Medicare Wellness Visits Reference Guide

OASIS

This information applies to claims submitted for patients with Medicare Advantage Plans

Wellness visits provide opportunities to screen for new problems and manage chronic ones. It is also the perfect opportunity to review preventative screenings and create a comprehensive plan of care for the year

Depending on your contract, completion of a wellness visit and/or preventative screenings may result in an incentive payment. In addition, many health plans have member incentives for completion - please see your value partner for details

	Initial Preventative Physical Examination (IPPE)	Annual Wellness Visit (AWV)	Annual Routine Physical/Preventive Service (APPE)
HCPCS/CPT	G0402 (with ECG use code set G0403, G0404, or G0405)	G0438 (Initial AWV) G0439 (Subsequent AWV)	99385-99387 (New Patient) 99391-99397 (Established Patient)
Visit Summary	• One-time preventive physical exam for new Medicare beneficiaries. Visit focuses on health education, disease prevention, and detection. • A standard physical also assesses overall health but may have different components. includes a review of medical/family history and certain screenings like height/weight/blood pressure. • A physical is more comprehensive and may include additional tests based on age and risk factors	• Face-to-face visit – includes personalized prevention plan of services • G0438 initial AWV: Services limited to beneficiary during the second year the patient is eligible for Medicare Part B; only one first AWV per beneficiary per lifetime • G0439 subsequent AWV: Coded the year following. Initial AWV This benefit is once per calendar year. This exam is a preventive physical exam and not a comprehensive physical checkup. • Note: The AWV is intended to build upon previously established IPPE	• Face-to-face comprehensive, multi-system exam • The comprehensive history obtained as part of the preventive medicine E/M service is not problem -oriented and does not involve a chief complaint or present illness. • Includes a comprehensive system review and comprehensive or interval past, family and social history as well as a comprehensive assessment/history of pertinent risk factors. • Includes clinical laboratory tests
Acceptable Provider Type	Physician or qualified non-physician practitioner	Physician; qualified, non-physician practitioner; or medical professional Note: For RA purposes, see acceptable provider type on next page	Physician or qualified non-physician practitioner

©OHP | Published 01.2025

Medicare Wellness Visits Billing Guide

AWVs are covered when performed by a:

- Physician (Doctor of Medicine or osteopathy)
- Qualified non-physician practitioner (physician assistant, nurse practitioner, or certified clinical nurse specialist)
- Medical professional (pharmacist, health educator, registered dietician, or nutrition professional) under direct physician supervision and billed as incident-to

For submission of diagnosis codes for purposes of Risk Adjustment, ensure that the visit meets the following requirements:

- Face-to-Face encounter (in-person or via audio and video telehealth)
- By an acceptable provider type (MD, DO, NP, PA, or APRN)
- Do not bill G0438 or G0439 within 12 months of a previous G0402 billing for the same patient
    - Medicare telehealth includes G0438 and G0439

A Welcome to Medicare visit or an annual wellness visit performed in a Federally Qualified Health Center (FQHC) is payable under the FQHC prospective payment system (PPS).

- Code G0468 must be accompanied by qualifying visit code G0402, G0438 or G0439

When you provide an AWV and a significant , separately identifiable, medically necessary E/M service, report the additional CPT code (99202-99205, 99212-99215) with modifier 25.

- Cost share may apply to the patient if billing two additional services on the same date of service
- Checking an individual's plan documents is the best way to confirm coverage

©OHP | Published 01.2025

Medicare Wellness Visits
Best Practices for Success

OASIS

Visit Planning

Scheduling Priority

- Patient with no visit in the prior year
- New patient
- Annual Wellness visit is due

Prior to the Visit

- HRA completion
- Send patient for labs
- Pull report on completed preventative services
- Place orders in the systems for services due
- Remind patient to bring in their medications

During the Visit

- Complete HRA
- Take Vitals: Blood pressure, height, weight, BMI, pain scale
- Screenings: Visual acuity, ECG, depression, fall risk, cognitive and functional status (ADLs)
- Medication reconciliation
- Advance Directives
- Patient History: Past medical, social, family

Post Visit

- Print summary of scheduled or ordered tests
- Schedule next annual wellness and/or follow up comprehensive visit
- Ensure complete documentation of vitals and all components reviewed as part of the discharge summary and patient plan

Additional Tips:

- Opportunity to review and discuss active and stable chronic conditions, and clearly document action plan on each
- Apply MEAT criteria (Monitor, Evaluate, Assess, Treat)
- Ensure appropriate visit type is present in order to qualify for risk adjusted payments
- Collect information and report on preventative screenings completed using CPT II code set
- Place referrals for disease management or behavioral health services

The information presented above is to be used for general informational purposes only and individuals should adhere to official guidance in the areas associated with the topic, as guidance can change rapidly. It is not a complete list of ICD-10-CM codes, nor does it define a standard of care and should not substitute for an informed medical evaluation, or diagnosis and treatment performed by a licensed healthcare provider. This document does not replace ICD-10-CM Coding Guidelines; adherence to such guidance is required under HIPAA.

©OHP | Published 01.2025