QUALITY SPOTLIGHT 2026: MEDICARE ANNUAL WELLNESS VISITS

Applies to Medicare Advantage Plans and FFS Medicare.
Only certain Medicare Advantage plans & FFS Medicare have metrics for AWV.

FFS Medicare =ACO Reach, MSSP, Traditional Medicare

Medicare/ Medicare Advantage Annual Wellness Visits

Initial Preventive Physical Exam (IPPE)	Annual Wellness Visit (AWV)	Routine Physical Exam
• One time "Welcome to Medicare" visit for newly enrolled beneficiaries • Medicare patients within 12 months of first Part B coverage period • Covered benefit for patient • Review of medical & social health history and preventive services education	• Annual visit to perform a HRA and develop or update a Personalized Prevention Plan (PPP) • Covered once every 12 months. • Covered benefit for patient • Includes Health Risk Assessment (HRA) • Evaluation of lifestyle behaviors, health risks • Self-reported data that compliments clinical data	• Exam performed without relationship to treatment or diagnosis for a specific illness, symptom, complaint, or injury • Medicare does **not** cover a routine physical (it's prohibited by statute) • Patients pay 100% out-of-pocket • MA Plans may cover the yearly physical

MEDICARE/ MA ANNUAL WELLNESS VISIT

Required Element	Who can do it
Health Risk Assessment and Screening Questionnaires - Functional Status Evaluation - Safety Screens - Tobacco Usage - Alcohol Usage - Substance Use Screening - Cognitive Screening - Depression Screening - Fall Risk Assessment - Physical Activity and Nutritional Assessment - Continence Assessment - Pain Assessment	MA, LPN, RN, etc.
Review Medications	MA, LPN, RN, etc.
Review Medical/ Family History	MA, LPN, RN, etc.
Complete Vitals	MA, LPN, RN, etc.
Create a Risk Factor List	MA, LPN, RN, etc.

Required Element	Who can do it
REVIEW ALL DATA and sign-off	MD, DO, APP
Create Personalized Care Plan - Create screening schedule (written plan for the next 5-10 years) - Provide personalized health advice and prevention plan - Refer for education/ counseling - Create plan based on risk factors	MD, DO, APP

Recommended, Not Required	Who can do it
Document Diagnoses and MEAT	MD, DO, APP
Advance Care Plan	MD, DO, APP
Social Determinants of Health Assessment	ALL

MEDICARE AWV OR AWV WITH E&M

AWV Only

- 30-40 minutes
- No Copay
- Review only of current medications/ No change or renew
- No addressing of acute conditions
- List diagnoses with MEAT/ DSP

AWV with E&M Visit

- 30-40 mins + 10-20 mins for E&M
- Two visits/ One copay
- Review/ Change medications
- Address acute conditions
- Decrease number of visits if transportation is an issue
- Use modifier - 25
- Ensure notes/ documentation are separate of each other
- Patients need to be made aware of office visit
- HAP Does NOT allow Physical E & M which is a preventative

How to Document & Code the E&M Portion

Remember: An E&M visit is not required as part of an AWV

- It is a separate service and requires a copay
- It may be information overload for the patient
- Reduces burden of transportation
- Reduces appearance of fragmentation
- Allows **M.E.A.T. Documentation** to substantiate ICDs reflected in the RAF score

- Typical codes include **99202-99205; 99211-99215**
- The procedure code for the E&M must include the **-25 modifier**
- **G2211** cannot be used with the -25 modifier

FQHCs and **RHCs** are subject to different reimbursement procedures

M.E.A.T. Example

M.E.A.T. Element	Condition	Support
Monitored	Diabetes	A1C today is 6.7
Evaluated	CHF	+3 LE Edema, started Lasix
Assessed	HTN	BP controlled, continue lisinopril and maintain low sodium diet
Treated	New dx of CKD III	Referred to Nephrology

At a minimum documentation should contain a DIAGNOSIS, a STATUS, and a PLAN, DSP!

Medicare Wellness Visit Billing Codes

G0402	G0438	G0439
Referred as the Initial Preventive Physical Exam (IPPE) or the Welcome to Medicare Visit Provider collects initial information for ongoing updates during subsequent AWVs Covered once in the patient's lifetime Available within the first 12 months of enrolling in Medicare	Covered after the first 12 months of Medicare coverage Initial Annual Well Visit Eligible for telehealth visit **FFS MEDICARE**: You can only bill G0438 or G0439 once in a 12-month period **FFS MEDICARE**: Do not bill G0438 or G0439 within 12 months of a previous G0402 (IPPE)	Covered the day after one year has passed since the previous AWV Eligible for telehealth visit

Medicare waives both the ACP coinsurance and the Medicare Part B deductible when:

- Delivered on the same day as the covered AWV
- Offered by the same healthcare provider as the covered AWV
- Billed with modifier -33 (Preventive Service)
- Billed on the same claim as the AWV

Any test conducted on a day when modifier 33 has been billed will be considered preventative

ADVANCED CARE PLANNING

ACP Conversation	CPT II/ EM code
Discussed/documented ACP/surrogate in record	1123F
Discussed/documented pt does not wish to make decision	1124F
Dedicated ACP conversation lasting 16-30 minutes	99497
Dedicated ACP conversation well over 30 min	99497 + 99498

Provider may deliver advance care planning (ACP) services as part of the AWV and bill accordingly.

Pertinent **time-based** CPT codes 99497 or 99498 are used (as above).

Medicare covers ACP with Part B service when medically necessary and as an optional element of a beneficiary's AWV.

BCSM MAPPO and BCNA – REMOVED 12 MONTH RULE

PRIORITY HEALTH MA – REMOVED 12 MONTH RULE

HAP MA – REMOVED 12 MONTH RULE

HUMANA – REMOVED 12 MONTH RULE

MEDICARE (ACO) – Must be at least 12 months (within the same month as the previous year) ACO REACH, MSSP, Traditional Medicare

MEDICARE ADVANTAGE VERSUS FFS MEDICARE TIMEFRAMES

AWV'S BRING IN THE MOST VULNERABLE OF POPULATIONS

Things to consider:

Does this person have an abnormally low risk score when they have 2 or more chronic conditions? Ensure your provider team is addressing HCC scoring

Is this patient flagging as high risk?

- **Does this patient appear on your frequently ED or Admissions TCM tracker lists?**
- **Does this person have 2 or more of the "trigger" chronic conditions?**
- **Does your patient struggle getting to the practice for appointments?**
- **If your practice is in the joint venture-Is the patient on the Honest ECM (Enhanced Care Management) high-risk list?**

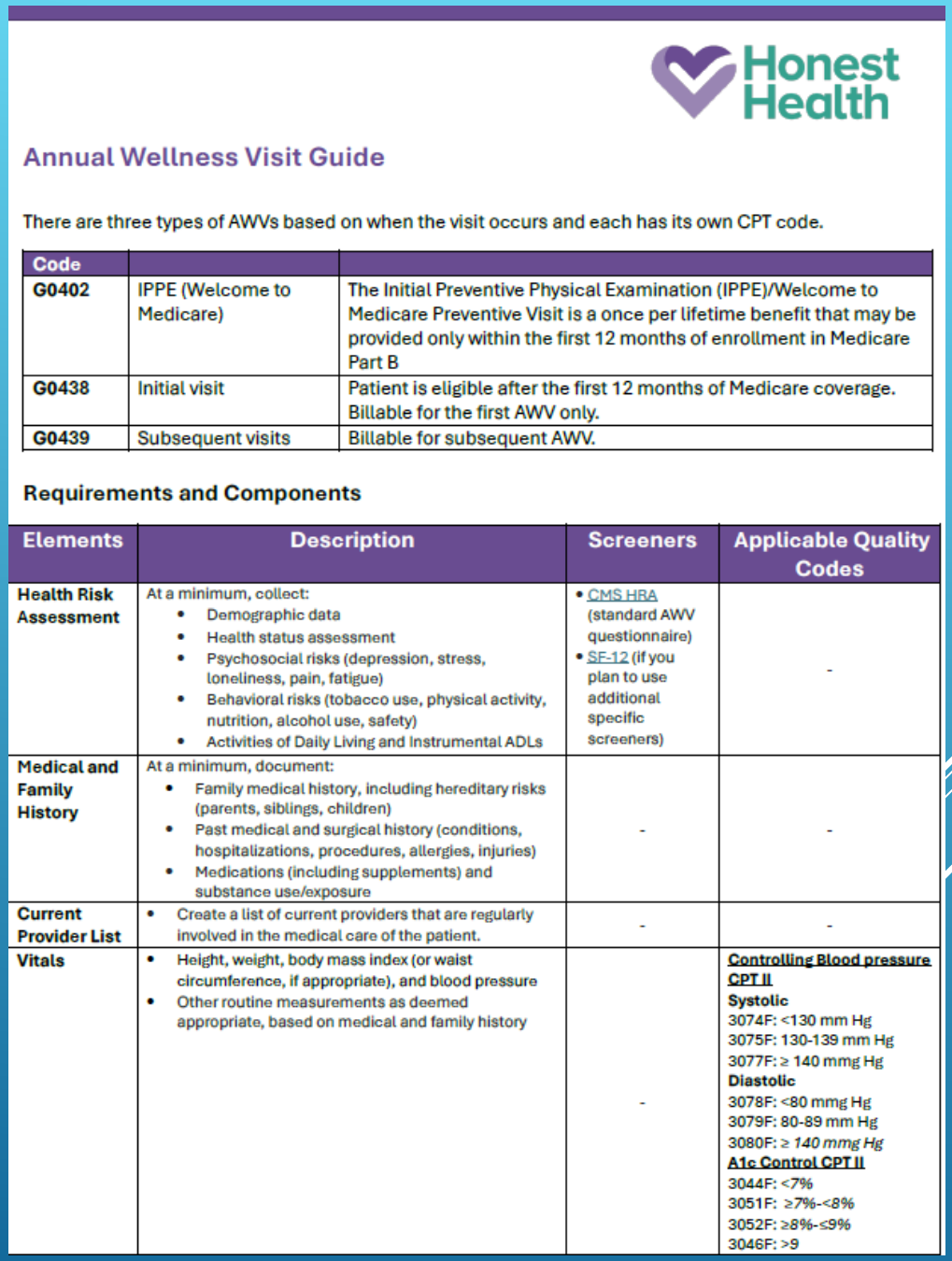
These patients warrant proactive frequent ongoing management

- **Refer to your care manager or Honest Health's care management (ECM)**

When reviewing screening questions consider utilizing open ended questions to illicit red flag patient responses

ANNUAL WELLNESS VISIT GUIDE

WHAT ARE THE MINIMUM REQUIREMENTS?



Honest Health

Annual Wellness Visit Guide

There are three types of AWVs based on when the visit occurs and each has its own CPT code.

Code		
G0402	IPPE (Welcome to Medicare)	The Initial Preventive Physical Examination (IPPE)/Welcome to Medicare Preventive Visit is a once per lifetime benefit that may be provided only within the first 12 months of enrollment in Medicare Part B
G0438	Initial visit	Patient is eligible after the first 12 months of Medicare coverage. Billable for the first AWV only.
G0439	Subsequent visits	Billable for subsequent AWV.

Requirements and Components

Elements	Description	Screeners	Applicable Quality Codes
Health Risk Assessment	At a minimum, collect: • Demographic data • Health status assessment • Psychosocial risks (depression, stress, loneliness, pain, fatigue) • Behavioral risks (tobacco use, physical activity, nutrition, alcohol use, safety) • Activities of Daily Living and Instrumental ADLs	• CMS HRA (standard AWV questionnaire) • SF-12 (if you plan to use additional specific screeners)	-
Medical and Family History	At a minimum, document: • Family medical history, including hereditary risks (parents, siblings, children) • Past medical and surgical history (conditions, hospitalizations, procedures, allergies, injuries) • Medications (including supplements) and substance use/exposure	-	-
Current Provider List	• Create a list of current providers that are regularly involved in the medical care of the patient.	-	-
Vitals	• Height, weight, body mass index (or waist circumference, if appropriate), and blood pressure • Other routine measurements as deemed appropriate, based on medical and family history	-	**Controlling Blood pressure CPT II** **Systolic** 3074F: <130 mm Hg 3075F: 130-139 mm Hg 3077F: ≥ 140 mmg Hg **Diastolic** 3078F: <80 mmg Hg 3079F: 80-89 mm Hg 3080F: ≥ *140 mmg Hg* **A1c Control CPT II** 3044F: <7% 3051F: ≥7%-<8% 3052F: ≥8%-≤9% 3046F: >9

QUESTIONS?