



# Annual Wellness Visits



# Welcome to Medicare visits, Annual Wellness Visits (AWVs) and related visit types

There are no member cost shares for the Welcome to Medicare visits (G0402) or the AWVs (G0438/G0439). The visits are an opportunity to:

- Document the patient's current chronic conditions and ongoing treatment plans.
- Conduct screenings for conditions such as incontinence, fall risk, high blood pressure, and depression.
- Review medications.
- Schedule preventive tests: colonoscopy, mammography, diabetic eye exam, etc.
- Complete non-preventive lab work as necessary.



# Billing for Welcome to Medicare visits, AWVs and related visit types

- Bill the AWV, Welcome to Medicare visit, and the Comprehensive Preventive Medicine visit with one of the following appropriate primary diagnosis codes:
  - Z00.00 – Encounter for general adult medical examination without abnormal findings.
  - Z00.01 – Encounter for general adult medical examination with abnormal findings.
- When active but stable conditions are addressed and documented during any of these visits, add the diagnosis codes for these conditions subsequent to Z00.00/Z00.01 on the claim.
- Premera follows Medicare's payment policies, which can be viewed at [CMS.gov](https://www.cms.gov).

# Billing for services added to the Welcome to Medicare visit, AWW and related visits

If a condition addressed during the AWW, Welcome to Medicare visit, or the Comprehensive Preventive Medicine visit is significant enough to require additional work:

- Consider adding an evaluation and management (E&M) code with a modifier 25 (following CPT guidelines) to indicate a “significant, separately identifiable service.”
- Don’t include elements of the primary visit type in the determination of the level of E&M service.
- Add all managed and documented diagnoses subsequent to Z00.00/Z00.01 on the claim.
- Be sure to discuss member cost share with the patient prior to delivering care.

All chart notes for the AWW, Welcome to Medicare visit, or the Comprehensive Preventive Medicine fax to [844-442-1077](tel:844-442-1077). We use these chart notes to close care and coding gaps when you’re not able to send that information on a claim. If you prefer, you can submit supplemental data instead; contact [ProviderClinicalConsulting@Premera.com](mailto:ProviderClinicalConsulting@Premera.com) for data specifications and process.



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

HCCPS/CPT	G0402	G0438	G0439	99397	99213, 99214, 99215
Visit Type	Welcome to Medicare visit (IPPE = Initial Preventive Physical Exam)	Annual Wellness Visit (AWV), initial (includes Personalized Prevention Plan Services = PPS)	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 required 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><b>Requirements:</b></p> <ol style="list-style-type: none"> <li>Review of the individual's medical and social history with attention to modifiable risk factors for disease detection</li> <li>Review of the individual's potential (risk factors) for depression or other mood disorders</li> <li>Review of the individual's functional ability and level of safety</li> <li>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</li> <li>End-of-life planning, upon agreement of the individual</li> <li>Education, counseling, and referral, as deemed appropriate, based on the results of the review and evaluation services described in the previous 5 elements</li> <li>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</li> </ol>	<p><b>Includes the Health Risk Assessment (HRA):</b></p> <ul style="list-style-type: none"> <li>Demographic data</li> <li>Self-assessment of health status</li> <li>Psychosocial &amp; behavioral risks</li> <li>Activities of Daily Living (ADLs)</li> <li>Current providers involved in care</li> </ul> <p><b>Patient's medical and family history:</b></p> <ul style="list-style-type: none"> <li>Past medical and surgical history, use of, or exposed to, medications and supplements</li> <li>Medical events with parents, siblings, and children including hereditary diseases that may increase risk</li> </ul> <p><b>Risk factors for depression or other mood disorders:</b></p> <ul style="list-style-type: none"> <li>Screening test to diagnose or treat depression</li> <li>Functional ability and level of safety review</li> <li>Ability to perform ADLs</li> <li>Fall risks and home safety</li> <li>Hearing impairment</li> </ul> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>Height, weight, BMI, blood pressure</li> <li>Cognitive function</li> </ul> <p><b>Counseling:</b></p> <ul style="list-style-type: none"> <li>Preventive services that Medicare covers</li> <li>Immunizations</li> <li>Treatment options and their associated risks and benefits</li> <li>Fall prevention &amp; physical activity</li> <li>Nutrition and weight loss</li> <li>Tobacco-use cessation</li> </ul>	<p><b>Update HRA:</b></p> <ul style="list-style-type: none"> <li>Demographic data, health status, psychosocial risks, behavioral risks, ADLs</li> <li>Update list of current providers</li> <li>Update patient's medical/family history</li> </ul> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>Weight, blood pressure and other routine measurements appropriate based on medical and family history</li> <li>Cognitive function</li> </ul> <p><b>Counseling:</b></p> <ul style="list-style-type: none"> <li>Update screening schedule</li> <li>Update the list of risk factors or identified conditions</li> <li>Fall prevention</li> <li>Nutrition</li> <li>Physical activity</li> <li>Tobacco-use cessation</li> <li>Weight loss</li> </ul>	<p><b>Standard physical typically includes:</b></p> <ul style="list-style-type: none"> <li>Age and gender-appropriate history</li> <li>Age and gender appropriate physical examination</li> <li>Counseling or anticipatory guidance</li> <li>Risk factor reduction interventions</li> <li>Ordering of laboratory / diagnostic procedures</li> </ul>	<p><b>Each level of service requires a medically appropriate history and/or examination and 1 of the 2 components:</b></p> <p><b>99212:</b></p> <ul style="list-style-type: none"> <li>MDM straightforward complexity</li> <li>Total time 10-19 minutes per encounter</li> </ul> <p><b>99213:</b></p> <ul style="list-style-type: none"> <li>MDM low complexity</li> <li>Total time 20-29 minutes per encounter</li> </ul> <p><b>99214:</b></p> <ul style="list-style-type: none"> <li>MDM moderate complexity</li> <li>Total time 30-39 minutes per encounter</li> </ul> <p><b>99215:</b></p> <ul style="list-style-type: none"> <li>MDM high complexity</li> <li>Total time 40-54 minutes per encounter</li> </ul> <p><b>*Billing with Welcome to Medicare visit or AWV:</b></p> <ul style="list-style-type: none"> <li>Append modifier 25 to E&amp;M service to indicate "significant, separately identifiable service"</li> <li>Some elements of E&amp;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&amp;M service</li> </ul>
Note	Upon completion, please fax a copy of a signed chart note to 844-442-1077.				
Total 2021 RVU	4.67	4.79	3.25	3.87	2.11-4.11, depending on level of service

# Contact information

## Fax

844-442-1077 to send chart notes for the AWW, Welcome to Medicare Visit, or Comprehensive Preventive Medicine

## Email

[ProviderClinicalConsulting@Premera.com](mailto:ProviderClinicalConsulting@Premera.com)  
for data specifications and process

## Call

888-850-8526  
For other questions.