The annual wellness visit, on one page

For the exam room wall and the biller's desk. Full guide with every source: scribeable.ai/guides/medicare-annual-wellness-visit

BEFORE THE VISIT (FRONT DESK)

- ☐ Past the first 12 months of Part B
- ☐ No AWV and no Welcome to Medicare visit (G0402) in the last 12 months, at any practice
- ☐ First AWV ever? Bill `G0438` (once per lifetime). Otherwise `G0439`
- ☐ Health risk assessment sent or ready (the patient may complete it before or during the visit)
- ☐ Patient asked to bring medications and supplements, family history and a list of their other clinicians

IN THE ROOM: EVERY AWV

- ☐ Health risk assessment reviewed (updated at a subsequent AWV)
- ☐ Medical and family history established or updated
- ☐ List of current providers and suppliers, behavioral health included
- ☐ Weight (or waist) and blood pressure; first AWV adds height and BMI
- ☐ Cognitive impairment checked
- ☐ Written screening schedule (5 to 10 years, USPSTF and ACIP) and risk factor list, established or updated
- ☐ Personalized advice and referrals
- ☐ Current opioid prescriptions reviewed; substance use disorder risk screened

FIRST AWV ALSO REQUIRES

- ☐ Depression risk review with a standardized tool (no current depression diagnosis)
- ☐ Functional ability and safety: hearing, daily activities, fall risk, home safety

OPTIONAL, AT THE PATIENT'S CHOICE

- ☐ Advance care planning. Practitioner's time: `99497` / `99498`. New for 2027, clinical staff time: `G0572` / `G0573`
- ☐ Physical activity and nutrition risk assessment, 5 to 15 min, standardized tool: `G0136`

SAME DAY: BILLER

- ☐ Separate, medically necessary problem visit documented? Bill it with modifier `25`. The patient's deductible and coinsurance apply to it
- ☐ From 2027 there is no G2211: add modifier `B1` to that visit when the complexity definition is met (+16% of the visit). Allowed with modifier 25 at an AWV
- ☐ Advance care planning and G0136 on the AWV claim with modifier `33`, same day, same provider: no cost share, once a year
- ☐ G0572 / G0573 with an AWV: CMS has not yet restated the modifier 33 waiver for them. Ask your Medicare contractor first
- ☐ Any diagnosis code consistent with the exam; no specific AWV code required
- ☐ Telehealth AWV is payable

2027 MEDICARE AMOUNTS (OFFICE, PARTICIPATING)

Code	Service	National	Alabama
G0438	First AWV	$166.08	$152.52
G0439	Subsequent AWV	$131.49	$120.40
99497	ACP, practitioner, first 30 min	$81.25	$75.09
G0572	ACP, clinical staff, first 20 min	$61.99	$56.92
G0136	Activity and nutrition assessment	$19.90	$17.97

CMS RVU27A file (released Nov 10, 2026), conversion factor $32.6286; Alabama uses its published GPCIs (0.975 / 0.880 / 0.557, no 1.0 work floor). Fee schedule amounts; a claim's payment can differ. Traditional Medicare only.

COMMON DENIALS

- ☐ Inside 12 months of the last AWV or G0402
- ☐ G0438 for a patient who already had a first AWV
- ☐ ACP billed without modifier 33 on the AWV claim

Sources: 42 CFR 410.15 (eCFR text as of Nov 10, 2026); CMS Annual Wellness Visit provider page (last modified Apr 9, 2026); CY 2027 Physician Fee Schedule final rule, Federal Register 2026-22743 (Nov 9, 2026) and CMS fact sheet (Nov 4, 2026); CMS RVU27A (Nov 10, 2026); Medicare.gov, Yearly wellness visits. A summary of public CMS material, not legal or billing advice. CPT codes are named by number only; CPT is a registered trademark of the American Medical Association. Scribeable LLC, Huntsville, Alabama · scribeable.ai · hello@scribeable.ai