

Printable Annual Wellness Visit checklist

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SHORT ANSWER

This is a free, printable checklist of every component Medicare requires for the Annual Wellness Visit (AWV), the yearly preventive-planning visit billed as G0438 for the initial visit and G0439 for each one after. Print it or save it as a PDF, and use it to run a compliant visit and capture every chronic condition for accurate risk adjustment.

Use this checklist to run a Medicare Annual Wellness Visit that meets every requirement and captures the chronic conditions that drive an accurate [RAF](#) score. It is free to print or save as a PDF, with no email required.

Patient and visit details

Patient: _____ Date: _____

Provider: _____

Code: ☐ G0438 (initial) ☐ G0439 (subsequent)

The required AWV components

Medicare requires each of the following for the AWV. The initial visit (G0438) establishes them for the first time; every subsequent visit (G0439) reviews and updates them.

Missing a component is a documentation risk if the claim is later audited.

- ☐ **Health Risk Assessment (HRA).** Complete or update the HRA, self-reported or collaboratively.

- ☐ **Medical and family history.** Establish or update.

- ☐ **Current providers and suppliers.** List everyone involved in the patient's care.

- ☐ **Routine measurements.** Height, weight, body mass index (BMI), and blood pressure.

- ☐ **Cognitive impairment.** Detect any cognitive impairment, using direct observation and patient or caregiver report.

- ☐ **Depression and mood risk.** Review risk factors for depression and other mood disorders.

- ☐ **Functional ability and safety.** Fall risk, activities of daily living, hearing, and home safety.

- ☐ **Written screening schedule.** A 5 to 10 year checklist of recommended preventive services.

- ☐ **Risk factors and conditions list.** With recommended interventions and referrals.

- ☐ **Personalized health advice.** Referrals to education or preventive counseling as needed.

- ☐ **Advance care planning.** Offer voluntary advance care planning at the patient's discretion.

Chronic condition recapture (for risk adjustment)

The AWV is the single best annual moment to review and re-document every active chronic condition. List the conditions confirmed and addressed at this visit so they are coded for the year and counted toward the patient's [RAF](#) under [CMS-HCC V28](#). Each condition must be documented to the MEAT standard (Monitored, Evaluated, Assessed, or Treated) to be codable.

☐	Condition: _____ documented	ICD-10: _____	MEAT
☐	Condition: _____ documented	ICD-10: _____	MEAT
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☐	Condition: _____ documented	ICD-10: _____	MEAT

Eligibility and coding reminders

- The initial AWV (G0438) requires 12 months of Part B enrollment, and it is billable once per lifetime.

- A subsequent AWV (G0439) is payable once per 12-month period. Medicare counts eligibility by calendar month, so a patient seen in March is eligible again on the first day of March the next year.
- You cannot bill an AWV within 12 months of the Welcome to Medicare visit (IPPE, G0402).
- The AWV has no coinsurance and no deductible. If a separate problem is managed at the same visit, bill the office visit with modifier 25; that portion may carry cost-sharing.
- For the full breakdown, see the [AWV CPT codes](#) reference and the [AWV requirements](#) guide.

How Pelica turns the AWV into a reliable recapture event

A checklist makes the visit compliant. Closing the loop on every eligible patient, every year, is the harder problem. Most platforms show a care team which patients are due and which conditions need re-documentation. Pelica does the work: the [Risk Adjustment copilot](#) sits on one live member record, surfaces the chronic conditions each AWV should recapture, preps the encounter, and follows up on open gaps until they close.

The result is capacity. Pelica cuts risk-adjustment coordination from about 30 minutes per member to 3, lets the same team cover two to three times more members, and has delivered a 0.4 RAF gain in two quarters with no new headcount. At [HealthCare Partners](#), the largest IPA in the country, it runs across 175,000-plus patients live.

Sources

- [CMS: Annual Wellness Visit](#)
- [CMS MLN: Medicare Wellness Visits booklet](#)
- [Medicare.gov: Yearly Wellness Visits](#)

Frequently asked questions

Common questions about using this Annual Wellness Visit checklist.

Is this Annual Wellness Visit checklist free to use?

Yes. The checklist is free to print or save as a PDF, with no email or sign-up required. It covers every component Medicare requires for the Annual Wellness Visit and is meant as a working tool for the visit itself.

Does the checklist work for both G0438 and G0439?

Yes. The same components apply to both codes. G0438, the initial Annual Wellness Visit, establishes each component for the first time, and G0439, the subsequent visit, reviews and updates them. Mark the code used at the top of the form.

How do I print or save the checklist as a PDF?

Select the Print or save as PDF button, or use your browser's print command. The print view hides the site navigation and shows only the checklist, so it prints cleanly on standard paper. A ready-made PDF version is also available through the Download the PDF link next to the print button.

How does the Annual Wellness Visit support risk adjustment?

The AWV is a structured annual visit, which makes it the best recurring opportunity to review and re-document a patient's active chronic conditions. Conditions documented to the MEAT standard and coded that year count toward the patient's RAF under CMS-HCC V28, which sets Medicare Advantage payment.