



## Purpose

This resource is intended for home-based primary care (HBPC) providers and practice staff and assists with the creation of a template for annual wellness visits (AWV) by providing the required documentation elements necessary to bill for this service; however, be sure to review the Centers for Medicare & Medicaid Services (CMS) guidelines<sup>1</sup> for a full understanding of the requirements. The components in this resource can be utilized to develop the fields for your AWV template within your EHR.

- Health Risk Assessment (HRA) of choice (patient may self-report and complete ahead of time, or the questionnaire may be completed with the patient during the visit). For a complete sample HRA, please refer to the Centers of Disease Control (CDC).<sup>2</sup>

At a minimum, the HRA must include:

- Patient demographics
- Patient self-assessment of health status, frailty, or physical/mental functionality
- Biometric measures (height; weight; obesity; BMI; blood pressure reading from the past year; blood lipids including HDL, LDL, total cholesterol, and triglycerides; blood glucose, including blood sugar and hemoglobin A1C levels)
- Psychosocial risks such as depression, life satisfaction, stress/anger, loneliness/social isolation, and pain/fatigue
- Behavioral risks such as tobacco use, inadequate physical activity, poor nutrition or diet, excessive alcohol consumption, prescription drug use for non-medical reasons, and motor vehicle safety
- Activities of Daily Living (ADLs) such as dressing, bathing, and walking
- Instrumental ADLs (IADLs) such as shopping, housekeeping, managing own medications, and finances
- Compliance with current screenings and immunizations
- Past Medical & Surgical, Family, and Social History (PFSH)
  - The Annual Wellness Visit requires surgical history to be reviewed.
- Hospitalizations
- Allergies
- Medication list (including vitamins, minerals, and other supplements)

<sup>1</sup> [https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/awv\\_chart\\_icn905706.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/awv_chart_icn905706.pdf)  
(CMS Guidelines for Annual Wellness Visits)

<sup>2</sup> <https://www.cdc.gov/policy/hst/HRA/FrameworkForHRA.pdf> (CDC Health Risk Assessment Guidelines)

- Exercise and physical activity
- Diet and nutrition
- Written screening and immunization schedule, e.g., 1-5-year checklist as appropriate for the patient
- List of current providers and supplies, e.g., home health; specialists; Durable Medical Equipment (DME) such as a wheelchair, shower grab bars, etc.
- Review of potential for depression and other mood disorders, e.g., PHQ-2 and PHQ-9 if indicated
- Review of functional ability and level of safety:
  - Hearing difficulty? (Yes or No)
  - Vision difficulty? (Yes or No)
  - Has the patient received an eye exam by an optometrist or ophthalmologist in the past two years? (Yes or No)
  - Basic and instrumental activities of daily living
  - Physical activities the patient may be unable to perform or has difficulty with, e.g., kneeling, bending or stooping, performing housework, lifting arms above the shoulder, lifting or carrying 10 pounds, walking short distances, writing or handling small objects
- Self-described overall health (Excellent/ Good/ Fair/ Poor)
  - Consider Vulnerable Elders Survey Scale Scoring (VES-13)
- Has the patient fallen in the past 12 months? (Yes or No)
  - Difficulty with walking or keeping your balance? (Yes or No)
  - Anything about living at home that makes you feel unsafe? (Yes or No)
- Physical examination inclusive of only vitals and BMI
- Mini-Cog test
  - Ask the patient to repeat three unrelated words, draw a clock, then ask them to recall the three unrelated words
  - Record number of words recalled and if the clock drawing was normal or abnormal
- List of risk factors or conditions from the patient's problem list for which interventions or current treatment is needed as well as an ongoing management plan
- Document any personalized health advice given and referrals placed based on patient assessment
- Advance Care Planning (ACP)
  - Obtain patient consent for end-of-life planning discussion
  - Document summary of the discussion
  - If specific advance directive documents were discussed and/or completed
  - Document if counseling was provided and the exact amount of time spent
  - If at least 16 minutes face-to-face is spent on the ACP discussion, this is an additional billing opportunity to report using code 99497. Note, when ACP is conducted in conjunction with an annual wellness visit, the copay is waived.

To determine the correct AWW HCPCS Code, you must verify if the patient is in their first 12 months of Medicare Part B enrollment, if they've ever had an initial annual wellness visit, or if it's a subsequent annual wellness visit that has not been conducted in the past 12 calendar months. You can verify eligibility through real-time eligibility within your EHR, an online verification tool, CMS's HIPAA Eligibility Tracking System HETS<sup>3</sup> and/or by calling the Medicare toll-free provider number at 1-800-633-4227.

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<sup>3</sup> [https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/HETSHelp/\(HETS\)](https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/HETSHelp/(HETS))

AWV HCPCS Code	Billing Code Description
G0438	Annual Wellness Visit; includes personalized prevention plan of service (PPS), initial visit (applies the first-time patient receives an AWV)
G0439	Subsequent Annual Wellness Visit includes a PPS. This code applies after initial AWV has been performed.
G0468	Federally Qualified Health Center (FQHC), IPPE, or AWV. Please visit the Medicare Claims Processing Manual <sup>4</sup> for more information as specifics are not covered in this resource.  <sup>4</sup> <a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c09.pdf">https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c09.pdf</a> (CMS Claims Processing Manual)



### HCCIntelligence™ Resource Center

HCCI has developed a number of free and premium resources to help home-based primary care (HBPC) providers and practice staff through our HCCIntelligence™ Resource Center at <https://www.hccinstitute.org>.



#### Hotline

Call 630.283.9222 or email [Help@HCCInstitute.org](mailto:Help@HCCInstitute.org)  
9:00 am–5:00 pm (CST)  
Monday through Friday



#### Webinars

Every third Wednesday of the month, HCCI hosts a webinar on topics relevant to HBPC.



#### Virtual Office Hours

Immediately following the monthly webinar, HCCI hosts Virtual Office Hours where experts address questions on any HBPC topic.



#### Tools & Tip Sheets

Downloadable tools, tip sheets, sample forms and how-to guides on a variety of HBPC topics.



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