



# Medicare Advantage

## 2018 Annual Visit Guidelines

### Annual Visits

Medicare Advantage plans will continue to offer coverage for routine physicals in 2018 for individual Medicare Advantage members. A routine physical exam will help aid in appropriately diagnosing, monitoring, assessing, evaluating, and/or treating conditions that may not otherwise be captured, closing gaps in care, and creating a comprehensive care plan to manage possible chronic conditions.

When the routine physical is completed by an in-network provider in an HMO and/or PPO plan, there are no out-of-pocket costs for the member. Physicals completed by out-of-network providers for members in PPO plans will be subject to member co-pay as applicable by the member's plan. For the HMO plans, there will be no out-of-network coverage for routine physicals as they must be rendered by an in-network provider.

### Visit Types

Initial Preventative Physical Exam (IPPE)	Annual Wellness Visit (AWV)	Annual Routine Physical
<b>G0402</b>	<b>G0438 &amp; G0439</b>	<b>99381-99397</b>
Must be completed by a CMS-approved provider	Must be completed by a CMS-approved provider	Must be completed by a CMS-approved provider
\$0 in-network copayment	\$0 in-network copayment	\$0 in-network copayment
<p>Face-to-face visit; includes a preventive evaluation and management service.</p> <p><b>This exam is a preventive physical exam and not a comprehensive physical checkup.</b></p> <p>This service is limited to new beneficiaries during the first 12 months of Medicare enrollment.</p>	<p><b>G0438 Initial AWV</b> Face-to-face visit; includes a personalized prevention plan of services. Services limited to beneficiary during the <b>second</b> year the patient is eligible for Medicare Part B. <b>Only one first AWV</b> per beneficiary per lifetime.</p> <p><b>G0439 – Subsequent AWV</b> Face-to-face visit; includes a personalized prevention plan of services. Coded the year following the Initial AWV.</p> <p>This benefit is once per calendar year.</p> <p><b>This exam is a preventive physical exam and not a comprehensive physical checkup.</b></p> <p><b>Note:</b> The AWV is intended to build upon the previously established IPPE visit.</p>	<p>Face-to-face comprehensive, multi-system exam based on the patient's age, gender, and identified risk factors. The comprehensive history obtained as part of the preventive medicine E/M service is not problem-oriented and does not involve a chief complaint or present illness. It does include a comprehensive system review and comprehensive or interval past, family, and social history, as well as a comprehensive assessment/history of pertinent risk factors.</p> <p><b>Note:</b> Additional cost share may apply for additional services or testing performed during the visit. Contact the patients' health plan to verify eligibility and benefits.</p> <p><b>This benefit is once per calendar year.</b></p>

\*The IPPE and AWV are not a routine physical exam.

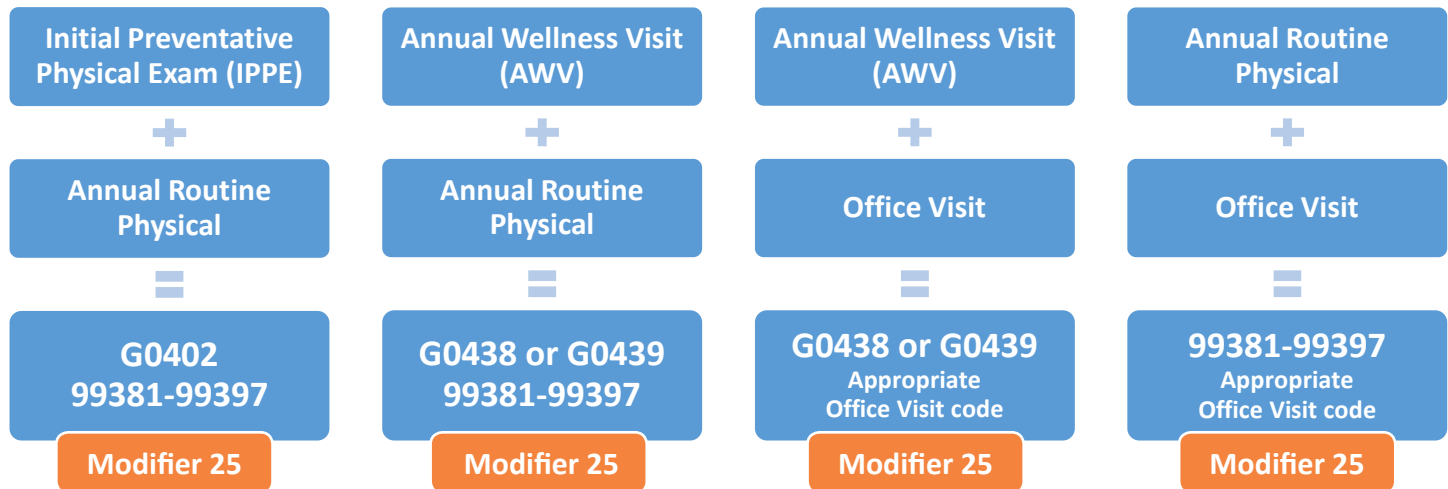
Modifier 25 may be appended (attached) when there is an equivalent service being provided that is different from the first services.

It is important to note:

- Accurate and complete documentation in the medial record is required to support the services being provided and billed.
- Documentation must support the appending (attaching) of any modifiers to a claim.

Below are example scenarios for completing the IPPE, AWW and the Annual Routine Physical along with coding and modifier use.

**Examples** of scenarios for completing the IPPE, AWW and the Annual Routine Physical.



**Note:** If treatment for an existing medical condition during the preventive service, or other services are billed in addition to the preventive service, cost sharing for the care received may also apply.

### Additional Screenings

Other screenings can be done once per year. Check benefits to identify frequency and specific types of screenings.

- Depression Screening (G0444)
- Alcohol Screening (G0442)
- Colorectal Cancer Screening
- Breast Cancer Screening
- Cardiovascular Screening
- Flu Shot
- Hba1c And Diabetic Retinal Exams for Patients with Diabetes
- HIV Screening
- Sexually Transmitted Infections Screening and Counseling
- Obesity Screening and Counseling (G0447)

### Please note

**For OB/GYN providers:** A Pap test and pelvic exam for our Medicare Advantage members are covered annually only if at high-risk for developing cervical or vaginal cancer, or childbearing age with abnormal Pap test within past three years. Otherwise, a Pap test and pelvic exam are covered every two years for women at normal risk. These services should be filed as separate codes from the routine physical if they are rendered.

Medicare Advantage member benefits are subject to change from year to year. Please review benefits on the Medicare Advantage Provider page of the provider portal.

For further information or to verify member eligibility, benefits, or account information, please call the telephone number listed on the back of the member's identification card.

### Resources

[www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html](http://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html)