

Medicare Advantage Program Coding for *Initial Medicare and Wellness Visits*

IMPORTANT REMINDER: Florida Blue, as a Medicare Advantage plan with four contracts with the Centers for Medicare & Medicaid Services (CMS), reminds you that Medicare Advantage members are eligible for one *Welcome to Medicare Visit*, as well as an *Annual Wellness Visit*. When filing these Medicare Advantage visit claims, it is important for you to use the correct procedure codes to avoid claim denials.

- **G0402** - Initial Preventive Physical Examination (IPPE) or Welcome to Medicare Visit
- **G0438** - Annual Wellness Visit (AWV); includes a personalized prevention plan (PPPS)
- **G0439** - Subsequent Annual Wellness Visit (AWV); includes a personalized prevention plan (PPPS)

Also, please refer to the related ***Frequently Asked Questions*** on the following page and to the information below for more guidance:

- The Florida Blue provider bulletin, February 2015: [Update: Medicare Advantage Program Coding for Annual Wellness Visits](#). This guideline is applicable to Medicare Advantage members only.
- [CMS compliance for Well Woman exams](#).
- Advanced Beneficiary Notices (ABNs): Advanced beneficiary notices are available for Medicare members when appropriate. Please familiarize yourself with the [CMS guidelines for using ABNs](#).

NOTE: Our plans do not cover routine physical examinations typically billed using the Preventive Medicine Services procedure codes 99381 – 99397. Effective for services performed **on and after January 1, 2016, all visits billed with these procedure codes for Medicare Advantage members will be denied.**

Remember to check member eligibility and benefits electronically through Availity^{®1} at [Availity.com](#).

Stay up-to-date with the latest Medicare preventive services news for Medicare beneficiaries by logging in to the CMS website at <http://www.cms.gov/> and selecting the Outreach and Education tab.

¹ Availity, LLC is a multi-payer joint venture company. To register, visit [Availity.com](#)

Medicare Advantage Program: *Initial Medicare and Wellness Visits* Frequently Asked Questions (FAQs)

Question: When a patient completes their initial *Welcome to Medicare* exam under a different health plan, which code should the provider use if the patient is now covered with Florida Blue, the initial or subsequent code?

Answer: The Medicare benefit called the *Welcome to Medicare Preventive Visit* (or initial physical exam) is a once-in-a-lifetime service (G0402). If the Florida Blue member has had Part B for longer than 12 months they are eligible for *Annual Wellness Visits* (G0438, G0439). However, the first *Annual Wellness Visit* may not occur within 12 months of the *Welcome to Medicare Visit* (G0402). The first *Annual Wellness Visit* is a one-time service. Each subsequent *Annual Wellness Visit* is covered once every 12 months. (Source: *Traditional Medicare Claims Processing Manual*.)

Question: If a patient already had their *Welcome to Medicare Preventive Visit* under a different health plan and they did not complete all of their routine screenings as part of that visit, what are the criteria to complete those tests outside of the *Welcome to Medicare Preventive Visit*?

Answer: The only routine screening service tied to the *Welcome to Medicare Preventive Visit* is the screening EKG (G0403, G0404 and G0405). If not performed as a result of the *Welcome to Medicare Preventive Visit*, the screening opportunity is not available. However, a diagnostic EKG may be performed when medically necessary. All other Medicare preventive services may still be covered when performed at the frequency described in the Preventive Services Benefit.

Question: If the patient is having a problem related issue on the same day as their *Annual Wellness Visit*, can the doctor bill for both a problem E&M and the *Annual Wellness Visit* on the same date?

Answer: Florida Blue has adopted the National Correct Coding Initiative to prevent inappropriate payment of services that should not be reported together. Rules governing the reporting of more than one E&M code for a patient on the same date of service are very complex and guidance is provided throughout the CPT Code Book. Many of these situations are contained in the NCCI and will be applied.

Question: If the provider bills for two E&M codes on the same date will Florida Blue take a multiple procedure discount?

Answer: Yes, Florida Blue has a published payment policy for this situation. I.D. Number 10-013 Multiple Visit Reduction.

Question: How should OB-GYN physicians bill for 'preventive components' of *Well Woman* exams for Medicare Advantage members?

Answer: CMS guidelines state Medicare members are entitled to a *Well Woman* exam every 24 months (low risk) and every 12 months (high risk). This includes a cervical pap smear (HCPCS code Q0091) and a breast and pelvic exam (HCPCS code G0101). Any additional service provided (i.e., height and weight, listening to the heart, etc.) is considered inclusive. If the member has a separately identifiable problem that has been appropriately documented in the medical record separately from the *Well Woman* exam, it is permissible to code for a problem evaluation and management service on the same date of service. The proper modifier should be appended to the problem E&M code.