

COVERAGE INFORMATION

Effective for dates of service on or after January 1, 2011, Medicare provides coverage of an AWW for a beneficiary who is no longer within 12 months after the effective date of his or her first Medicare Part B coverage and who has not received either an IPPE or an AWW within the past 12 months.

Medicare pays for only one **first** AWW per beneficiary per lifetime. However, a beneficiary may receive subsequent AWWs if at least 12 months have passed since the last AWW.

Note: The AWW is a preventive wellness visit and is not a “routine physical checkup” that some seniors may receive every year or two from their physician or other qualified non-physician practitioner.

Medicare Part B does not provide coverage for routine physical examinations.

The AWW must be furnished by a health professional, meaning a physician (a doctor of medicine or osteopathy), a qualified non-physician practitioner (a physician assistant, nurse practitioner, or clinical nurse specialist), or by a medical professional (including a health educator, registered dietitian, nutrition professional, or other licensed practitioner), or a team of such medical professionals who are working under the direct supervision of a physician.

Medicare provides coverage for the AWW as a Medicare Part B benefit. The beneficiary will pay nothing for the AWW (there is no coinsurance or copayment and no Medicare Part B deductible for this benefit).

DOCUMENTATION

Medical record documentation must show that the health professionals provided, or provided and referred, all required components of the AWW.

RESOURCES

The Centers for Medicare & Medicaid Services (CMS) has developed a variety of educational resources as part of a broad outreach campaign to promote awareness and increase utilization of preventive services covered by Medicare.

For more information about coverage, coding, billing, and reimbursement of Medicare-covered preventive services and screenings, visit http://www.cms.gov/MLNProducts/35_PreventiveServices.asp on the CMS website.

MEDICARE LEARNING NETWORK® (MLN)

The Medicare Learning Network® (MLN), a registered trademark of CMS, is the brand name for official CMS educational products and information for Medicare Fee-For-Service Providers. For additional information, visit the MLN's web page at <http://www.cms.gov/MLNGenInfo> on the CMS website.

Your feedback is important to us and we use your suggestions to help us improve our educational products, services and activities that better meet your educational needs. To evaluate Medicare Learning Network® (MLN) products, services and activities you have participated in, received, or downloaded, please go to <http://www.cms.gov/MLNProducts> and click on the link called 'MLN Opinion Page' in the left-hand menu and follow the instructions.

Please send your suggestions related to MLN product topics or formats to MLN@cms.hhs.gov.

BENEFICIARY-RELATED INFORMATION

The official U.S. Government website for people with Medicare is located on the web at <http://www.medicare.gov>, or more information can be obtained by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

This brochure was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This brochure was prepared as a service to the public and is not intended to grant rights or impose obligations. This brochure may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



Annual Wellness Visit





The summary of information presented in this brochure is intended for Medicare Fee-For-Service physicians, providers, suppliers, and other health care professionals who furnish or provide referrals for and/or file claims for the Medicare-covered preventive benefit discussed in this brochure.

As a result of the Affordable Care Act, Medicare can now cover an Annual Wellness Visit (AWV), providing Personalized Prevention Plan Services (PPPS) at no cost to the beneficiary, so beneficiaries can work with their physicians to develop and update a personalized prevention plan. This **new benefit** will provide an ongoing focus on prevention that can be adapted as a beneficiary's health needs change over time.

AWV, PROVIDING PPPS

The first AWV providing PPPS is a one-time Medicare benefit and includes the following key elements furnished to an eligible beneficiary by a health professional:

- Establishment of the beneficiary's medical/family history;
- Measurement of the beneficiary's height, weight, body mass index, blood pressure, and other routine measurements as deemed appropriate, based on the beneficiary's medical and family history;
- Establishment of a list of current providers and suppliers that are regularly involved in providing medical care to the beneficiary;

- Detection of any cognitive impairment that the beneficiary may have;
- Review of a beneficiary's potential risk factors for depression;
- Review of the beneficiary's functional ability and level of safety, based on direct observation of the beneficiary;
- Establishment of a written screening schedule for the beneficiary, such as a checklist for the next 5 to 10 years;
- Establishment of a list of risk factors and conditions of which primary, secondary, or tertiary interventions are recommended or underway for the beneficiary, including any mental health conditions or any such risk factors or conditions that have been identified through an initial preventive physical examination (IPPE), and a list of treatment options and their associated risks and benefits; and
- Provision of personalized health advice to the beneficiary and a referral, as appropriate, to health education or preventive counseling services or programs aimed at reducing identified risk factors and improving self-management or community-based lifestyle interventions to reduce health risks, and promote self-management and wellness.

SUBSEQUENT AWV SERVICES PROVIDING PPPS

Subsequent AWV services providing PPPS include the following key elements furnished to an eligible beneficiary by a health professional:

- Update to the beneficiary's medical/family history;
- Measurements to a beneficiary's weight, blood pressure, and other routine measurements as deemed appropriate, based on the beneficiary's medical and family history;
- Update to the list of the beneficiary's current medical providers and suppliers that are regularly involved in providing medical care to the beneficiary, as was developed at the first AWV providing PPPS;
- Detection of any cognitive impairment that the beneficiary may have;

- Update to the beneficiary's written screening schedule as developed at the first AWV providing PPPS;
- Update to the beneficiary's list of risk factors and conditions for which primary, secondary, or tertiary interventions are recommended or are underway for the beneficiary, as was developed at the first AWV providing PPPS; and
- Furnish appropriate personalized health advice to the beneficiary and a referral, as appropriate, to health education or preventive counseling service or programs.

PREPARING ELIGIBLE MEDICARE BENEFICIARIES FOR THE AWV

Providers can help eligible Medicare beneficiaries get ready for their AWV by encouraging them to come prepared with the following information:

- Medical records, including immunization records;
- Family health history, in as much detail as possible;
- A full list of medications and supplements including calcium and vitamins – how often and how much of each is taken; and
- A full list of current providers and suppliers involved in providing care.

