

Annual Wellness Visit

What is MEAT?

M = Monitor	E = Evaluate	A = Address	T = Treat
Ordering or referencing labs or other tests	Examining (as in the physical examination)	Acknowledging, giving status or level of a condition	Prescribing medication, surgical/other therapeutic intervention, referral to other specialists for treatment/consult, any plan for management of a condition

Overview of Annual Wellness Visit (AWV)

The Annual Wellness Visit is a **Medicare Part B preventive service** focused on creating or updating a **Personalized Prevention Plan**, including a required **Health Risk Assessment (HRA)**. It is **not a routine physical exam** and is covered **once every 12 months**. Required components include reviewing medical, family, and social history, functional ability, cognitive status, and risk factors to guide preventive care. Appropriate ICD-10-CM codes for AWV encounters include **Z00.00** (without abnormal findings) and **Z00.01** (with abnormal findings)

Medicare Advantage Preventive Visit

Preventive Visit Type	Definition / Key Elements	Frequency / Eligibility
Initial Preventive Physical Exam (IPPE) "Welcome to Medicare" Visit	Review of medical & social history, preventive education, and baseline screenings. Not a routine physical.	One-time benefit within first 12 months of Medicare Part B enrollment.
Initial Annual Wellness Visit (IAWV)	Visit to develop or update a personalized prevention plan and perform a Health Risk Assessment (HRA). Not a routine physical exam.	One-time benefit within first 12 months of Medicare Part B enrollment.
Subsequent Annual Wellness Visit (SAWV)	Yearly follow-up AWV updating prevention plan, risk assessments, and screenings.	Once every calendar year (Jan-Dec).
Routine Physical Exam	Head-to-toe physical exam unrelated to specific complaint; supports diagnosis, monitoring, and evaluation of chronic conditions.	Covered once yearly by many Medicare Advantage plans. Frequency may vary by plan.

Health Risk Assessment (HRA) Categories

HRA Category	Description (per CMS minimum required elements)
Demographic Data	Includes basic demographic information reported by the patient.
Health Status Self-Assessment	Patient's own rating of their overall health and well-being.
Psychosocial Risks	Covers depression, life satisfaction, stress, anger, loneliness/social isolation, pain, fatigue, and other mental/social risk factors.
Behavioral Risks	Includes tobacco use, physical activity, nutrition and oral health, alcohol use, sexual health, motor-vehicle safety (e.g., seat belts), and home safety.
Activities of Daily Living (ADLs)	Functional tasks such as dressing, feeding, toileting, grooming, bathing, ambulation, and fall risk.
Instrumental Activities of Daily Living (IADLs)	Higher-level tasks such as using the phone, food preparation, housekeeping, laundry, transportation, shopping, managing medications, and finances.

ICD-10-CM Codes

Codes	Description	Codes	Description
Z00.00	Encounter for general adult medical examination without abnormal findings	Z13.89	Screening for mental health disorders
Z00.01	Encounter for general adult medical examination with abnormal findings	Z91.89	Other specified personal risk factors
Z13.1	Screening for diabetes mellitus	Z63.4	Disappearance of loss of family member (social factor)
Z13.6	Screening for cardiovascular disorders		

Documentation Examples – Validated vs Not Validated

Condition	SUPPORTED (Validated) ✓	NOT SUPPORTED (Not Validated) ✗
COPD (HCC 111)	COPD with increased cough and wheezing. O ₂ sat 92%. Started prednisone taper and adjusted inhaler regimen. Follow up in 1 week.	COPD – patient states stable. No exam findings, no treatment changes, no MEAT.
CHF (HCC 85)	Chronic systolic CHF. Mild edema. Weight up 3 lbs. Increased diuretic dose. Reinforced low sodium diet.	CHF – stable. No symptoms, no assessment of volume status, no medication review.
Diabetes with CKD (HCC 18)	Type 2 diabetes with stage 3 CKD. eGFR 48. Reviewed labs. Continue ACE inhibitor. Reinforced diet.	History of diabetes with CKD. No linkage, no labs, no treatment, CKD not addressed.

CPT/HCPCS Codes Used During a Medicare Wellness Visit

Code	Description	When to use	Code	Description	When to use
G0438	Initial Annual Wellness Visit	First AWV in a patient's lifetime	G0447	Obesity behavioral counseling	BMI ≥ 30
G0439	Subsequent Annual Wellness Visit	Every 12 months after G0438	99497	Advance Care Planning (first 30 min)	Optional add-on during AWV
G0136	Social Determinants of Health (SDOH) Risk Assessment	When screening for housing, food, utilizes, transportation, safety, etc.	99498	ACP, each additional 30 min	Add-on to 99497
G0422	Alcohol misuse screening (annual)	Screening only	G2211	Visit complexity add-on	When AWV is paired with a medically necessary E/M (Clinic Visits 99202 – 99215 or Home Visits 99341-99350)
G0443	Alcohol misuse counseling (brief intervention)	When counseling is provided	99406/99407	Tobacco cessation counseling	When counseling provided
G0444	Annual depression screening	PHQ-2/9	99401–99404	Preventive counseling (individual)	Lifestyle, risk-factor counseling
G0446	Intensive behavioral therapy for cardiovascular disease	Counseling for CVD risk reduction	99408–99409	Alcohol/substance misuse structured assessment	When using validated tools