OPTUM™

Understanding and coding Medicare Advantage preventive services

Annual Preventive Visits, "Welcome to Medicare" exams and Annual Wellness Visits

The Patient Protection and Affordable Care Act (ACA) waives the deductible and coinsurance/copayment for the Initial Preventive Physical Exam (IPPE) and the Annual Wellness Visit (AWV).[1]

Annual Preventive Visits

Codes	V code	Description
99385 - 99387	V70.0	Initial comprehensive preventive medicine evaluation and management of an individual (non-covered service under Medicare Part B)
99395 - 99397	V70.0	Periodic comprehensive preventive medicine reevaluation and management of an individual (non-covered service under Medicare Part B)
G0438	Any appropriate code is accepted	Annual wellness visit, includes a personalized prevention plan of service (PPPS), *first visit*
G0439		Annual wellness visit, includes a personalized prevention plan of service (PPPS), *subsequent visit*

Other services provided with the exam

If you also bill other services with the routine physical exam, and those services are normally subject to a copayment or coinsurance, that copayment or coinsurance will still apply even if the primary reason for the visit was a routine physical exam.

Lab tests or other diagnostic services

Lab tests or other diagnostic services ordered as a result of exam findings performed at the time of the routine physical may be subject to a copayment or coinsurance as applicable.

Other preventive services (screenings)[2,3]

Providers may also provide and bill separately for screenings and other preventive services. Medicare Advantage plans cover the following Medicare-covered preventive services. (Please follow original Medicare coding rules when billing Medicare-covered preventive services, see https://www.cms.gov/mlnproducts/35_preventiveservices.asp.)

- Bone mass measurement
- Cardiovascular screening blood tests
- Colorectal cancer screening tests
- Diabetes outpatient self-management training (DSMT)
- Diabetes screening tests
- HIV screening
- Intensive behavioral therapy for cardiovascular disease
- Medical nutrition therapy (MNT) services
- Pneumococcal, influenza and hepatitis B vaccine and administration
- Prostate cancer screening tests
- Screening and behavioral counseling interventions in primary care to reduce alcohol misuse
- Screening for depression in adults
- Screening for glaucoma
- Screening mammography
- Screening Pap smear and screening pelvic exam
- Tobacco-use cessation counseling services
- Ultrasound screening for abdominal aortic aneurysm (AAA) if ordered at IPPE
- Additional preventive services identified for coverage through the national coverage determination (NCD) process

[1] Please note, payment policies regarding the AWVs and the comprehensive preventive exams vary by plan. Please check with your contracted plan for further information prior to billing.

[2] Slight exceptions may vary from plan to plan. Please check with your contracted plan for product variances. Certain eligibility and other limitations may apply.

[3] For a complete list of services and procedures that are defined as preventive services under Medicare and which have waived coinsurance/deductible, see: http://www.cms.gov/mlnmattersarticles/downloads/SE1129.pdf and http://www.cms.gov/mlnmattersarticles/downloads/SE1136.pdf.

"Welcome to Medicare" exam

Codes	Diagnosis code	Description
G0402	Any appropriate code is accepted	"Welcome to Medicare" initial preventive physical exam (IPPE) limited to new beneficiary during the first 12 months of Medicare enrollment
G0403		Electrocardiogram, routine ECG with 12 leads; performed as a screening for IPPE with interpretation and report
G0404		Electrocardiogram, routine ECG with 12 leads; tracing only, without interpretation and report performed as a screening for IPPE
G0405		Electrocardiogram, routine ECG with 12 leads; interpretation and report only performed as a screening for IPPE

"Welcome to Medicare" exam

Original Medicare covers an IPPE within the first twelve months of a beneficiary's Part B coverage. Also known as the "Welcome to Medicare" exam, this one-time visit has the following goals:

- Comprehensive review of a patient's health
- Identification of risk factors that may be associated with various diseases
- Detection of diseases early on when outcomes are best

Note: Medicare covers a one-time ultrasound screening for abdominal aortic aneurysm (AAA) for at-risk beneficiaries when a referral for the screening is received as a result of the IPPE. However, the AAA screening is a separate service from the physical exam and is subject to radiology cost-sharing.

What is included in "Welcome to Medicare" exam
• A review of medical and social history
• A review of potential risk factors for depression
• A review of functional ability and level of safety
• An exam to include height, weight, blood pressure, body mass index (BMI), visual acuity, and other medically necessary factors
• Education, counseling and referral based on results of bulleted items above
• Education, counseling and referral for other preventive services
• Voluntary advance planning upon agreement with patient*

"Welcome to Medicare" coding tips

- The "Welcome to Medicare" exam is limited to one occurrence within the first 12 months of enrollment only.
- As of 01/01/2009, an EKG is no longer required with the IPPE.
- A provider performing the complete "Welcome to Medicare" physical exam and the complete EKG would report both HCPCS codes G0402 and G0403.
- If the EKG portion of the exam is not performed during the visit, another provider may perform and/or interpret the EKG.
- When a provider performs a separately identifiable medically necessary Evaluation/Management service in addition to the "Welcome to Medicare" exam, CPT codes 99201-99215 reported with modifier -25 may also be billed. When medically indicated, this additional (E/M) service would be subject to the applicable deductible, copayment or coinsurance for office visits.

*Voluntary advance planning refers to verbal or written information regarding an individual's ability to prepare an advance directive in the case where an injury or illness causes the individual to be unable to make health care decisions and whether or not the physician is willing to follow the individual's wishes as expressed in an advance directive.

Annual Wellness Visit (AWV) with Personalized Preventive Plan Service (PPPS)

Codes	Diagnosis code	Description
G0438	Any appropriate code is accepted	Annual wellness visit, includes a personalized prevention plan of service (PPPS), *first visit*
G0439		Annual wellness visit, includes a personalized prevention plan of service (PPPS), *subsequent visit*

What is included in initial AWV with PPPS

- Health risk assessment
- Establishment of medical/family history
- Establishment of list of current providers and suppliers
- Measurement of: height, weight, BMI, blood pressure, and other medically necessary routine measurements
- Detection of any cognitive impairment
- Review of potential risk factors for depression
- Review of functional ability and level of safety
- Establishment of a written screening schedule
- Establishment of a list of risk factors and conditions for which interventions are recommended or are underway and a list of treatment options and their risks and benefits
- Furnishing of personalized health advice and referral, as appropriate, to health education or preventive counseling services or programs, or community-based lifestyle interventions to reduce identified risk factors and promote self-management and wellness
- Voluntary advance planning upon agreement with patient*

What is included in subsequent AWV with PPPS

- Update of health risk assessment
- Update of medical/family history
- Update the list of current providers and suppliers
- Measurement of weight, blood pressure and other medically necessary routine measurements
- Detection of any cognitive impairment
- Update to the written screening schedule developed in the first AWV providing PPPS
- Update to the list of risk factors and conditions for which interventions are recommended or are underway based on the list developed at the first AWV providing PPPS
- Furnishing of personalized health advice and referral, as appropriate, to health education or preventive counseling services or programs
- Voluntary advance planning upon agreement with patient*

Annual Wellness Visit coding tips

- G0438 is for the first AWV only and is paid only once in a patient's lifetime.
- G0438 and G0439 must be not be billed within 12 months of a previous billing of a G0402, G0438 or G0439 for the same patient. Such subsequent claims will be denied.
- If a claim for a G0438 or G0439 is billed within the first 12 months after the effective date of the patient's Medicare Part B coverage, it will also be denied. A patient is eligible for only the "Welcome to Medicare" physical in the first 12 months of eligibility.
- When a provider performs a separately identifiable medically necessary E/M service in addition to the AWV with PPPS, CPT codes 99201-99215 reported with modifier -25 may also be billed. When medically indicated, this additional E/M service would be subject to the applicable deductible, copayment or coinsurance for office visits.

* Voluntary advance planning refers to verbal or written information regarding an individual's ability to prepare an advance directive in the case where an injury or illness causes the individual to be unable to make health care decisions and whether or not the physician is willing to follow the individual's wishes as expressed in an advance directive.

Please note, payment policies regarding the AWV and the comprehensive physical exam (CPE) vary by plan. Please check with your contracted plan for further information prior to billing.