Annual Wellness Visit (AWV) Code List

MCARE AWV CPT Codes

(billable for reimbursement)

G0402 / Initial Preventive Physical Exam (IPPE)

- Commonly known as the "Welcome to Medicare" visit, this benefit is only payable once during a patient's live time, in the first 12 months of Medicare Part B eligibility.
- If the patient does not have an IPPE within the first year of Medicare Part B enrollment it can never be recovered.
- Patient is also eligible for an EKG screening and Aortic Aneurysm ultrasound if they meet the guidelines for this service.
- Must report a Diagnosis code when submitting a claim for the IPPE. Since you are not required to document a specific diagnosis code you may choose any diagnosis code consistent with the beneficiary's exam
- No coinsurance or deductible for the patient

G0403, G0404, G0405

A screening electrocardiogram (EKG is optional and is permitted as a one-time screening with the IPPE. The patient is responsible for any deductible or coinsurance. Use the appropriate G code to report.

G0438 / Initial Annual Wellness Visit (IAWV)

- Once a patient has had the IPPE/ "Welcome to Medicare" visit, 12 months must pass before the patient is eligible for the IAWV.
- This visit can be performed any time in the patient's life but can only be performed once. If the patient did not have the IPPE visit within their first year of Medicare Part B enrollment, they are still eligible for this IAWV at any point in their life.
- Includes a Personalized Prevention Plan (PPP)
- Must report a Diagnosis code when submitting a claim for the IPPE. Since you are not required to document a specific diagnosis code you may choose any diagnosis code consistent with the beneficiary's exam
- No coinsurance or deductible for the patient

G0439 / Subsequent Annual Wellness Visit (SAWV)

- After 12 months have passed since the patient's IAWV(G0438), the patient becomes eligible for the Subsequent Wellness Visit(s).
- Includes a Personalized Prevention Plan (PPP)
- Must report a Diagnosis code when submitting a claim for the IPPE. Since you are not required to document a specific diagnosis code you may choose any diagnosis code consistent with the beneficiary's exam
- No coinsurance or deductible for the patient

Advanced Care Planning

99497 Advance Care Planning (16-30 minutes)

99498 Advance Care Planning. (Each additional 30 minutes of face-to-face ACP)

- No co-pay or deductible for ACP when performed with the AWV, (use Modifier 33)
- 16-30 minutes of care time reaches threshold for billing the service (99497). The Minimum 16-minutes requirement must all take place in the same day – it can not be split up into different dates of service.
- Can include the time from the nurse and clinician
- Clinician should confirm discussion and provide documentation
- There is no limit to the number of ACP discussions a patient can have annually

Tobacco Screening

99406 Smoking and Tobacco Cessation Counseling: intermediate (3-10 minutes)

99407 Smoking and Tobacco Cessation Counseling: Intensive(10+ minutes)

- For patient who use tobacco, regardless of whether they exhibit signs or symptoms of a tobacco related disease
- For patients who are competent and alert at the time of counseling
- Furnished by a qualified Medicare provider
- For two cessation attempts per year. Each attempt may include a max of 4 intermediate or intensive sessions, with the total annual benefit covering up to 8 sessions per year
- No cost sharing.

Alcohol Misuse Screening

G0442 Annual Alcohol Misuse Screening (8-15 minutes)*****

- Annual screening for all Medicare Patient
- Copay and deductible waived

G0443 Brief face-to-face behavioral counseling for alcohol misuse (8-15 minutes)

- Patient screens positive
- Patients are competent and alert at the time counseling is provider
- Counseling furnished by a qualified Medicare provider in a primary care setting
- Patient with a positive screen are eligible for 4 counseling services
- No copay or deductible

Intensive Behavioral Therapy for Cardiovascular Disease

G0446 /Intensive Behavioral Therapy for Cardiovascular Disease

- Annual, face to face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes
- Covered annually
- Patient must be competent and alert when counseling is delivered
- Counseling is furnished by a qualified Medicare primary care provider in a primary care setting

Annual Depression Screening

G0444 Annual Depression Screening (5-15 minutes)

- Annual screening for all Medicare patients
- G0444 is bundled with the IPPE and the IAWV. Is not separately payable during those visits.
- G0444 is considered a separate service from the SAWV and can be coded separately with an appropriate modifier.
- It is recommended to use the PHQ-9 for documentation and reimbursement.
- Cost-share is waived

For RHCs and FQHC, G0444 is considered a separate encounter during the SAWV. However, it is not separately reimbursed when provided on the same day as an AWV. However, they should still add them to the claim.

Intensive Behavioral Therapy for Obesity

G0447 Face-to-Face behavioral counseling for obesity (15 minutes)

- Intensive behavioral counseling and behavioral therapy to promote sustained weight loss through high intensity interventions on diet and exercise
- Medicare covers up to 22 Intensive Behavioral Therapy for Obesity (IBT) visits in a 12 month period.
- One face-to-face visit every week for the first month
- One face-to-face visit every other week for months 2-6
- One face-to-face visit every month for months 7-12, if the patient meet the 6.6 pound weight loss requirement during the first 6 months

MCARE AWV CPT II/F/Quality codes

(***not billable for reimbursement***.)

G8427 Review of all medications by a prescribing practitioner or clinical pharmacist documented in medical record.

1123F Advance care planning discussed and documented – advance care plan or surrogate decision-maker was documented in the medical record.
1124F Advance care planning discussed and documented in the medical record – beneficiary/patient did not wish to or was unable to provide an advance care plan or name a surrogate decision-maker.
1158F Advance Care Planning discussion documented in the medical record.

G9922 Dementia Screen; safety concerns screen and, if positive, care plan documented
G9923 Dementia Screen; safety concerns screen negative
G9924 Dementia Screen; Medical reasons for not screening or for not documenting a care plan are documented
1170F Functional Status Assessed in a patient with Rheumatoid Arthritis
3288F Fall Risk Screening is performed using a validated tool PLUS
1100F Fall Risk Screening is performed using a validated tool + Pt is at risk of falling (documentation of two or more falls in the past year or any fall with injury in the past year) OR
1100F 1P Fall Risk Screening is not performed due to medical reasons
1101F Fall Risk Screening is performed using a validated tool, Positive, patient is at minimal or low risk of falling (documentation of no falls in the past year or only one fall without injury in the past year)
1101F 1P Fall Risk Screening is not performed due to medical reasons

G8510 Screening for depression is documented as negative, a follow-up plan is not required.

G9902 Pt screened for tobacco use and identifies as a tobacco user
G9903 Pt screened for tobacco use and does not identify as a tobacco user

G9621 Pt screened for alcohol misuse using a validated tool and identified as an unhealthy alcohol user
G9622 Pt screened for alcohol misuse using a validated tool and not identified as an unhealthy alcohol user

4040F Pneumococcal Vaccine Administered or Previously Received
4040F 8P Pneumococcal Vaccine Not Administered or Previously Received, Reason Unspecified

G8482 Influenza Immunization administered or previously received
G8483 Influenza immunization not administered for reasons documented