

Medicare Annual Wellness Visit Checklist

Bill the Annual Wellness Visit (AWV) correctly every time — covered 100% by Medicare Part B.

The Medicare Annual Wellness Visit (AWV) is a yearly checkup covered at NO COST to the patient (no deductible, no copay). It is NOT the same as a regular physical exam. Its purpose is to review the patient's health history, update their preventive care plan, and screen for risks. To get paid correctly, you must document specific elements. This checklist walks through every required step.

■ **TIP: If any medically necessary problem is addressed during an AWV, you can bill a separate E&M; visit (e.g., 99213) on the same day using Modifier 25. Document both services clearly and separately.**

AWV Visit Types — Which Code to Use?

Visit Type	CPT Code	When to Use It
Initial Preventive Physical Exam (IPPE / Welcome to Medicare)	G0402	First Medicare visit ever — once in a lifetime, within 12 months of Medicare Part B enrollment
Initial Annual Wellness Visit	G0438	First AWV — patient has had Medicare Part B for more than 12 months but has never had an AWV
Subsequent Annual Wellness Visit	G0439	Every year after the initial AWV — patient has had at least one AWV before

1 · Before the Visit — Preparation

- **Confirm patient is enrolled in Medicare Part B**
AWV is only covered under Part B. Verify eligibility through your EHR or the Medicare eligibility portal.
- **Check if this is the patient's first AWV or a follow-up**
This determines which CPT code you use (G0438 vs G0439 — see table above).
- **Confirm the patient has not had an AWV in the last 12 months**
Medicare only covers one AWV per calendar year. If one was done less than 12 months ago, Medicare will deny it.

- **Send a Health Risk Assessment (HRA) form to the patient to complete**
The HRA is a required form the patient fills out about their health history, medications, family history, and daily activities. Many practices mail this or give it in the waiting room.
- **Review the patient's last visit notes, problem list, and medication list**
You will need to update these during the visit. Pre-reviewing saves time.

2 · Required Documentation During the Visit

- **Health Risk Assessment (HRA) reviewed and updated** **REQUIRED**
The patient must complete a written HRA. Review it together and document the results in the chart.
- **Medical and family history reviewed** **REQUIRED**
Ask about past surgeries, major illnesses, current conditions, and immediate family history of major diseases.
- **Current medication list reviewed and reconciled** **REQUIRED**
Go through every medication — prescriptions, vitamins, and supplements. Update the list in the chart.
- **Vital signs documented** **REQUIRED**
Height, weight, BMI, and blood pressure are required. Record these in the clinical note.
- **Cognitive assessment performed** **REQUIRED**
Medicare requires a check for signs of cognitive impairment. Use a simple tool such as the Mini-Cog or AD8 questionnaire.
- **Depression screening completed** **REQUIRED**
Use a validated screening tool such as PHQ-2 or PHQ-9. Document the score and your clinical response.
- **Functional ability and safety screening** **REQUIRED**
Ask about fall risk, hearing, vision, mobility, and whether the patient feels safe at home.
- **Written screening schedule and preventive care plan created** **REQUIRED**
This is the heart of the AWW. Create a list of recommended screenings and preventive services for the next 5–10 years based on the patient's age, gender, and risk factors.
- **Advanced Care Planning discussed (optional but recommended)** **REQUIRED**
Discuss and document whether the patient has an advance directive (living will, healthcare proxy). If they do not, encourage them to create one.

3 · Preventive Screenings to Review and Recommend

Preventive Service	Who Needs It	How Often
Colorectal Cancer Screening	Adults 45–75	Varies by test type
Mammogram (Breast Cancer)	Women 40+	Once per year

Preventive Service	Who Needs It	How Often
Pap Smear / Cervical Cancer	Women under 65 (age-based)	Every 3–5 years
Lung Cancer Screening (Low-dose CT)	Smokers aged 50–77	Once per year
Diabetes Screening	Overweight adults / pre-diabetes risk	Up to 2x per year
Cardiovascular Disease Screening	Adults with risk factors	Every 5 years (lipid panel)
Bone Density (Osteoporosis)	Women 65+ / high-risk younger women	Every 2 years
Depression Screening	All adults	Annually
HIV Screening	Adults aged 15–65	At least once
Flu Vaccine	All Medicare patients	Once per flu season
Pneumococcal Vaccine	Adults 65+	Once or twice (two types)
Shingles Vaccine (Shingrix)	Adults 50+	2-dose series

4 · Billing the AWP — What to Submit

- **Submit CPT code G0438 (initial) or G0439 (subsequent) with diagnosis Z00.00**
Z00.00 is the ICD-10 code for a general adult medical exam. This is the standard diagnosis for AWP visits.

- **Bill Place of Service 11 (Office) for in-clinic visits**
If the AWP is done via telehealth, use POS 02. If at a nursing facility, use POS 32.

- **Do NOT bill a routine physical exam (99385–99387) on the same day**
The AWP is not a physical exam. Billing both on the same day will result in a denial.

- **You CAN bill a separate E&M; (99202–99215) on the same day for a NEW medical problem**
Add Modifier 25 to the E&M; code and document both services clearly and separately in the chart.

- **No copay or deductible should be collected for the AWP itself**
Medicare covers AWP at 100%. If a separate E&M; is billed, standard cost-sharing applies to that service only.

■■ **IMPORTANT: The most common reason AWP claims are denied: billing G0439 when it should be G0438 (patient never had an AWP before). Always check the patient's AWP history before coding.**

5 · Visit Sign-Off

Patient Name:		Date of Service:	
Date of Birth:		CPT Code Used:	G0438 / G0439
Provider:		Diagnosis Code:	Z00.00
HRA Completed:	Yes / No	Preventive Plan Given:	Yes / No

Medicare Annual Wellness Visit Checklist | Medical Billing Resource | CPT codes, coverage rules, and screening guidelines are updated annually — always verify with CMS.