



The Top 10 Things You Should Know About the Annual Wellness Visit



1. What is an Annual Wellness Visit (AWV)?

- A Medicare reimbursable health screening to create a personal prevention plan and assess health risks
- Goals: Health promotion, disease detection, and prevention of medical conditions
- Intended to address steps prior to disease occurring, when disease becomes clinically evident, and when disease establishes maximum impact
- Purpose of the AWV: Educate, Counsel, and Refer to other services
- **Not** a routine head-to-toe physical examination



2. Who qualifies for an AWV?

All Medicare Part B Patients who have received Medicare Part B benefits for 12+ months and have not had their Initial Preventive Physical Exam/“Welcome to Medicare” preventive visit within 12 months.



3. How often can a patient receive an AWV?

A patient can receive an AWV once every 12 months, if:

- 12 months have passed since “Welcome to Medicare” preventive visit, or
- 12 months have passed since enrollment in Medicare Part B *and* a “Welcome to Medicare” preventive visit never occurred



4. Who can perform an AWV?

- Physician (MD or DO)
- Physician assistant (PA)
- Nurse practitioner (NP)
- Registered Nurse (RN)
- Clinical nurse specialist (CNS)
- Medical professional directly supervised by a physician (health educator, registered dietitian, nutrition professional, or other licensed practitioner)





5. How to conduct an AWW:

- Review medical and family history
- Develop a list of current providers
- Measure height, weight, BMI, blood pressure and other routine measurements
- *Assess for possible cognitive impairment—see #6 below*
- Identify potential risk factors for depression
- Assess functional ability and level of safety
- Establish a written screen schedule for the next 5–10 years
- Prepare list of risk factors, interventions, and treatment options (risks and benefits)
- Provide health advice and appropriate referrals for reducing risk factors
- Review responses to a Health Risk Assessment
- Visit [CMS.gov](https://www.cms.gov) for more information on conducting AWWs



6. What is the Mini-Cog™?

- A non-invasive cognitive screening tool embedded in the AWW
- Three minutes to administer and score
- Three steps:
 - Three-word registration
 - Clock drawing
 - Three-word recall



7. What Mini-Cog score warrants a referral to GMN?

A Mini-Cog score of less than 3 warrants a referral to a GMN Memory Assessment Clinic.



8. What's the difference between the Initial Preventive Physical Examination (IPPE)/“Welcome to Medicare” preventive visit and the AWW?

The IPPE/“Welcome to Medicare” preventive visit is a once per lifetime benefit provided only within the first 12 months of enrollment in Medicare Part B. The AWW is covered only after the first 12 months of Medicare Part B coverage have passed. The AWW can be provided annually once per 12-month period thereafter.



9. How is the AWW billed and coded?

- Medicare covers an AWW for beneficiaries. No deductibles or co-payments apply for an AWW.
- Coding:
 - G0402 – IPPE/“Welcome to Medicare” preventive visit
 - G0438 – First AWW visit
 - G0439 – Subsequent AWW visit
 - G0468 – Federally Qualified Health Center (FQHC) visit that includes AWW
- A diagnosis code must be reported when submitting a claim for the AWW



10. What should I tell eligible patients about the AWW?

- Medicare pays 100% for the AWW
- The AWW focuses on health promotion and prevention
- A problem-oriented visit with a physical examination isn't part of the AWW and is subject to deductibles or coinsurance

Sources: American Academy of Family Physicians, Alzheimer's Association, Centers for Medicare & Medicaid Services Medicare Learning Network, Quality Insights

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