

Comparison Guide: Welcome to Medicare, Annual Wellness Visit, Preventive Exam, and E/M Visits



HCPCS/CPT	G0402	G0438	G0439	99397	99212, 99213, 99214, 99215
Visit Type	Welcome to Medicare Visit (IPPE = Initial Preventive Physical Exam)	Annual Wellness Visit (AWV), Initial (includes Personalized Prevention Plan Services = PPPS)	Annual Wellness Visit (AWV), Subsequent	Comprehensive Preventive Medicine Visit, Established (65 years and older)	Office/outpatient visit, established
Frequency	Limited to new beneficiary during the first 12 months of Medicare enrollment	Allowed once per lifetime, only after member has had Part B for a full 12 months	Allowed once per calendar year	Allowed once per calendar year	No limit on frequency
Condition Management and Billing	Active but stable conditions that require no or little additional work should always be submitted on claims when supported in documentation.				Can be billed with Welcome to Medicare visit, AWV or 99397 when a condition requires additional work to perform the key components of these services*.
Cost Share	No cost share				Member may incur cost share
Telehealth Delivery	Not allowed	Allowed	Allowed	Not allowed	Allowed
Documentation Criteria	<p>Requirements:</p> <ol style="list-style-type: none"> Review of the individual's medical and social history Review of the individual's potential (risk factors) for depression or other mood disorders Review of the individual's functional ability and level of safety An examination to include measurement of the individual's height, weight, body mass index, blood pressure, a visual acuity screen, and other factors as deemed appropriate, based on the beneficiary's medical and social history End-of-life planning, upon agreement of the individual Education, counseling, and referral, as deemed appropriate, based on the results of the review and evaluation services described in the previous 5 elements Education, counseling, and referral including a brief written plan (e.g., a checklist or alternative) provided to the individual for obtaining the appropriate screening and other preventive services, which are separately covered under Medicare Part B. A once-in-a-lifetime screening electrocardiogram (EKG/ECG) may be performed, as appropriate, with a referral Review current opioid prescriptions Screen for potential substance abuse disorders (SUDs) 	<p>Includes the Health Risk Assessment (HRA):</p> <ul style="list-style-type: none"> Demographic data Self-assessment of health status Psychosocial & behavioral risks Activities of Daily Living (ADLs) Current providers involved in care <p>Patient's medical and family history</p> <p>Risk factors for depression or other mood disorders:</p> <ul style="list-style-type: none"> Screening test to diagnose or treat depression <p>Review patient's functional ability and level of safety</p> <ul style="list-style-type: none"> Functional ability and level of safety Ability to perform ADLs Fall risks and home safety Hearing impairment <p>Assessment:</p> <ul style="list-style-type: none"> Height, weight, BMI, blood pressure Cognitive function <p>Counseling:</p> <ul style="list-style-type: none"> Establish screening schedule Establish list of risk factors or conditions and make recommendations for interventions, including treatments Fall prevention Physical activity Nutrition and weight loss Tobacco-use cessation Cognition <p>Provide Advance Care Planning (ACP) services at patient's discretion</p> <p>Review current opioid prescriptions/ Screen for potential substance use disorders (SUDs)</p> <p>Optional Social Determinants of Health (SDOH) Risk Assessment</p>	<p>Update HRA:</p> <ul style="list-style-type: none"> Demographic data, health status, psychosocial risks, behavioral risks, ADLs Update list of current providers Update patient's medical/family history <p>Assessment:</p> <ul style="list-style-type: none"> Weight, blood pressure and other routine measurements appropriate based on medical and family history Cognitive function <p>Counseling:</p> <ul style="list-style-type: none"> Update screening schedule Update list of risk factors or conditions and interventions underway Fall prevention Nutrition and weight loss Physical activity Tobacco-use cessation Cognitive function <p>Provide Advance Care Planning (ACP) services at patient's discretion</p> <p>Review current opioid prescriptions/Screen for potential substance use disorders (SUDs)</p> <p>Optional Social Determinants of Health (SDOH) Risk Assessment</p>	<p>Standard physicals typically includes:</p> <ul style="list-style-type: none"> Age and gender-appropriate history Age and gender appropriate physical examination Counseling or anticipatory guidance Risk factor reduction interventions Ordering of laboratory/ diagnostic procedures 	<p>Each level of service requires a medically appropriate history and/or examination and 1 of the 2 components:</p> <p>99212:</p> <ul style="list-style-type: none"> MDM straightforward complexity Total time 10-19 minutes per encounter <p>99213:</p> <ul style="list-style-type: none"> MDM low complexity Total time 20-29 minutes per encounter <p>99214:</p> <ul style="list-style-type: none"> MDM moderate complexity Total time 30-39 minutes per encounter <p>99215:</p> <ul style="list-style-type: none"> MDM high complexity Total time 40-54 minutes per encounter <p>*Billing with Welcome to Medicare visit or AWV:</p> <ul style="list-style-type: none"> Append modifier 25 to E&M service to indicate "significant, separately identifiable service" Some elements of E&M service may be a part of the Welcome to Medicare visit/AWV/Comprehensive Preventive Medicine visit and should not be included in determining the level of E&M service