

# Risk Coding

## Annual Wellness Visits

Coding an AWW can seem complicated, but it is actually very simple. Here are some coding tips:

1. G-codes specify what kind of a visit it is:
  - a. G0402 is a once-in-a-lifetime benefit and completed within the first year of a patient's Medicare eligibility.
  - b. G0438 is assigned as the initial visit. Patients are eligible after the first 12 months.
  - c. G0439 is assigned after that first year and assigned annually.
2. AWWs offer a great chance to drop HCC codes, but you must address each chronic disease if you drop these.
3. You may add a comprehensive physical exam for Medicare Advantage patients, but not for Medicare patients:
  - a. 99387 for new patients.
  - b. 99397 for established patients.
4. You can also add additional codes if you do the counseling (these are a few of the most popular ones):
  - a. Depression screening: 96127 or G0444.
  - b. Advance care planning: 99497.
  - c. Smoking cessation counseling: 99406, 99407.
  - d. Obesity counseling: G0447.
  - e. Pelvic exam: G0101.
  - f. Alcohol misuse counseling: G0442.
  - g. More details about all the [screening services](#) covered can be found here.
5. You can add an E/M code with a modifier, but only if you are addressing a new complaint outside the wellness visit or an abnormal finding on review of a test or exam. If you do this, we recommend using transitional statements such as, "This completes the wellness portion of the visit, patient now presents for..."
6. And finally, don't forget to add modifier 33 to these so that the co-pay is waived.

More information about AWWs and how they are coded can be found here:

[Annual Wellness Visits](#) and [Annual Wellness Visit coding](#).

## Provider Resources

[New Education Module: Value-based care for the care team](#)