

Medicare Annual Wellness Visit: Preventive Care for Optimal Health

Did You Know?

The Annual Wellness Visit (AWV) is an underutilized Medicare Part B service. For the period April 1, 2023, to March 31, 2024, Medicare beneficiaries claims data shows that in North and South Dakota regional communities, at best, the utilization of the AWV was 29.39% and in [some communities](#) as low as 4.2%. Scan the QR code to the right to view regional community maps.



What is the Medicare Annual Wellness Visit? A scheduled appointment with a primary care physician to review a patient's wellness and develop a personalized prevention plan. The AWV is different from a typical physical exam and aims to catch potential health issues early.

To learn more, scan the QR Code or visit: [MLN Educational Tool - Medicare Wellness Visits](#).

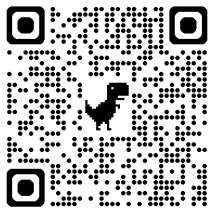


One of the most valuable elements of the AWV is the creation of a long-term preventive care plan based on the information a patient shares with their provider, including:

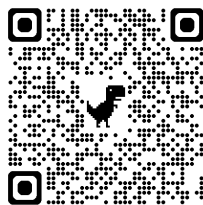
- Health Risk Assessment (HRA)
- Family history
- Current list of medical providers and medications
- Screening for cognition, depression, alcohol misuse, opioid prescriptions, hearing, functional status, fall risk and advanced care planning
- **New in 2024** - Optional Social Determinants of Health (SDOH) risk assessment

Patient Benefits	Provider/Practice Benefits
<ul style="list-style-type: none">• Encourages early interventions to:<ul style="list-style-type: none">○ Early disease detection and prevention○ Maximize wellness○ Prevent accidents at home○ Keep patients out of the hospital	<ul style="list-style-type: none">• Creates an opportunity to provide care coordination• Strengthens the provider/patient partnership to increase what matters to patients• Increases patient engagement through outreach and education• Provides proactive care• Improves quality metrics• Creates a new and sustainable revenue stream

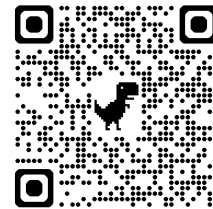
Additional Resources



[Comagine Health Annual Wellness Visit Toolkit](#)



[Annual Wellness Visit Assessment and Resource Toolkit](#)



[Annual Wellness Visit Video](#)

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Annual Wellness Visit (AWV): Suggested Workflow Diagram

1. Scheduler

- Verify eligibility
- Scheduling options:
 - Welcome to Medicare Visit
 - AWV (yearly, recurring benefit after first 12 months of coverage)
 - Sick visit/follow up
- If AWV, send the Health Risk Assessment (HRA) or ask to fill out at the visit

2. Patient

- Update medical and family history, current medical problems and surgeries
- Bring a list of current medical providers and supplies
- Bring a list of all prescribed and over-the-counter medications, vitamins and supplements with dosages
- Bring HRA survey or fill out in office prior to the appointment

3. Nurse/Medical Assistant

- Measure height, weight, BMI, BP and other routine measurements
- Complete Medicare Covered Preventive Screenings and Services form
- Flag concerns/questions for provider

4. Provider*

- Review HRA and address concerns
- Review Medicare Covered Preventative Screenings and Services form[↑]
- Complete results and follow-up form[↑]
- Complete a written action plan with the patient[↑]
- Complete optional Social Determinants of Health (SDOH) risk assessment[↑]
- Provide advance care planning (ACP) services at the patient's discretion
- Review current opioid prescriptions
- Screen for potential Substance Use Disorders (SUDs)

*Medicare Part B covers AWV if performed by a:

- Physician (a doctor of medicine or osteopathy)
- Qualified non-physician practitioner (a physician assistant, nurse practitioner, or a certified clinical nurse specialist; or
- 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 (doctor of medicine or osteopathy)

[↑] - These forms are given to the patient

5. Billing

- Initial Annual Wellness Visit G0438 (Dx V70.0)
- Subsequent Annual Wellness Visit G0439
- G0136 with modifier 33 – if SDOH risk assessment performed
- *G0468 Federally Qualified Health Center (FQHC) visit

*Section 60.2 of the [Medicare Claims Processing Manual, Chapter 9](#) has more information on how to bill HCPCS code G0468.

Updated August 2024