Annual Wellness Visit (AWV) Documentation Requirements Guide & Audit Form

What is an AWV?

An Annual Wellness Visit (AWV) is a yearly covered health benefit designed to create a personalized prevention screening plan. This type of visit is allowed every 12 months by Medicare, or every calendar year for Medicare advantage plans, and is typically at no cost to the patient (if no other services are provided). In these visits, the primary care physician or health care provider will review the patients' 5–10-year preventative screening schedule, review medical history (including chronic conditions) and family health history, discuss lifestyle and health management strategies based on the patients' particular needs and concerns, and send relevant referrals for preventative screenings and tests. This screening is a hands-off assessment (unless performing the IPPE), requiring no physical examination of the patient's body systems or physiology.

Types of AWVs

The Centers for Medicare and Medicaid Services (CMS) allows for three distinct types of AWVs:

1. **Initial Preventive Physical Exam (IPPE)**: one-time benefit for new Medicare enrollees. This AWV is often referred to as the "Welcome to Medicare Visit." CMS requires this visit to be completed within the first 12 months of Part B coverage.
2. **Initial AWV**: Can only be done after the first 12 months of Part B coverage has ended. The Initial AWV is a one-time benefit. A patient is not required to have an IPPE prior to having an Initial AWV.
3. **Subsequent AWV:** offered to patients annually after their initial 12 months of Part B coverage and after they have had an Initial AWV.

Initial Preventive Physical Exam (IPPE) G0468 + G0402	Initial Annual Wellness Vist (AWV) G0468 + G0438	Subsequent Annual Wellness Visit (AWV) G0468 + G4039
• Also known as the "Welcome to Medicare Visit". • One-time benefit for new Medicare enrollees. • Completed in the first 12 months of Part B coverage.	• First AWV received by a beneficiary, one per lifetime. • Completed after 12 months of Part B coverage. • No IPPE or AWV can be billed in previous 12 months.	• Applicable for all AWVs after the Initial AWV. • No IPPE in previous 12 months. • Can be completed annually each calendar year.

AWV Requirements Checklist

During the visit, the provider and care team should address and appropriately document the following information within the medical record. Not every element of each section is required depending on the type of encounter being performed, but each required section should have at least some elements recorded to comply with AWV requirements:

Documentation Component	Initial Preventative Exam (IPPE)	Initial and Subsequent AWV
Health Risk Assessment (HRA)	☐	☒
Patients Medical and Family History	☒	☒
List of Medical Care Providers and Suppliers	☐	☒
Routine Measurements (BMI, height, weight)	☒	☒
Cognitive Screening and Assessment	☐	☒
Depression Risk Screening	☒	☒
Functional Status and Safety Assessments	☐	☒
5–10 Year Screening Schedule	☒	☒
Update Risk Factors and Conditions	☐	☒
Physical Examination	☒	☐
Ordering of Labs/ Procedures/Referrals	☐	☐
Update Personalized Health Advice or Preventive counseling with referrals if needed	☒	☒
Review of Current Opioid Prescriptions	☒	☒
Screen for Potential Substance Use Disorders (SUDs)	☒	☒
Advance Care Planning (ACP) services	optional component	optional component
Conduct Social Determinants of Health (SDOH) Risk Assessment	optional component	optional component

☒ = Required

CCMCN | CHPA

AWV Documentation Audit Form

Patient Name/ Account Number:		**Insurance Payer:**	
Patient DOB:		**Auditor Name:**	
Provider Name, FQHC:		**Date of review:**	
Date of AWV:		**Total Audit Score:**	

Each Annual Wellness Visit (AWV) element is assigned a value of two points. Documentation is evaluated based on compliance with established requirements. A total of 34 points is possible.

- **Complete documentation** that meets all criteria earns **2 points**
- **Partial documentation** that includes some, but not all, required elements earns **1 point**
- **Incomplete or missing documentation** earns **0 points**

This scoring system supports consistent evaluation and helps identify opportunities for improvement in AWV documentation.

AWV Component	Chart Element Examples	Complete	Partial	Incomplete	Points Earned	Auditor Notes
Health Risk Assessment						
Is the HRA In the medical record?	• Scanned in • Notated in the encounter note • other	☐	☐	☐	/2	
Demographic data	• Gender • Age • Sexual identity • Sexual orientation • Ethnicity • Marital status	☐	☐	☐	/2	
Patients' health status self-assessment	• self-rating of overall health • Frequency of emergency room visits and admissions • Self-assessment of individuals ability to manage and meet health goals	☐	☐	☐	/2	
Psychosocial and behavioral risks	• Depression screening • Substance use disorder screenings • Tobacco use • Alcohol Use • Risky sexual behaviors	☐	☐	☐	/2	
Activities of Daily Living	**Activities of Daily Living (ADL)**- Bathing, Dressing, Eating, Transferring (e.g., getting in and out of chairs), toileting, walking. **Instrumental Activities of Daily Living (IADL)-** Chores (laundry, dishes, etc.), Cleaning, Cooking, Driving/using public transportation, Grocery Shopping, Home Repair, Paying Bills, Using the phone, etc.	☐	☐	☐	/2	

AWV Component	Chart Element Examples	Complete	Partial	Incomplete	Points Earned	Auditor Notes
Encounter Note Requirements						
Appropriate provider type conducted/signed encounter note	See page 5 for list of appropriate provider types depending on the visit.	☐	☐	☐	/2	
Establish or update patient's medical and family history	• Illnesses, hospital stays, surgical history, allergies, injuries, and treatments. • Use of, or exposure to, medications, supplements, and other substances the person may be using. • Medical events of patient's family (parents, siblings, and children) including hereditary conditions that place them at increased risk.	☐	☐	☐	/2	
List of patients' current medical care providers and suppliers	• Dentists • Behavioral health Oncologists • Neurologists • Nephrologists • Etc.	☐	☐	☐	/2	
Measure and document routine measurements (unless it is a telehealth AWV)	☐ Height ☐ Weight ☐ BMI ☐ Blood Pressure (remember to take 2 readings if BP is not within control 140/90)	☐	☐	☐	/2	
Screen for cognitive impairment	Can be done using a screening tool, direct observation, or reported observations from the patient, their family or friends, caregivers, etc.	☐	☐	☐	/2	
Review potential depression risk factors	• PHQ 2 • PHQ 9 • Provider should score and document results in encounter	☐	☐	☐	/2	
Review current opioid prescriptions	• Review any potential OUD risk factors • Evaluate their pain severity and current treatment plan • Provide information about non-opioid treatment options • Refer to a specialist, as appropriate	☐	☐	☐	/2	

AWV Component	Chart Element Examples	Complete	Partial	Incomplete	Points Earned	Auditor Notes
Review functional ability and level of safety	• Patients living situation (living alone, lives with spouse, nursing home, etc.) • Safety in living situation- If family or friends have ever insulted, threatened, abused, physically injured, or mistreated patient financially. • Stability of housing • Financial stability • Transportation • Home environmental risks ○ If the home has stairs, area rugs, handrails, carbon monoxide detectors, doors and windows with locks, phone and other communication devices. • Fall risk	☐	☐	☐	/2	
Establish or update screening schedule for the next 5–10 years	• Colonoscopy • Breast Exam • Mammogram • PAP test and Pelvic exam • Prostate Cancer screening • Eye exam • Diabetic Foot Exa • Bone Density Scans • Cardiovascular screenings (cholesterol, lipids, etc) • Lung cancer screening • Etc.	☐	☐	☐	/2	
Establish or update list of patient's risk factors and conditions	• Chronic conditions addressed and coded • Document how all active conditions are monitored, evaluated, assessed and/or treated • Address conditions managed by specialists if applicable	☐	☐	☐	/2	

AWV Component	Chart Element Examples	Complete	Partial	Incomplete	Points Earned	Auditor Notes
Provided and updated personalized health advice or preventive counseling	• Vaccinations • Lab referrals • Screening referrals • Specialist referrals • Counseling on fall prevention, nutrition, physical activity, tobacco-use and cessation, weight loss, social engagement, cognition, etc. as needed for the specific patient.	☐	☐	☐	/2	
Screen for potential SUDs	Review the patient's potential SUD risk factors, and as appropriate, refer them for treatment. You can use a screening tool, but it's not required.	☐	☐	☐	/2	
Provide Advance Care Planning (ACP) services (optional component)	• Advanced Directives • Power of Attorney	☐			-	
Conduct Social Determinants of Health (SDOH) risk assessment (optional component)	SDOH is optional and can be done with an SDOH assessment tool, collected from patient reporting, or not at all.	☐			-	
				Total Score:		**/ 34 possible points**

Auditor Additional Notes:

AWV with an Evaluation and Management E/M Service

When an Annual Wellness Visit (AWV) is performed at the same time or the same date of service (DOS) as a significant and separately identifiable, medically necessary E/M service, the additional service may be billed and reimbursed. To meet billing and documentation requirements:

- The E/M service must be **clearly distinct** from the AWV and **medically necessary** for addressing an illness or injury.
- The E/M portion must be **fully documented** and able to stand alone in the medical record.
- Submit the applicable E/M CPT code (**99202–99205**, **99211–99215**) **with modifier 25** to indicate that the E/M service was separate from the AWV.

Proper documentation ensures compliance and appropriate reimbursement for both services.

Components	Chart Element Examples	Complete	Partial	Incomplete	Points Earned	Auditor Notes
AWV						
Was there complete documentation of the AWV requirements?	See checklist above.	☐	☐	☐	/32	
E/M						
Was there a separate SOAP note for E/M services?	Subjective: Information reported by the patient, including symptoms and personal experiences.	☐	☐	☐	/2	
	Objective: Observable and measurable data, such as vital signs and physical examination findings.	☐	☐	☐	/2	
	Assessment: The clinician's analysis of the subjective and objective data, including diagnoses.	☐	☐	☐	/2	
	Plan: The proposed course of action, including treatments, referrals, and follow-up.	☐	☐	☐	/2	
Was the E/M billed with a 25 or 59 modifier?	• 25 modifier should be on E/M code, not AWV or PPS G codes. Added to CPT code when E/M service is conducted at the same time as the AWV. • 59 modifier should be attached to FQHC E/M G code if the patient left and came back unexpectedly for a separate illness or injury.	☐	☐	☐	/2	
				Total Score:		**/ 42 possible points**

Auditor Additional Notes:

Common Screening Tools List

Depression

- Patient Health Questionaire - 2
- Patient Health Questionaire - 9 (PHQ-9)

Fall Risk

- Timed Up & Go (TUG)
- Stopping Elderly Accidents, Deaths & Injuries (STEADI) Algorithm for Fall Risk Screening, Assessment, and Intervention

Cognitive Impairment

- Mini-Cog
- Mini-Mental State Examination (MMSE)
- AD8 Dementia Screening Interview
- St. Louis University Mental Status Examination (SLUMS)

Social Determinants of Helath (SDOH)

- PRAPARE Screening Tool
- Accountable Health Communities Health Related Social Needs (HRSN) Screening Tool

Substance Use Disorder (SUD)

- Alcohol Use Disorders Identification Test (AUDIT)
- Cut down, Annoyed, Guilty, Eye-opener (CAGE) Assessment

Functional Ability

- Katz Index of Independence in Activities of Daily Living (ADLs)
- Lawton-Brody Instrumental Activities of Daily Living (IADLs) Scale

Appropriate Provider Types for AWV

MD & DO	NP, PA, & CNM	Medical Professional*
Independently perform IPPEs, AWVs, and subsequent AWVs.	Independently perform IPPEs, AWVs, and subsequent AWVs.	May assist with AWVs and subsequent AWVs under the direct supervision** of a MD or DO.

Sources

1. Medicare Wellness Visits |CMS MLN Education Tool
2. Annual Wellness Visit (AWV) documentation checklist | Novitas Solutions
3. AWV, IPPE, and Routine Physical – Know the Differences | CMS MLN Education Tool
4. Annual Wellness Visit (AWV) Playbook | Community Health Provider Alliance (CHPA)