Medicare Preventive Services Tip Sheet

Making It Easier for Physicians and Other Healthcare Providers
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Initial Preventive Physical Examination (IPPE)
- The IPPE is known as the Welcome to Medicare Preventive Visit.
- The patient may receive this service only within the first 12 months after the effective date of Medicare Part B coverage.
- The IPPE is a one-time benefit and is covered by Humana Medicare Advantage plans.
- FQHCs bill G0468 (FQHC visit, initial preventive physical exam or annual wellness visit) when performing an IPPE. HCPCS code G0402 also is billed.

Annual Wellness Visit (AWV)
- The initial AWV is allowed once per lifetime after the first 12 months of Medicare enrollment (must be 12 months or more after the IPPE).
- A subsequent AWV is allowed once per calendar year after the initial AWV.
- Humana covers one AWV per calendar year.
- FQHCs bill G0468 (FQHC visit, initial preventive physical exam or annual wellness visit) when performing an AWV along with HCPCS code G0438 (initial) or G0439 (subsequent).

Preventive services covered for Humana Medicare Advantage members include CMS-covered services and an annual preventive physical exam.

THIS INFORMATION PERTAINS TO CLAIMS SUBMITTED FOR SERVICES RENDERED TO PATIENTS WITH HUMANA MEDICARE ADVANTAGE PLANS. IT ALSO ADDRESSES UNIQUE RULES FOR FEDERALLY QUALIFIED HEALTH CENTERS (FQHC).
Annual Preventive Physical Exam

- The Annual Preventive Physical Exam is a Humana Medicare Advantage benefit. It is not covered by Original Medicare.
- Codes used to bill the Annual Preventive Physical Exam:
  - One from the range of 99381 to 99387: initial comprehensive preventive medicine, new patient, or
  - One from the range of 99391 to 99397: periodic comprehensive preventive medicine, established patient
- Humana covers one Annual Preventive Physical Exam per calendar year.
- FQHCs bill the appropriate code from the range 99381-99387 when performing an Annual Preventive Physical Exam for a new patient
- FQHCs bill the appropriate code from the range 99391-99397 when performing an Annual Preventive Physical Exam for an established patient

Well Woman Exam

- Humana covers a Well Woman Exam once every 24 months.
  - Exception: The Well Woman Exam is allowed once every 12 months for women at high risk for cervical cancer and women of child-bearing age who have had an exam with abnormalities in the past three years.
- Well Woman Exams should be submitted with codes Q0091 and/or G0101.
  - FQHCs bill G0466 (FQHC visit, new patient) when performing a Well Woman Exam for a new patient, along with one of these CPT codes: Q0091 or G0101
  - FQHCs bill G0467 (FQHC visit, established patient) when performing a Well Woman Exam for an established patient, along with one of these CPT codes: Q0091 or G0101

Billing Tips

- Separate reimbursement is allowed for an IPPE and an Annual Preventive Physical Exam when they are performed on the same date by the same provider.
- Separate reimbursement is allowed for an AWV and an Annual Preventive Physical Exam when they are performed on the same date by the same provider.
- When an AWV and a problem-oriented evaluation and management service (E/M) are performed, the information on the claim and in the medical record must support that the E/M service is significant and separately identifiable. If these conditions are met, modifier 25 should be appended to the E/M code.
- When an Annual Preventive Physical Exam and a problem-oriented E/M service are performed, the information on the claim and in the medical record must support that the E/M service is significant and separately identifiable. If these conditions are met, modifier 25 should be appended to the E/M code.
Additional resources

- Humana’s claims payment policies: Humana.com/claimpaymentpolicies
- Humana’s code editing: Humana.com/edits
  - Code edit and policy changes – outlines changes to policies and claims payment systems
- Humana’s code edit inquiry tools: Availity.com – in the Humana Payer Space under the Applications tab
  - Code edit questions online – found under More → Research Procedure Code Edits
    - Permits submission of coding-related questions
  - Code Edit Simulator – found under Humana Payer Space → Applications tab → Code Edit Simulator
    - Permits entry of a claim scenario to identify potential coding errors instantly

*Note: Claims submitted with certain modifiers are subject to additional manual review using information on current and historical claims. Actual claim results may differ from simulator results.*

- Additional instructions on claim reconsideration: Humana.com/provider/support/publications/
  - Provider Manual – section titled “Member Grievance/Appeal Process, Provider Claims Reconsideration Process”

For additional topics in the “Making It Easier for Physicians and Other Healthcare Providers” series, please visit: Humana.com/MakingItEasier

Also accessible on Availity.com → Humana Payer Space → Resources Tab → Making It Easier