Medicare Annual Wellness Visit

G0438 and G0439. Every element below is required. Missing the health risk assessment or the prevention plan is the most common reason an AWV is denied.

Patient / MRN / DOB	
Date of service	*Date _____ · start _____ : _____ · stop _____ : _____ · total time ____ min*
Encounter	*In person / telehealth · audio-video / audio-only · POS ____ (02 / 10) · modifier ____ (95 / 93) · consent Y / N*
Which AWV	*G0438 initial (once per lifetime) / G0439 subsequent · prior G0438 on record? Y / N · last G0402 (IPPE) date _____*

1 Health Risk Assessment

Required · attach or record patient responses

HRA completed	*Y / N · date _____ · completed by patient / caregiver · responses recorded Y / N*
Self-reported health	

2 History and Medications

Medical and family history	*Created or updated*
Current providers and suppliers	
Medication review	*Prescriptions, OTC, supplements · reconciled Y / N*

3 Vitals and Measurements

Measurements	*Height ____ · weight ____ · BMI ____ · BP _____ · other as indicated*

4 Required Screenings

Name the tool and record the score, not just the conclusion

Depression screening	*Tool _____ · score ____ · result*
Cognitive assessment	*Tool _____ · result · direct observation and reports considered*
Functional ability and safety	*ADLs · fall risk · home safety · hearing*

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Continued. The personalized prevention plan is the deliverable, and it has to be written down and given to the patient.

5 Personalized Prevention Plan

Required · this is the output of the visit

Written screening schedule	*Next 5 to 10 years, checklist provided to patient Y / N*
Immunization schedule	*Based on age, risk, and history*
Risk factors identified	*And the interventions recommended for each*
Counseling provided	*Topics discussed*
Referrals	*Health education, preventive counseling, community resources*
Plan furnished to patient	*Written plan given to the patient Y / N · date _____*

6 Advance Care Planning

Optional, and separately reportable

ACP discussed	*Y / N · time spent ___ min · voluntary, consent obtained Y / N · +99497 considered Y / N*

7 Attestation

Attestation	*Clinician signature _____ · name and credentials _____ · date and time signed _____ · supervising clinician if required _____*

The three ways an AWV gets denied. First, sequence: **G0438** is once per lifetime and must come before **G0439**, so a second G0438 auto-denies and a G0439 without a prior G0438 will not pay. Second, timing: do not bill either within 365 days of **G0402**, the initial preventive physical exam. Third, missing elements: the **health risk assessment** and the **written personalized prevention plan** are not optional, and screenings must record the tool used and the result. Also note an AWV is not a head-to-toe physical, and Medicare does not cover a routine annual physical.