

Annual Preventive Exams for Medicare Patients

Below is a side-by-side comparison of the Welcome to Medicare Visit, Annual Wellness Visits, and Preventive Medicine Services codes. Samaritan Advantage Health Plan covers all of these codes (G0402, G0438, G0439, and 99381-99429). **WHEN BILLING SAMARITAN ADVANTAGE HEALTH PLAN WITH THESE CODES, THERE IS A \$0.00 COST SHARE TO THE MEMBER.** It is at the discretion of the provider to provide and code the appropriate level of a preventive comprehensive physical exam for the Medicare patient. Samaritan Advantage encourages providers to conduct a full annual comprehensive exam (99381-99429).

Welcome to Medicare Visit (G0402)	Annual Wellness Visit (G0438 & G0439)	Preventive Medicine Services (99381-99429)
<p>G0402 – Welcome to Medicare Visit Initial Preventive Physical Examination (IPPE) is a preventive evaluation and management service; face-to-face visit. This exam is a preventive physical exam and not a “comprehensive physical checkup.”</p>	<p>G0438 – Initial Annual Wellness Visit (AWV); including a personalized prevention plan of services; face-to-face visit. G0439 – Subsequent Annual Wellness Visit (AWV); including a personalized prevention plan of services; face-to-face visit. Note: The AWV is intended to build upon the previously established “Welcome to Medicare Visit” physical exam. This exam is a preventive physical exam and not a “comprehensive physical checkup.”</p>	<p>99381-99429 – Preventive Medicine Services (PMS) The examination for this visit is multi-system, and the exact content and extent of the exam is based on the patient’s age, gender, and identified risk factors; face-to-face visit. “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, however, 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.” NOTE: The Preventive Medicine Services are covered by SAHP, but not covered by Medicare.</p>
<p>Services limited to new beneficiary during the first 12 months of Medicare enrollment. ONCE-in-a-lifetime benefit.</p>	<p>G0438 – Initial AWV Services limited to beneficiary during the Second year the patient is eligible for Medicare Part B. Only one first AWV per beneficiary per lifetime. G0439 – Subsequent AWV One year after the patient’s <i>initial</i> Annual Wellness Visit. Once every 12 months.</p>	<p>Annually for SAHP members. NOTE: Not covered by Medicare.</p>
<p>Does not include any clinical laboratory tests.</p>	<p>Does not include any clinical laboratory tests.</p>	<p>Includes clinical laboratory tests.</p>
<p>Co-payment, coinsurance and deductible are waived. NOTE: Any service billed outside the Welcome to Medicare Visit can be assessed a cost share to the beneficiary.</p>	<p>Co-payment, coinsurance and deductible are waived. NOTE: Any service billed outside the Annual Wellness Visit can be assessed a cost share to the beneficiary.</p>	<p>Co-payment, coinsurance and deductible are waived for SAHP members. NOTE: Any service billed outside the Preventive Medicine Services can be assessed a cost share to the member.</p>
<p>Medicare payment can be made for a significant, separately identifiable medically necessary Evaluation and Management (E/M) code. Use CPT codes 99201-99215. Append modifier 25 to the E/M service code.</p>	<p>Medicare payment can be made for a significant, separately identifiable medically necessary Evaluation and Management (E/M) code. Use CPT codes 99201-99215. Append modifier 25 to the E/M service code.</p>	<p>“If an abnormality is encountered or a preexisting problem is addressed in the process of performing this preventive medicine evaluation and management service, and if the problem or abnormality is significant enough to require additional work to perform the key components of a problem-oriented E/M service, then the appropriate Office/Outpatient code 99201-99215 should also be reported. Modifier 25 should be added to the Office/Outpatient code to indicate that a significant, separately identifiable evaluation and management service was provided by the same physician on the same day as the preventive medicine service. The appropriate preventive medicine service is additionally reported.” NOTE: A potential cost share can exist for the member for the additional E/M service.</p>

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<p>Elements of the IPPE</p> <ol style="list-style-type: none"> 1. Review of beneficiary's medical and social history. 2. Review of beneficiary's potential risk factors for depression and other mood disorders. 3. Review of beneficiary's functional ability and level of safety. 4. Examination to obtain height, weight and blood pressure; visual acuity screen; measurement of body mass index; and other factors deemed appropriate. 5. End-of-life planning. 6. Education, counseling, and referral based on the previous five components. 7. Education, counseling, and referral for other preventive services. 	<p>Elements of the Initial AWW</p> <ol style="list-style-type: none"> 1. Establishment of the beneficiary's medical and family history. 2. Review of beneficiary's potential risk factors for depression, including current or past experiences with depression or other mood disorders. 3. Review of beneficiary's functional ability and level of safety. 4. Examination to obtain height, weight, body mass index (or waist circumference, if appropriate), blood pressure, and other routine measurements as deemed appropriate. 5. Establishment of a list of current providers and suppliers. 6. Detection of any cognitive impairment. 7. Establishment of a written screening schedule, such as a checklist for the next 5-10 years, as appropriate. 8. Establishment of a list of risk factors and conditions of which the primary, secondary, or tertiary interventions are recommended or underway. 9. Furnishing of personalized health advice to the beneficiary and a referral as appropriate to health education or prevention counseling services. <p>Elements of the Subsequent AWW</p> <ol style="list-style-type: none"> 1. Update of the beneficiary's medical and family history. 2. Examination to obtain weight (or waist circumference, if appropriate), blood pressure, and other routine measurements as deemed appropriate. 3. Update of the list of current providers and suppliers developed at the first AWW. 4. Detection of any cognitive impairment. 5. Update to the written screening schedule developed at the first AWW. 6. Update to the list of risk factors and conditions of which the primary, secondary or tertiary interventions are recommended or underway as was developed at the first AWW. 7. Furnishing of personalized health advice to the beneficiary and a referral as appropriate. 	<p>Elements of the PMS</p> <ol style="list-style-type: none"> 1. A comprehensive history and physical examination. 2. Anticipatory guidance, risk factor reduction intervention or counseling. 3. The ordering of appropriate immunizations or laboratory/diagnostic procedures. 4. Management of insignificant problems. <p>New Patient</p> <p>99381 Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; Infant (age younger than 1 year).</p> <p>99382 Early childhood (age 1–4 years)</p> <p>99383 Late childhood (age 5–11 years)</p> <p>99384 Adolescent (age 12–17 years)</p> <p>99385 18–39 years</p> <p>99386 40–64 years</p> <p>99387 65 years and older</p> <p>Established Patient</p> <p>99391 Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; Infant (age younger than 1 year).</p> <p>99392 Early childhood (age 1–4 years)</p> <p>99393 Late childhood (age 5–11 years)</p> <p>99394 Adolescent (age 12–17 years)</p> <p>99395 18–39 years</p> <p>99396 40–64 years</p> <p>99397 65 years and older</p>
<p>CMS did not specify the ICD-9 diagnosis codes that should be used. Therefore, Medicare providers should choose an appropriate ICD-9 diagnosis code.</p>	<p>CMS did not specify the ICD-9 diagnosis codes that should be used. Therefore, Medicare providers should choose an appropriate ICD-9 diagnosis code.</p>	<p>The ICD-9 codes associated with preventive services are found in the V codes. These codes describe the reason for health care encounters other than disease or injury:</p> <p>V70.0 Routine general medical examination at a health care facility.</p> <p>V72.62 Laboratory examination ordered as part of a routine general medical examination.</p> <p>V20.2 Routine infant or child health check.</p>

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For additional information, specifics, and more details visit the CMS website. http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MPS_QRI_IPPE001a.pdf	For additional information, specifics, and more details visit the CMS website. http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AWV_Chart_ICN905706.pdf	For additional information, specifics, and more details visit the SHPO website and access the Preventive Care Services Guidelines. http://www.samhealth.org/healthplans/providers/resourcestools/Pages/default.aspx#Guidelines