

Steps to Efficient, Effective, and Reimbursed Medicare Wellness Visits

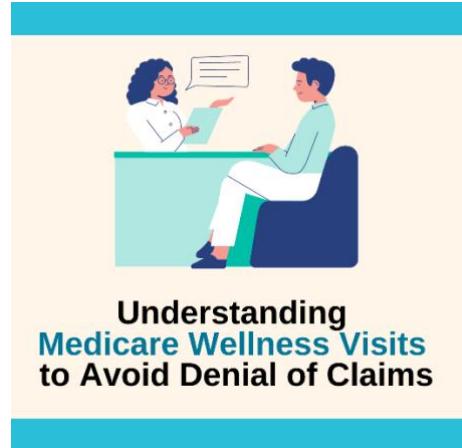
[Medicare wellness visits](#) provide important opportunities to identify illness and plan for preventive services, such as vaccinations and screenings for illnesses like cancer or diabetes. There are three types of visits available for people with Medicare: the initial preventive physical exam (IPPE), initial annual wellness visit (AWV), and subsequent AWVs.

It's important to understand the differences among these visits because billing the wrong visit at the wrong time can result in denied claims. [Download this flyer](#) to learn about each visit, when to offer it, and which billing codes to use.

Helpful tip: Clinical staff can conduct these visits under the supervision of a billing provider, saving time and resources.

To reduce the number of denied claims for Medicare wellness visits, follow these three steps:

1. Use [myCGS](#) to check when your patient is 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 by teaming up with clinical staff (e.g., RNs) who can perform the wellness visits—saving you and your patients time and money.
3. [Learn more](#) about the three types of wellness visits. And remember, Medicare only covers the IPPE and initial AWV once per lifetime and the subsequent annual wellness visits once per year.



**Understanding
Medicare Wellness Visits
to Avoid Denial of Claims**