



PAYMENT

Reimbursement Tips:

Medicare Wellness Visits: Initial Preventive Physical Exam (IPPE) & Annual Wellness Visits (AWV)

Overview

The Initial Preventive Physical Exam (IPPE) and Annual Wellness Visit (AWV) are personalized and supportive preventive Medicare Wellness Visits provided to patients to help assess and promote overall health and well-being.

- IPPE is also known as the “Welcome to Medicare Visit” and is intended to provide an initial assessment of a patient’s health status and preventive care needs.
- AWV is intended to develop and update a personalized prevention plan based upon a patient’s health status and risk factors.

This Tip Sheet provides FQHCs with simplified, easy-to-understand instructions for providing and billing CMS for Medicare Wellness Visits. Also see NACHC resource: [CMS Billing Lingo, Defined!](#) for definitions of terms used throughout this document.

Initiating Visit Requirements

No initiating visit required prior to the start of IPPE and AWV services. However, IPPE and AWV qualify as an initiating visit for many Medicare care management services (see NACHC resource: [Summary of Medicare Care Management Services Billed Using G0511](#)).

Eligible Patients

IPPE	AWV
<ul style="list-style-type: none"> • Available to Medicare beneficiaries within 12 months of enrolling in Medicare Part B • May be a new or established FQHC patient • Have not previously received an IPPE or AWV (within or outside the FQHC) • Provide consent for services 	<ul style="list-style-type: none"> • Available to Medicare beneficiaries after the first 12 months of enrolling in Medicare Part B and then every 12 months thereafter. • May be a new or established FQHC patient • Have not received an IPPE or AWV within the past 12 months (within or outside the FQHC) • Provide consent for services

Authorized Billing Providers

What they do:

- ✓ Obtain patient consent for services (verbal or written). If not obtained by billing provider, consent may also be obtained by auxiliary personnel under general supervision.
- ✓ Furnish IPPE services personally or, for AWV, via direct supervision of auxiliary personnel as indicated by the specific elements of the AWV service.
- ✓ Advance Care Planning (ACP) education, discussion, and documentation.

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Who they are:

- Physicians (MD,DO)
- Nurse Practitioner (NP)
- Physician Assistant (PA)
- Certified Nurse Midwife (CNM)

Note: IPPE and AWV services are part of the Evaluation and Management services category, and providers must therefore be qualified to perform and bill for E/M level services in the state where they practice.

Auxiliary Personnel

IPPE	AWV
<p>What they may do (under direct supervision see) (CMS Billing Lingo, Defined!):</p> <ul style="list-style-type: none"> • Obtain patient consent for services (verbal or written) • Facilitate completion of screening questionnaires and collect patient information • Record vital signs • Provide patient education • Coordinate follow up appointments and services <p>Who they are (examples):</p> <ul style="list-style-type: none"> • Nurses (nurse care manager, clinical nurse specialist (CNS), RN, LPN) • Medical Assistants 	<p>What they may do (under direct supervision see) (CMS Billing Lingo, Defined!):</p> <ul style="list-style-type: none"> • Obtain patient consent for services (verbal or written) • Facilitate completion of Health Risk Assessment (HRA), screening questionnaires, and collect patient information • Record vital signs • Provide patient education • Coordinate follow up appointments and services <p>Who they are (examples):</p> <ul style="list-style-type: none"> • Nurses (nurse care manager, clinical nurse specialist (CNS), RN, LPN) • Social workers • Medical Assistants • Clinical pharmacists • Registered Dieticians • Health educators • Community Health Workers

! *Note: IPPE/AWV service elements as described below may be completed by auxiliary personnel (as indicated by scope of practice, education, and training limits set by their individual State) under supervision of the authorized billing provider. As IPPEs and AWVs qualify as FQHC visits reimbursed at the PPS rate, the visit must be a face-to-face encounter (see [CMS Billing Lingo, Defined!](#)) between the patient and qualified practitioner (see list of authorized billing providers above).*

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Service Elements, Coding & Billing: IPPE

The **Initial Preventive Physical Examination (IPPE)** is a face-to-face visit that may occur within the first 12 months of Medicare enrollment and once in a beneficiary's lifetime.

CODE	Service Elements <i>The service elements in this table are adapted from the CMS Medicare Wellness Visits website</i>	Resources	Service Provider	FQHC Medicare Billing Code & Rate
HCPCS G0402	Review the patient's medical and social history. At a minimum, collect: <ul style="list-style-type: none"> • Past medical and surgical history (illnesses, hospital stays, operations, allergies, injuries, and treatments) • Current medications, supplements, and other substances • Family history (including hereditary conditions that place them at increased risk) • Diet • Physical activities • Social activities and engagement • Alcohol, tobacco, and illegal drug use history 		Authorized billing provider only	G0468, PPS qualifying IPPE visit: \$262.94* <i>IPPE services may not be furnished via telehealth.</i>
	Review the patient's potential depression risk factors including: <ul style="list-style-type: none"> • Current or past experiences with depression • Other mood disorders 	APA's Depression Assessment Instruments		
	Review current opioid prescriptions. For a patient with a current opioid prescription: <ul style="list-style-type: none"> • Review any potential opioid use disorder (OUD) risk factors • Evaluate their pain severity and current treatment plan • Provide information about non-opioid treatment options • Refer to a specialist, as appropriate 	NACHC Chronic Pain Management Reimbursement Tip Sheet		
	Screen for potential SUDs. Review the patient's potential SUD risk factors, and as appropriate, refer them for treatment. A screening tool may be used but is not required.	National Institute on Drug Abuse screening and assessment tools		
	Review the patient's functional ability and safety level using direct patient observation, appropriate screening questions, or standardized questionnaires. At a minimum, assess: <ul style="list-style-type: none"> • Ability to perform activities of daily living (ADLs) • Fall risk • Hearing impairment • Home and community safety, including driving when appropriate 	Cognitive Assessment & Care Plan Services		

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CODE	Service Elements <i>The service elements in this table are adapted from the CMS Medicare Wellness Visits website</i>	Resources	Service Provider	FQHC Medicare Billing Code & Rate
HCPCS G0402	Conduct exam. Measure: <ul style="list-style-type: none"> • Height, weight, body mass index (BMI) (or waist circumference, if appropriate), blood pressure, balance, and gait • Visual acuity screen • Other factors deemed appropriate based on medical and social history and current clinical standards 		Authorized billing provider only	G0468, PPS qualifying IPPE visit: \$262.94*
	Educate, counsel, and refer based on previous components. Based on the results of the review and evaluation services from the previous components, provide the patient with appropriate education, counseling, and referrals.			<i>IPPE services may not be furnished via telehealth.</i>
	Educate, counsel, and refer for other preventive services. Include a brief written plan, such as a checklist, for the patient to get: <ul style="list-style-type: none"> • A once-in-a-lifetime screening electrocardiogram (ECG), as appropriate • Appropriate screenings and other covered preventive services 	Medicare preventive services		
	End-of-life planning, upon patient agreement. End-of-life planning is verbal or written information offered to the patient about: <ul style="list-style-type: none"> • Their ability to prepare an advance directive in case an injury or illness prevents them from making their own health care decisions • Psychiatric advance directives 	Psychiatric advance directives		

*The national FQHC PPS base payment rate of \$195.99 is adjusted for IPPE/AWW by a factor of 1.3416. No Geographical Adjustment Factor (GAF) or Geographic Practice Cost Index (GPCI) has been applied; FQHCs can expect the payment to be slightly higher or lower depending on the GAF/GPCI. Coinsurance is waived for G0468 services; Medicare will pay 100% of the lesser of the FQHC's actual charge or the geographically adjusted PPS rate.

• Code descriptions taken from AMA's CPT 2024 Manual, Professional Edition.

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Service Elements, Coding & Billing: AWW

The **initial Annual Wellness Visit (AWV)** occurs face-to-face after the first 12 months of Medicare enrollment and at least 12 months after the IPPE, and once in the beneficiary's lifetime.

CODE	Service Elements <i>The service elements in this table are adapted from the CMS Medicare Wellness Visits website</i>	Resources	Service Provider	FQHC Medicare Billing Code & Rate
HCPCS G0438	<p>Perform a Health Risk Assessment (HRA). At a minimum, collect:</p> <ul style="list-style-type: none"> • Demographic data • Health status self-assessment • Psychosocial risks, including, but not limited to, depression, life satisfaction, stress, anger, loneliness or social isolation, pain, suicidality, and fatigue • Behavioral risks, including, but not limited to, tobacco use, physical activity, nutrition and oral health, alcohol consumption, sexual health, motor vehicle safety (for example, seat belt use), and home safety • Activities of daily living (ADLs), including dressing, feeding, toileting, and grooming; physical ambulation, including balance or fall risks and bathing; and instrumental ADLs (IADLs), including using the phone, housekeeping, laundry, transportation, shopping, managing medications, and handling finances <p><i>Note: When selecting an HRA to utilize, it is recommended that the tool should take no more than 20 minutes for the patient to complete.</i></p>	<p>A Framework for Patient-Centered Health Risk Assessments, see page 43 for a sample HRA</p> <p>A Checklist for your Medicare Wellness Visit</p>	<p>Auxiliary personnel under direct supervision and/or in combination with the services the billing provider chooses to or must personally deliver.</p>	<p>G0468, PPS qualifying AWW visit: \$262.94*</p> <p><i>AWV services may be furnished via telehealth during the COVID-19 telehealth extension and billed via G2025. Patients may self-report vital signs if they have available the necessary medical equipment. The national 2024 rate for G2025 is \$95.29**</i></p>
	<p>Establish the patient's medical and family history:</p> <ul style="list-style-type: none"> • Medical events of the patient's parents, siblings, and children, including hereditary conditions that place them at increased risk • Past medical and surgical history (illnesses, hospital stays, operations, allergies, injuries, and treatments) • Use or, or exposure to, medications, supplements, and other substances the person may be using 			
	<p>Screen for potential SUDs. Review the patient's potential SUD risk factors, and as appropriate, refer them for treatment. A screening tool may be used but is not required.</p>	<p>National Institute on Drug Abuse screening and assessment tools</p>		

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CODE	Service Elements <i>The service elements in this table are adapted from the CMS Medicare Wellness Visits website</i>	Resources	Service Provider	FQHC Medicare Billing Code & Rate
HCPCS G0438	Review current opioid prescriptions. For a patient with a current opioid prescription: <ul style="list-style-type: none"> Review any potential opioid use disorder (OUD) risk factors Evaluate their pain severity and current treatment plan Provide information about non-opioid treatment options Refer to a specialist, as appropriate 	NACHC Chronic Pain Management Reimbursement Tip Sheet	Auxiliary personnel under direct supervision and/or in combination with the services the billing provider chooses to or must personally deliver.	G0468, PPS qualifying AWW visit: \$262.94* <i>AWW services may be furnished via telehealth during the COVID-19 telehealth extension and billed via G2025. Patients may self-report vital signs if they have available the necessary medical equipment. The national 2024 rate for G2025 is \$95.29**</i>
	(Optional) Social Drivers of Health (SDOH) Risk Assessment. Ensure that all communication with the patient is suitable for their education, developmental stage, health literacy, and is culturally and linguistically appropriate.	PRAPARE		
	Establish a current providers and suppliers list. Include providers and suppliers that regularly provide medical care, including behavioral health care, to the patient.			
	Establish an appropriate patient written screening schedule for the next 5-10 years, based on the HRA, health status and screening history, and age-appropriate preventive services.	United States Preventive Services Task Force recommendations Advisory Committee on Immunization Practices (ACIP) recommendations Medicare preventive services		
	Measure: <ul style="list-style-type: none"> Height, weight, body mass index (BMI) (or waist circumference, if appropriate), and blood pressure Other routine measurements deemed appropriate based on medical and family history 			
	Detect any cognitive impairments the patient may have. Assess cognitive function by direct observation or reported observations from the patient, family, friends, caregivers, and others. Consider using brief cognitive tests, health disparities, chronic conditions, and other factors that contribute to increased cognitive impairment risk.	Cognitive Assessment & Care Plan Services Alzheimer's and Related Dementias Resources for Professionals		
Review the patient's potential depression risk factors, including: <ul style="list-style-type: none"> Current or past experiences with depression Other mood disorders 	APA's Depression Assessment Instruments			

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CODE	Service Elements <i>The service elements in this table are adapted from the CMS Medicare Wellness Visits website</i>	Resources	Service Provider	FQHC Medicare Billing Code & Rate
HCPCS G0438	Review the patient's functional ability and level of safety. Use direct patient observation, appropriate screening questions, or standardized questionnaires. At minimum, review: <ul style="list-style-type: none"> • Ability to perform ADLs • Fall risk • Hearing impairment • Home and community safety, including driving when appropriate 		Auxiliary personnel under direct supervision and/or in combination with the services the billing provider chooses to or must personally deliver.	G0468, PPS qualifying AWW visit: \$262.94*
	Establish the patient's list of risk factors and conditions. Include: <ul style="list-style-type: none"> • A recommendation for primary, secondary, or tertiary interventions or report whether they're underway • Mental health conditions, including depression, substance use disorders, suicidality, and cognitive impairments • IPPE risk factors or identified conditions • Treatment options and associated risks and benefits 			<i>AWW services may be furnished via telehealth during the COVID-19 telehealth extension and billed via G2025. Patients may self-report vital signs if they have available the necessary medical equipment. The national 2024 rate for G2025 is \$95.29**</i>
	Provide personalized patient health advice and appropriate referrals to health education or preventive counseling services or programs. Include referrals to educational and counseling services or programs aimed at Community-based lifestyle interventions to reduce health risks and promote self-management and wellness, including: <ul style="list-style-type: none"> • Fall prevention • Nutrition • Physical activity • Tobacco-use cessation • Social engagement • Weight loss • Cognition 			
	Provide advance care planning (ACP) services at the patient's discretion ACP is a discussion about: <ul style="list-style-type: none"> • Preparing an advance directive in case an injury or illness prevents them from making their own health care decisions • Future care decisions they might need or want to make • How they can let others know about their care preferences • Caregiver identification • Advance directive elements, which may involve completing standard forms 	Advance Care Planning fact sheet NACHC Advance Care Planning Reimbursement Tip Sheet		

• ***The national FQHC PPS base payment rate of \$195.99 is adjusted for IPPE/AWW by a factor of 1.3416. No Geographical Adjustment Factor (GAF) or Geographic Practice Cost Index (GPCI) has been applied; FQHCs can expect the payment to be slightly higher or lower depending on the GAF/GPCI. Coinsurance is waived for G0468 services; Medicare will pay 100% of the lesser of the FQHC's actual charge or the geographically adjusted PPS rate.*

• ***The payment rate is based on the 2024 Medicare Physician Fee Schedule (PFS). The most up-to-date 2024 payment rates, reflecting the changes effective March 9th, can be confirmed [here](#). The payment rate is based upon the date of service as opposed to the billing date. No Geographical Adjustment Factor (GAF) or Geographic Practice Cost Index (GPCI) has been applied; FQHCs can expect the payment to be slightly higher or lower depending on the GAF/GPCI.*

• *Code descriptions taken from AMA's CPT 2024 Manual, Professional Edition.*

Reimbursement Tips: Medicare Wellness Visits: IPPE & AWW

The **subsequent** Annual Wellness Visit (AWV) may occur annually 12 months after the initial or last AWW.

CODE	Service Elements	Resources	Service Provider	FQHC Medicare Billing Code & Rate
HCPCS G0439	Review and update the service elements of the previous AWW (see above).	(See above)	Auxiliary personnel under direct supervision and/or in combination with the services the billing provider chooses to personally deliver.	G0468, PPS qualifying AWW visit: \$262.94* <i>AWW services may be furnished via telehealth during the COVID-19 telehealth extension and billed via G2025. Patients may self-report vital signs if they have available the necessary medical equipment. The national 2024 rate for G2025 is \$95.29**.</i>

- *The national FQHC PPS base payment rate of \$195.99 is adjusted for IPPE/AWW by a factor of 1.3416. No Geographical Adjustment Factor (GAF) or Geographic Practice Cost Index (GPCI) has been applied; FQHCs can expect the payment to be slightly higher or lower depending on the GAF/GPCI. Coinsurance is waived for G0468 services; Medicare will pay 100% of the lesser of the FQHC's actual charge or the geographically adjusted PPS rate.
- **The payment rate is based on the 2024 Medicare Physician Fee Schedule (PFS). The most up-to-date 2024 payment rates, reflecting the changes effective March 9th, can be confirmed [here](#). The payment rate is based upon the date of service as opposed to the billing date. No Geographical Adjustment Factor (GAF) or Geographic Practice Cost Index (GPCI) has been applied; FQHCs can expect the payment to be slightly higher or lower depending on the GAF/GPCI.
- Code descriptions taken from AMA's CPT 2024 Manual, Professional Edition.

Be sure to capture the following documentation elements when billing for IPPE and AWW services:

- ✓ Patient consent.
- ✓ Date of the visit and, for AWW, the mode (telehealth or in-person).
- ✓ All IPPE or AWW services performed, including standardized tools and assessments, and by whom (provider and/or auxiliary personnel).

Some service elements may be performed in advance of the scheduled IPPE or AWW visit, such as screening questionnaires (including the HRA for AWWs), medical history, family history, current medications, and a list of current providers/suppliers. Patient self-reported information can be collected through the patient portal, forms/questionnaires, or staff interview via audio, audio-visual, or in-person communication. While CMS does not provide a time parameter, NACHC recommends for this information to be collected not more than 7 days in advance of the scheduled visit, to ensure the information collected remains current and relevant.

IPPE and AWW services provided by FQHCs are reimbursed under the Prospective Payment System (PPS) methodology and are considered qualifying visit services listed under PPS code G0468 (FQHC visit, IPPE or AWW). When FQHCs submit G0468 for IPPE or AWW encounters, they are eligible to receive a payment higher than the health center's base rate. This elevated payment rate is determined by applying an adjustment factor of 1.3416 (equivalent to 34.16%) to the local FQHC base payment rate. Co-insurance is not applicable for an IPPE or AWW encounter; therefore, the health center is reimbursed at 100% of their charges or their adjusted base rate, whichever is lower. Additional medically necessary services such as clinical laboratory testing and electrocardiograms, which are not included as an IPPE or AWW service, may be performed and billed alongside IPPE or AWW on the same claim, but coinsurance may apply.

AWV is a face-to-face service (see [CMS Billing Lingo, Defined!](#)) and CMS does include AWW on the Medicare telehealth services list during the COVID-19 telehealth extension through December 31, 2024. Patients may self-report vital signs if they have available the necessary medical equipment; otherwise, providers may document that the data is not available. IPPE is not included on this list because a physical exam is required necessitating the need for an in-person visit.

Co-Occurring Care Management Services

IPPE and AWW services qualify as initiating visits for certain Medicare care management services and are reported separately from those care management services. IPPE and AWW may also be furnished during the same reporting period as those care management services billable by FQHCs using HCPCS code G0511 (see NACHC resource: [Summary of Medicare Care Management Services Billed Using G0511](#)) and G0512.

FQHCs do not bill a medical visit (G0466 or G0467) if an IPPE or AWW is provided on the same day, except in cases of subsequent illness or injury that qualify for additional payment, which the FQHC would indicate by submitting the claim with modifier 59. Alternatively, the health center may submit a claim for all services and related charges for both payment codes. Medicare will then pay the PPS rate or the total charges, whichever is less. Coinsurance applies to the medical visit (G0466 or G0467). In the event of a qualifying mental health visit occurring on the same day as an IPPE or AWW, the health center will receive additional payment based on total charges. [Chapter 9](#) of the Medicare Claims Processing Manual provides examples and payment calculation methodology for various FQHC service scenarios.

Under FQHC PPS, Advance Care Planning (ACP) services, defined by CPT 99497, qualify as a visit for both new (PPS G0466) and established patients (PPS G0467). If ACP is the sole service provided during an encounter, and it occurs on a different day from an Annual Wellness Visit (AWV) or a medical services visit, FQHCs can bill for ACP services, and coinsurance will apply. However, if ACP services are provided during an AWW visit, they are included as part of the G0468 services, and coinsurance is waived.

Starting January 1, 2024, CMS introduced a new Social Drivers of Health Risk Assessment (HCPCS G0136) that FQHCs may offer at the discretion of the provider and the patient. If provided, it must be done so in conjunction with a qualifying visit such as an AWW or an Evaluation and Management (E/M) visit. When provided as part of a qualifying Evaluation and Management (E/M) visit, coinsurance is not waived. G0136 is not reimbursed separately from the AWW or E/M visit PPS payment, as CMS considers it included in the payment for those visits.

References

- AMA. 2024 CPT 2024 Codebook
- AAPC. 2024 HCPCS Level II Codebook
- CMS. CY 2024 Physician Fee Schedule Final Rule <https://www.federalregister.gov/documents/2023/11/16/2023-24184/medicare-and-medicaid-programs-cy-2024-payment-policies-under-the-physician-fee-schedule-and-other>
- CMS List of Telehealth Services <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>
- CMS. MLN Matters MM13486 AWW: Social Determinants of Health Risk Assessment.
- Code of Federal Regulations 42 § 410.15 Annual Wellness Visits
- COVID-19 FAQs on Medicare Fee-for-Service (FFS) Billing. Pages 81-82. <https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>
- Medicare Claims Processing Manual. Chapter 9: Rural Health Clinics/Federally Qualified Health Centers <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c09.pdf>
- Medicare Benefit Policy Manual. Chapter 13: Rural Health Clinics/Federally Qualified Health Centers <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/bp102c13.pdf>
- CMS Outreach: Medicare Wellness Visits. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html>

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