

Service	Visit Type	Bundling	Medicare Advantage Payer					
			United HealthCare	Premera	Regence	Amerigroup	Molina	Humana (NWH only)
Office Visit Type	Welcome to Medicare Visit (IPPE)				Once in a lifetime. Within the first 12 months of enrollment into Medicare Part B/Medicare Advantage coverage. (*Re-enrolled beneficiaries not eligible)			
	Initial (First) Annual Wellness Visit				Once in a lifetime.			
	Subsequent Annual Wellness Visit				After the first 12 months of enrollment in Medicare Part B coverage/Medicare Advantage AND 12 months after the IPPE (if provided).		Once per calendar year.	
	Annual Wellness Visit		Scheduling can be <365 days from the last AWV.			Scheduling must >365 days from the last AWV.		
	Routine Physical Exam	Combine with AWW?	Yes - IPPE and AWW	No	Yes	Yes - IPPE and AWW	Yes	Yes
		Details	Must provide a head-to-toe exam. CPTs: 99385-99387; 99395-99397 Do NOT append with a modifier -25	The Annual Preventive Exam is covered <i>in addition to the AWW</i> , but <u>cannot be combined in same visit with AWW</u> (CPTs: 99387 and 99397) *Enhanced AWW (S0250) no longer applies as of 3/1/2018*	Must meet the requirements and be billed with one of the following codes: CPTs 99381-99387 or 99391-99397, or HCPCS G0402, G0438, G0439	Annual routine physical exam can be combined with IPPE and AWW. IPPE/AWW must be billed with CPTs 99381-99397 Modifier -25 must be appended.	Must provide a head-to-toe exam	If requirements are met, must be billed with one of the following CPT codes: 99381-99387 or 99391-99397.
Problem-Focused Visit	Combine with AWW?	Yes	Yes	Yes	Yes	Yes	Yes	
	Details	An E/M service in addition to the AWW indicates a “significant, separately identifiable service” (when a condition is significant enough to require add'l work) Modifier -25 must be appended to the E/M service	An E/M service in addition to the AWW indicates a “significant, separately identifiable service” (when a condition is significant enough to require add'l work) Modifier -25 must be appended to the E/M service	An E/M service in addition to the AWW indicates a “significant, separately identifiable service” (when a condition is significant enough to require add'l work) Modifier -25 only needs to be appended if a Preventive Medicine service (99381-99387, 99391-99397) is also included with IPPE/AWW	An E/M service in addition to the AWW indicates a “significant, separately identifiable service” (when a condition is significant enough to require add'l work)	An E/M service in addition to the AWW indicates a “significant, separately identifiable service” (when a condition is significant enough to require add'l work) Modifier -25 must be appended to the E/M service	An E/M service in addition to the AWW indicates a “significant, separately identifiable service” (when a condition is significant enough to require add'l work) Modifier -25 must be appended to the E/M service	
Cost Share for Patient(s)	Annual Wellness Visit		\$0 in-network	No cost share	\$0 co-pay in-network	\$0 in-network copayment	\$0 co-pay in-network	\$0 in-network
	Annual Physical Exam		\$0 in-network	No cost share (99397)	\$0 in-network	\$0 in-network copayment	\$0 in-network	\$0 in-network
	Problem-Focused Visit (E/M) + Annual Wellness Visit (AWV)		The additional E/M service is subject to the applicable co-pay for an office visit *Patient to confirm with plan/payer	If treatment or monitoring of additional/existing medical conditions occur during AWW, a copayment or coinsurance may apply for the care received for the existing medical condition. *Patient may incur cost share	The additional E/M service is subject to the applicable copay/coinsurance for the E/M *Patient to confirm with plan/payer	If treatment for existing medical condition occurs during the preventive service, or other services are billed in addition to the preventive service, cost sharing for the care received may apply.	No copay	The additional E/M service is subject to the applicable co-pay for an office visit *Patient to confirm with plan/payer
Can the annual physical exam <u>replace</u> the AWW?			Yes	No	Yes	No	Yes	No
Which physical exam codes replace the AWW G-code?			Can be billed as stand-alone: 99385-99387, 99395-99397 Must be billed with ICD-10 (Z00.00 or Z00.01) in the primary position: 99203-99205, 99213-99215, 99343-99345, 99349-99350, 99391, 99393, and 99394	None. *The Annual Preventive Exam (99397) cannot be billed with the AWW or Welcome to Medicare Visit	Can be billed as stand-alone: 99381-99387, 99391-99397	None.	None.	None.

Additional Services Provided with the Annual Wellness Visit

Screening/Test	Timing	United HealthCare	Premera	Regence	Amerigroup	Molina	Humana (NWH only)
Abdominal Aortic Aneurysm (AAA) Screening Ultrasound	Once in a lifetime *Must have certain risk factors for AAA	\$0 in-network; co-pay/co-insurance may apply if patient sees an out-of-network provider	100% covered as part of the IPPE with an in-network provider	100% covered as part of the IPPE with an in-network provider	100% covered as part of the IPPE with an in-network provider	100% covered as part of the IPPE with an in-network provider	Covered at no cost in-network
Advanced Care Planning	Annually - each AWW (if patient agrees)	\$0 in-network when billed with the AWW and a -33 modifier; otherwise, cost sharing may apply if billed outside of the AWW	100% covered as part of the AWW with an in-network provider Must append modifier -33	100% covered as part of the AWW with an in-network provider Must append modifier -33	100% covered as part of the AWW with an in-network provider Must append modifier -33	100% covered as part of the AWW with an in-network provider Must append modifier -33	Additional preventive services approved by Medicare during contract year will be covered
Electrocardiogram (ECG) Screening (routine with 12 leads)	Once in a lifetime *IPPE only *Performed as a <u>screening</u> only	Subject to member cost-sharing in most plans	100% covered as part of the IPPE with an in-network provider	100% covered as part of the IPPE with an in-network provider	100% covered as part of the IPPE with an in-network provider	100% covered as part of the IPPE with an in-network provider	Additional preventive services approved by Medicare during contract year will be covered
Visual Acuity Screening	*IPPE only (required)	\$0 in-network; a co-pay or co-insurance may apply if patient sees out-of-network provider	100% covered as part of the IPPE with an in-network provider	100% covered as part of the IPPE with an in-network provider	100% covered as part of the IPPE with an in-network provider	100% covered as part of the IPPE with an in-network provider	100% covered as part of the IPPE with an in-network provider

Coding Preventive and Chronic Condition Services

Service/Measure	HCPCS/CPT codes	Description/Details
Initial Preventive Physical Exam / IPPE (aka: "Welcome to Medicare Preventive Visit")	G0402	IPPE/Initial Preventive Physical Examination (aka: "Welcome to Medicare Preventive Visit"); face-to-face visit, service limited to new beneficiary during the first 12 months of Medicare Part B enrollment <i>*Re-enrolled beneficiaries not eligible</i>
Initial (first) Annual Wellness Visit	G0438	Initial, or first, AWW; includes a personalized prevention plan of service (PPS), initial visit. Must occur after the first 12 months of enrollment in Medicare AND 12 months after the IPPE (if provided)
Subsequent Annual Wellness Visit	G0439	Subsequent AWW; includes a personalized prevention plan of service (PPS), subsequent visit
AAA Screening Ultrasound	G0389	Once in a lifetime. Must have certain risk factors for AAA: family history, male between ages 67-75 who smoked at least 100 cigarettes during his lifetime, manifests other risk factors
ECG Screening	G0403 G0404 G0405	G0403 - Routine ECG with 12 leads; <i>with interpretation and report</i> G0404 - Routine ECG with 12 leads; <i>tracing only, without interpretation or report</i> G0405 - Routine ECG with 12 leads; <i>interpretation only</i> <i>*Once in a lifetime; Screening with IPPE only</i>
Visual Acuity Screening	99172	Visual functioning screening, automated or semi-automated bilateral quantitative determination of visual acuity, ocular alignment, color vision by pseudoisochromatic plates, and field of vision (may include all or some screening of the determination(s) for contrast sensitivity, vision under glare) <i>*Screening with IPPE only</i>
Advanced Care Planning	99797 99498	99797 - First 30 minutes, face-to-face with the patient, family member(s), and/or surrogate 99498 - Each additional 30 minutes (list separately in addition to code for primary procedure) Advanced Care Planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health professional. <i>*Medicare waives both the coinsurance and the Medicare Part B deductible for the ACP when it is: (1) Provided on the same day as a covered AWW, (2) Furnished by the same provider as a covered AWW, (3) Billed with a modifier -33 (preventive services)</i>