routinely measure and monitor the new program to ensure that it is working as expected. Areas to monitor include:

- Staff/community partner comfort with the process
  - Provide opportunities for staff or community partners to share informal feedback and offer suggestions to improve processes.
- Patient satisfaction
  - Discuss care experience with patients and caregivers to gauge if they liked the process/ services and provide the opportunity for them to share suggestions for improvement.
- Billing and reimbursement
  - Analyze the impact of service provision, costs, expenses, resources to determine the return on investment.
- Sustainability
  - Assess if the services is sustainable in the long term and determine the improvements that are needed to ensure sustainability and avoid fiscal or staffing hardships.

## AWV and Telehealth During a Public Health Emergency (PHE)

Maintaining good physical and emotional health is important during a PHE. Fortunately, during these strenuous times, providers are still able to provide comprehensive AWV services even if patients are not physically present. CMS waived certain telehealth restrictions that limit which patients are eligible to receive virtual care through telehealth visits, eliminating any geographical restrictions. Typically, telehealth services require both real-time audio and video, but now initial and subsequent AWVs can be provided as audio-only visits.

Due to the Consolidated Appropriations Act, 2023, passed by Congress in December 2022, major Medicare telehealth flexibilities will not be affected. They will remain in place at least through December 2024, according to the [HHS.gov Fact Sheet: COVID-19 PHE Transition Roadmap, \(2/9/23\)](https://www.hhs.gov/fact-sheet/covid-19-phe-transition-roadmap).

If a nurse, pharmacist, or other licensed medical professional is providing AWV services, these services must be directly supervised by a physician. This can be accomplished with the physician and the nurse, pharmacist, or licensed medical professional in the same physical location, or the physician may join the telehealth encounter. The physician's portion of the AWV telehealth visit can be completed asynchronously (off-line) from the nurse-led portion of the visit but it must occur on the same date of service.

Consider these tips for providing AWV services during a telehealth visit:

- Send the Health Risk Assessment (HRA) through the patient portal for the patient to complete prior to the visit or call them before the visit the complete the HRA.
- Ensure patients have ample supply of medication and a way to safely obtain any needed medications while practicing social distancing.
- Complete the documentation of the patient's height, weight, and blood pressure by first asking the patient if they can self-report their vitals. You may need to also provide guidance to the patient on obtaining a respiratory rate and heart rate. Be sure to document patient-reported data as "self-reported by patient."
- Use validated tools if an audio only cognitive screening tool is needed (may have costs associated)
  - Telephone Inventory for Cognitive Status (TICS)
  - Hopkins Verbal Learning Test (HVLT)
  - Telephone Version of the MMSE (ALFI-MMSE)
  - Telephone Assessed Mental State (TAMS)



- Screen for depression since patients' emotional health may be impacted during periods of anxiety and social isolation. Provide internet-based resources, telephonic hotlines, or other virtual resources to offer patients in need of support.
- Use your clinical judgement to determine if it is safe to perform a fall screening test as the patient may not have someone with them to ensure their safety. If a screening test is not feasible, use the patient's answers to the HRA fall risk questions to assess if the patient is at an increased risk for falling.
- Screen for alcohol misuse and tobacco/substance use since patients may increase their use of these substances to cope with loneliness, isolation, anxiety, and depression. Provide internet-based resources, telephonic hotlines, or other virtual resources to offer patients in need of support.
- Discuss the importance of immunizations, particularly the COVID, pneumonia and flu immunizations/boosters, and safe options for getting the vaccines.
- Determine how you will securely share the Personalized Prevention Plan (PPP), a requirement of the AWP, at the end of the visit (e.g., patient portal, mail).
- Provide Advance Care Planning (ACP) services in an audio/video or audio only format. Document the service in the same way as an in-person ACP visit. If forms are completed, document the type of form, and keep a copy in the patient's record. You may need to mail a copy to the patient for their review and signature.
- Bill a telehealth AWP using the place of service code where the visit would have normally taken place and use a modifier -95 to indicate the service was provided via telehealth.

### [Telehealth: What to Know for Your Family](#)



# PART FOUR

## Toolkit Resources

### [AWV Toolkit Resources](#)

Accompanying resources, templates, MIPS Crosswalk, samples and more related to AWV.

### [How to Avoid Medicare Annual Wellness Visit Denials](#)

Tips for billing for AWV services

### [Biometric Measures - Self-Reported](#)

Patient self-reported vitals if not already in a medical practice source like EHR

### [CMS: Advance Care Planning \(ACP\)](#)

Medicare guide for Advance Care Planning

### [CMS: Annual Wellness Visit MLN Booklet](#)

Medicare's online tool for details on AWV

### [CMS: Healthcare Professional Guidance Video](#)

Video tailored to medicare providers about AWV

### [CMS: Medicare Benefit Policy Manual](#)

Covered Medical and Other Health Services

### [CMS: Preventive Services AWV Details](#)

Medicare guide for AWV billing and FAQs

### [FQHC/RHC AWV Reimbursement Tips](#)

National Association of Community Health Centers (NACHC) Guidance

### [ACP: How to Bill for AWV](#)

AWV guide from American College of Physicians for Patients

### [Men's Preventive Plan](#)

Sample Preventative Plan with a focus on Men's health

### [Women's Preventive Plan](#)

Sample Preventative Plan with a focus on Women's health

### [Patient Education Video](#)

Patient Education Video about AWV (2 minutes)

### [Pain Management Best Practices Inter-Agency Task Force Report](#)

Department of Health and Human Services Pain Management Best Practices

### [National Institute on Drug Abuse Screening and Assessment Tools Chart](#)

NIH: Evidence-based drug abuse screening tools and assessment resources

### [Culturally and Linguistically Appropriate Services \(CLAS\) Newsletter Archives](#)

Download past issues of Simple Strategies for Understanding Culturally and Linguistically Appropriate Services.



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