

Comparing the IPPE (“Welcome to Medicare” Visit), First AWV, and Subsequent AWVs

	IPPE (“Welcome to Medicare”)	First AWV	Subsequent AWVs
Eligibility	Within the first 12 months of Medicare Part B eligibility	After 12 months of Part B eligibility and more than 12 months since an IPPE (This is a once per lifetime service)	Every year after the first AWV (each AWV must be 11 full months after the month of the last AWV)
Billing codes	G0402	G0438	G0439
Provider	Can be provided by a physician or qualified non-physician practitioner (physician assistant, nurse practitioner, or clinical nurse specialist)	Can be provided by a physician, a qualified non-physician practitioner (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 medical professionals who are working under the direct supervision of a physician	
Required components (at a minimum)	Obtain and document medical and surgical history and family history	Obtain and document medical and surgical history and family history	Update medical and surgical history
	Document current medications and supplements	Document current medications and supplements	
	Review risk factors for depression and other mood disorders	Review risk factors for depression and other mood disorders	
	Review patient's functional ability and level of safety	Review patient's functional ability and level of safety	
	Document height, weight, body mass index, blood pressure, and visual acuity	Document height, weight, body mass index, and blood pressure	Document height, weight (or waist circumference, if appropriate), and blood pressure
		Assess the beneficiary's cognitive function	Assess the beneficiary's cognitive function
		Establish a list of the beneficiary's risk factors, conditions, and treatment options	Update the list of risk factors, conditions, and recommended interventions
	Provide end-of-life counseling and planning (following patient consent)		
		Establish a list of current providers and suppliers involved in the patient's care	Update list of current providers and suppliers involved in the patient's care
	Establish a written plan for other preventive screening services (e.g., ECG, mammogram)	Establish a written screening schedule of preventive services for the next 5-10 years	Update the written screening schedule
Provide education, counseling, and referrals based on the components of the visit	Provide personalized health advice and referrals for preventive counseling	Provide personalized preventive health advice and referrals as indicated	
Additional information	<ul style="list-style-type: none"> • These services do not include any laboratory tests but the provider may make referrals for such tests. • Coinsurance, copayment, and the Medicare Part B deductible are waived for AWV services. • Separate evaluation and management (E/M) services can be provided and billed with a -25 modifier at the time of these visits provided that the services are significant, separately identifiable, and medically necessary services needed to treat the beneficiary's illness or injury or to improve the functioning of a malformed body member. Some of the components of a medically necessary E/M service (e.g., a portion of a history or a physical exam) may have been part of the IPPE or AWV and should not be included when determining the most appropriate E/M level of service to bill. For additional preventive services covered under Medicare Part B that are not components of these visits and all other general services, the correct procedure code should be billed. Beneficiaries are required to pay any usual coinsurance, copayments and deductibles associated with the separate E/M services and should be notified of such prior to providing these services. • Should the same practitioner need to perform a medically necessary EKG in the 93000 series on the same day as the AWV, they shall report the appropriate EKG CPT codes with modifier -59. As noted above, the beneficiary would be required to pay any usual coinsurance, copayments, and deductibles that are associated with the procedure. 		