

Annual physical examinations and annual wellness visits

The annual wellness visit (AWV) is a yearly appointment with a Medicare beneficiary’s primary care provider (PCP) to create or update a personalized prevention plan services (PPPS). This plan may help prevent illness based on current health and risk factors. The Patient Protection and Affordable Care Act (ACA) waives the deductible and coinsurance/copayment for the initial preventive physical exam (IPPE) and the AWV.¹

Annual preventive visits

The AWV is one of several preventive visits to detect health concerns early. An AWV is not a physical exam. Documentation and coding requirements for each of these services are different. Also, an AWV service is similar to, but separate from, the one-time Welcome to Medicare preventive visit. The AWV is covered by all Medicare Advantage (MA) plans. Some MA plans will also cover a routine “physical exam.”

Codes	ICD-10-CM code	Description
99385 - 99387, 99395 -, 99397 <i>Routine physical exam: Coverage varies with each plan</i>	Z00.00	Encounter for general adult medical examination without abnormal findings.
	Z00.01	Encounter for general adult medical examination with abnormal findings. <i>Use additional code to identify abnormal findings.</i>
G0402 (<i>one time benefit</i>)	Any appropriate ICD-10-CM codes are accepted that are consistent with the review of the patient’s health status.	Initial preventive physical examination (IPPE) or “Welcome to Medicare” preventive visit
G0438 (<i>one time benefit</i>)		Annual wellness visit, includes a personalized prevention plan services (PPPS), <i>first visit</i> .
G0439		Annual wellness visit, includes a personalized prevention plan services (PPPS), <i>subsequent visit</i> .
G0468		Federally qualified health center (FQHC) visit, IPPE or AWV; an FQHC visit that includes an IPPE or AWV and includes a typical bundle of Medicare-covered services that would be furnished per diem to a patient receiving an IPPE or AWV.

Additional services provided on the same day as an AWV and/or routine physical exam

If you bill additional services with an AWV and/or routine physical exam, including labs and/or diagnostic services, a copayment or coinsurance may apply, even if the primary reason for the visit was a routine physical exam. This could include a separately identifiable medically necessary E/M service in addition to the AWV with PPPS, using CPT® codes 99202-99215 reported with modifier -25. When medically indicated, this additional E/M service would also be subject to the applicable deductible, copayment or coinsurance for office visits.



Other preventive services¹

Providers may also provide and bill separately for other preventive services. For additional information, please visit [Medicare Preventive Services](#).

- Alcohol misuse screening and counseling
- Bone mass measurements
- Cardiovascular disease screening tests
- Colorectal cancer screening
- Human immunodeficiency virus (HIV) screening
- Counseling to prevent tobacco use
- Depression screening
- Diabetes screening
- Diabetes self-management training (DSMT)
- Glaucoma screening
- Hepatitis B virus (HBV) screening
- Hepatitis C virus (HCV) screening
- Influenza, pneumococcal, and hepatitis B vaccinations and their administration
- Intensive behavioral therapy (IBT) for cardiovascular disease and IBT for obesity
- Lung cancer screening with low-dose computed tomography (LDCT)
- Medical nutrition therapy (MNT)
- Prostate cancer screening
- Screening for cervical cancer with human papillomavirus (HPV) tests
- Screening for sexually transmitted infections (STIs) and high-intensity behavioral counseling to prevent STIs
- Screening mammography
- Screening Pap tests and screening pelvic exam (includes clinical breast exam)
- Ultrasound screening for abdominal aortic aneurysm (AAA)

Documentation requirements

Initial annual wellness visit^{1,2}

- Health risk assessment (HRA): Obtain self-reported information from the patient, including demographic data, including but not limited to age, gender, race, and ethnicity, activities of daily living (ADLs), instrumental ADLs (IADLs), psychosocial and behavioral risks and a self-assessment of health status
- Establishment of medical and family history
 - Past medical and surgical history (illness, hospital stays, operations, allergies, injuries, and treatments)
 - Family history (medical events of parents, siblings and children, including hereditary conditions that place them at increased risk)
 - Current medications, supplements and other substances used by the patient
- Establishment of current providers and suppliers who regularly provide medical care
- Measurement of height, weight, BMI, blood pressure and other medically necessary routine measurements
- Detection of any cognitive impairment via direct observation, while considering information from reports and concerns raised by family members and others. If appropriate, use a brief validated structured cognitive assessment tool.
- Review of potential risk factors for depression using any appropriate screening instrument
- Review of functional ability and level of safety, including fall risk, hearing impairment, home safety and ability to perform ADLs: Use direct observation or select appropriate questions from various screening questionnaires
- Establishment of a written screening schedule, such as a checklist, for the next 5–10 years. Base screening schedule on recommendations from the USPSTF and ACIP as well as the patient’s HRA, health status and screening history.
- Establishment of a list of risk factors and conditions for which interventions are recommended or are underway that includes mental health conditions and a list of treatment options and their associated risks and benefits
 - Review the patient’s potential risk factors for substance use disorders (SUDs) and, as appropriate, refer them for treatment
- For a patient with a current opioid prescription: Review their potential opioid use disorder (OUD) risk factors, evaluate their pain severity and current treatment plan, provide information on non-opioid treatment options and refer to a specialist, as appropriate
- Provide personalized health advice and referrals, as appropriate, to health education or preventive counseling services or programs, including community-based lifestyle interventions to reduce identified risk factors and promote self-management and wellness
- Social Determinants of Health (SDOH) Risk Assessment
 - Optional AWV element. This assessment must follow standardized, evidence-based practices and ensure communication aligns with the patient’s educational, developmental, and health literacy level, as well as being culturally and linguistically appropriate.
- Furnish advance care planning services, at the discretion of the patient

Subsequent annual wellness visit^{1,2}

- Review and update health risk assessment
- Update medical and family history
 - Past medical and surgical history (illness, hospital stays, operations, allergies, injuries, and treatments)
 - Family history (medical events of parents, siblings and children, including hereditary conditions that place them at increased risk)
 - Current medications, supplements and other substances used by the patient
- Update the list of current providers and suppliers, including those added as a result of the first AWV
- Measurement of weight, blood pressure and other medically necessary routine measurements
- Detection of any cognitive impairment
- Update the written screening schedule developed in the first AWV providing PPPS
- Update the list of risk factors and conditions for which interventions are recommended or are underway based on the list developed at the first AWV providing PPPS
 - Review the patient’s potential risk factors for SUDs and, as appropriate, refer them for treatment
- For a patient with a current opioid prescription: Review their potential OUD risk factors, evaluate their pain severity and current treatment plan, provide information on non-opioid treatment options and refer to a specialist, as appropriate
- Provide personalized health advice and referral, as appropriate, to health education or preventive counseling services or programs
- Social Determinants of Health (SDOH) Risk Assessment
 - Optional AWV element. This assessment must follow standardized, evidence-based practices and ensure communication aligns with the patient’s educational, developmental, and health literacy level, as well as being culturally and linguistically appropriate.
- Furnish advance care planning services, at the discretion of the patient

AWV coding tips¹

- G0402 is only covered within the first 12 months of a patient’s Medicare Part B enrollment
- G0438 and G0439 may not be billed within 12 months of a previous billing of a G0402, G0438 or G0439 for the same patient. Some MA plans allow for calendar year billing in lieu of the 12-month rule.
- If providing advance care planning (ACP) as an optional element to the AWV, use the additional CPT® code of 99497 with modifier 33 for the first 30 minutes and 99498 for each additional 30 minutes. This service is provided at no cost to the patient if completed once per year during their AWV.
- Please note: Payment policies regarding the AWVs and the comprehensive preventive exams vary by plan. Please check with your contracted plan for further information prior to billing.

The following references were used in the creation of this document at time of publication:

- Optum360. *ICD-10-CM: Professional for Physicians 2024*. Salt Lake City, UT: Optum360; 2023.
- American Medical Association. *Current Procedural Terminology Professional 2024*. Chicago, IL: AMA; 2023.
- Optum360. *2024 HCPCS Level II Professional*. Salt Lake City, UT: Optum360; 2023.

1. [Medicare Wellness Visits](#). Accessed November 9, 2023.
2. [Medicare Benefit Policy Manual](#). Accessed November 9, 2023.
3. [SDOH Risk Assessment](#). Accessed December 21, 2023.



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This tool is to be used for easy reference; however, the current ICD-10-CM code classification and the Official Guidelines for Coding and Reporting are the authoritative references for accurate and complete coding. The information presented herein is for general informational purposes only. Neither Optum nor its affiliates warrant or represent that the information contained herein is complete, accurate or free from defects. Specific documentation is reflective of the “thought process” of the provider when treating patients. All conditions affecting the care, treatment or management of the patient should be documented with their status and treatment plan and coded to the highest level of specificity. Enhanced precision and accuracy in the codes selected is the ultimate goal. Lastly, on March 31, 2023, the Centers for Medicare & Medicaid Services (CMS) announced that 2023 dates of service for the 2024 payment year model are based on the Centers for Medicare & Medicaid Services Announcement. [Announcement of Calendar Year \(CY\) 2024 Medicare Advantage \(MA\) Capitation Rates and Part C and Part D Payment Policies \(cms.gov\)](#).

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