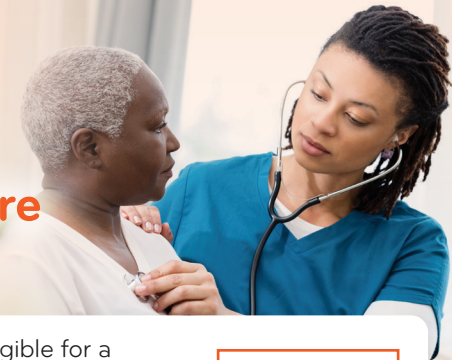


3 Steps to Efficient, Effective, and Reimbursed Medicare Wellness Visits



1. **Use myCGS** to check when your patient is next eligible for a Medicare Wellness Visit. Checking myCGS can help you:
 - Check eligibility and avoid denial of payment
 - Reduce billing errors and time spent rectifying them
 - Reduce confusion and unnecessary co-pays for patients
2. **Create efficiencies using clinical staff** who can perform the AWWs—saving you time and money.
3. **Learn about the three types of wellness visits**; use the chart on the flip side to help you determine which visit to use and when—avoiding denial of payment.



**Check out
myCGS
today!**



A Guide to Medicare Wellness Visits



A CELERIAN GROUP COMPANY



Visit CMS to learn more.

	Initial Preventive Physical Examination (IPPE) or "Welcome to Medicare"	Annual Wellness Visit (AWV)—Initial	Annual Wellness Visit—Subsequent
When should I offer this visit?	Use this visit within the first year of a patient's enrollment in Medicare Part B. It's covered 1x only.	Use this visit as the patient's first AWV after their first year of Medicare enrollment.	Use this visit after a patient's first AWV. It's covered once every 12 months beginning after the initial AWV.
What is the visit for?	Review medical and social health history; preventive services education; introduction to Medicare and covered benefits.	Develop a Personalized Prevention Plan (PPP). Perform a Health Risk Assessment (HRA).	Review and update the PPP and HRA.
Which HCPCS codes should be used for the visit?	G0402 G0468 (FQHCs only) G0403, G0404, G0405 (ECG/EKG screening)	G0438 G0468 (FQHCs only)	G0439 G0468 (FQHCs only)

When you provide an IPPE or AWV and a significant, separately identifiable, medically necessary Evaluation and Management (E/M) service, Medicare may pay the additional service. Report the additional CPT code (99201-99215) with modifier -25.