

Medicare Annual Wellness Visits

Effective January 1, 2011, Medicare has created two new G codes for Annual Wellness Visits (AWV). The AWV which includes a personalized prevention plan service (PPPS), is available to Medicare beneficiaries who:

- Are no longer within 12 months of effective date of his/her first Medicare Part B coverage period, and
- Have not received either an initial preventative physical examination (IPPE, i.e. "Welcome to Medicare visit", G0344) or AWV within the past 12 months.

New G codes:

G0438 – Annual wellness visit; including a personalized prevention plan of service; first visit

G0439 – Annual wellness visit; including a personalized prevention plan of service; subsequent visit

Documentation Requirements:

- Establish/update individual medical and family history
- Establish/update a list of current providers and suppliers that are regularly involved in providing medical care to the individual
- Physical assessment of individual's height, weight, BMI, BP and other routine measurements deemed appropriate
- Detection of any cognitive impairment
- Establish/update a list of risk factors and conditions
- Screen for depression and functional status
- Establish/update a schedule of screening services
- Voluntary advance care planning
- Personalized health care advice and referral where needed

**** Departments intending to provide and bill for annual wellness visits are requested to contact their assigned compliance analyst. The compliance analyst will assist in developing a template to capture the extensive documentation requirements.

Source:

<http://www.cms.gov/transmittals/downloads/R134BP.pdf>