



# Medicare Annual Health Assessments

## Quick Reference Guide on Initial Preventive Physical Exams and Annual Wellness Visits

	"Welcome to Medicare" Initial Preventive Physical Exam	Annual Wellness Visit
<b>When</b>	Within the first 12 months of enrollment in Medicare Part B	After the first 12 months of enrollment in Medicare Part B and at least 1 year +1 day after the IPPE, if provided
<b>How often</b>	Covered only once in a lifetime	Subsequent AWWs and preventive services are allowed every 12 months. As part of our efforts to increase scheduling flexibility, AWW codes (G-codes) can be used anytime within the calendar year, regardless of the 12 month/365 day rule often applied.  To determine the date the member had their last preventive service, go to: <ul style="list-style-type: none"> <li>Centers for Medicare &amp; Medicaid Services <a href="#">HIPAA Eligibility Transaction System</a>, or</li> <li>Medicare Administrative Contractor</li> </ul>
<b>Codes</b>	IPPE: G0402	Initial AWW: G0438 Subsequent AWW: G0439
<b>Coverage</b>	Medicare pays 100%	Medicare pays 100%
<b>Required for visits</b>	<p><b>Required for IPPE and AWW:</b></p> <ul style="list-style-type: none"> <li><b>Medical/surgical history.</b> Include current medications and supplements, diet, physical activities, sexual health and history of alcohol, tobacco and illicit drug use, such as opioid use disorders or at risk.</li> <li><b>Family history</b></li> <li><b>Review of potential psychosocial risk factors</b> for depression, life satisfaction, social isolation, stress, pain and fatigue. Include current or past experiences with depression or other mood disorders and any appropriate screening instrument, such as the Patient Health Questionnaire-9.</li> <li><b>Review of functional ability and level of safety</b>, such as activities of daily living, fall risk, hearing impairment and home safety.</li> <li><b>Exam.</b> Include height, weight, BMI, blood pressure and other factors deemed appropriate based on history or clinical standards.</li> <li><b>Education, counsel and referral</b> based on results</li> <li><b>A written screening schedule</b> for a minimum of 5 years</li> </ul>	
	<p><b>Required for IPPE in addition to above:</b></p> <ul style="list-style-type: none"> <li>Visual acuity screening</li> <li>End-of-life planning</li> <li>Screening EKG, as appropriate, once in lifetime</li> <li>Other screenings such as abdominal aortic aneurysm ultrasound, if family history or male 65 to 75 years old with smoking history. Covered only with referral from IPPE</li> </ul>	<p><b>Required for AWW in addition to above:</b></p> <ul style="list-style-type: none"> <li>Review of a completed health risk assessment</li> <li>List of medical providers and suppliers</li> <li>Detection of cognitive impairments</li> <li>Advance care planning discussion at patient's discretion</li> <li>List of patient risk factors and conditions if any</li> <li>Personalized health advice or appropriate referrals to health education or preventive counseling services</li> </ul>



## Quality Improvement and Annual Health Assessments

Take advantage of these annual visits to discuss quality care measures such as [colorectal cancer screening](#) and [breast cancer screening](#). We track Healthcare Effectiveness Data and Information Set (HEDIS®) measures to monitor our members' care.

Consider discussing other preventive care, such as:

- Monitoring physical activity
- Improving bladder control
- Reducing the risk of falling
- Improving or maintaining physical health
- Improving or maintaining mental health
- Physical functioning activities of daily living

## Documentation Tips

- Include patient demographics, such as name, date of birth and date of service in all progress notes.
- Document legibly, clearly and concisely.
- Ensure a credentialed provider signs and dates all documents.
- Document how each diagnosis was monitored, evaluated, assessed and/or treated on the date of service.
- Note complications with an appropriate treatment plan.
- Take advantage of annual visits to capture conditions impacting member care.

## Resources

- CMS [IPPE](#) and [AWV](#), and [Wellness Visit Educational Tool](#)
- [ICD-10-CM Official Guidelines for Coding and Reporting](#), "Categories of Z Codes" (I.C.21.c.5), Chapter 21: Factors influencing health status and contact with health services (Z00-Z99)



HEDIS is a registered trademark of the NCQA.

The material presented here is for informational/educational purposes only, is not intended to be medical advice or a definitive source for coding claims and is not a substitute for the independent medical judgment of a physician or other health care provider. Health care providers are encouraged to exercise their own independent medical judgment based upon their evaluation of their patients' conditions and all available information, and to submit claims using the most appropriate code(s) based upon the medical record documentation and coding guidelines and reference materials. References to other third-party sources or organizations are not a representation, warranty or endorsement of such organization. The fact that a service or treatment is described in this material, is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Inclusion of a code in this document does not guarantee reimbursement. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.