

# BILLING THE INITIAL PREVENTIVE PHYSICAL EXAMINATION (IPPE) & ANNUAL WELLNESS VISITS (AWVs) FOR MEDICARE ADVANTAGE PATIENTS

## FREQUENTLY ASKED QUESTIONS

As part of their benefits, patients with Medicare Advantage coverage are eligible to receive an initial preventive physical examination (IPPE), or “Welcome to Medicare” visit, and Annual Wellness Visits (AWVs).

Correct billing for these and all services ensures that providers are accurately reimbursed for the care they deliver, and that patients are accurately billed for the care they receive. It’s important to follow the Centers for Medicare and Medicaid Services (CMS) rules for billing for these visits so that your patients don’t receive unexpected bills.

Below are some Frequently Asked Questions (FAQs) about billing for IPPEs and AWVs.

### **Q: What is the difference between an IPPE and an AWV?**

A: The initial preventive physical examination, or IPPE, also known as the “Welcome to Medicare” visit, is focused on reviewing patients’ medical and social history, and educating patients about the preventive care they may need. The IPPE is a “once-in-a-lifetime” visit that patients receive within the first 12 months of becoming Medicare Part B eligible. Patients do not pay out-of-pocket for these visits.

Annual Wellness Visits (AWVs), are focused on assessing patients’ individual health risks and developing/updating plans for preventing or managing any health conditions. Patients receive one AWV per calendar year. Patients also do not pay out-of-pocket for these visits.

### **Q: How should the Welcome to Medicare Visit (IPPE) be billed?**

A: The IPPE is a “once-in-a lifetime” visit, and, as such, is covered **only once**. The IPPE needs to be billed within the first 12 months of part B eligibility using code **G0402**. If an IPPE is billed after the first 12 months of becoming part B eligible or if more than one IPPE is billed, claim(s) may be rejected.

### **Q: How should the initial AWV be billed?**

A: The initial AWV is a once-in-a-lifetime benefit and, as such, is covered **only once**. It needs to take place after the first 12 months of becoming part B eligible using billing code **G0438**.

### **Q: How should subsequent AWVs be billed?**

For every calendar year after the initial AWV, the patient is eligible for one AWV. Subsequent AWVs should be billed using code **G0439**.

The AWV is covered once per calendar year. If more than one AWV is billed within the same calendar year, claim(s) may be rejected. Also, if any AWV other than the initial AWV is billed with code G0438, claim(s) may be rejected.

### **Q: How should providers bill for medical services provided during AWVs or IPPEs?**

A: Medicare Advantage may pay for a significant, separately identifiable, medically necessary Evaluation and Management (E/M) service (CPT codes 99201-99215) billed at the same visit as the AWV with modifier -25. That portion of the visit must be medically necessary to treat the beneficiary's condition.

### **Q: Can providers bill the AWV or IPPE and other services on the same date of service?**

A: Generally, you may provide other medically necessary services on the same date of service as an AWV. The deductible and/or coinsurance/copayment may apply for these other medically necessary services.

### **Q: What if providers bill for the initial AWV (G0438) more than once?**

A: A: Because the initial AWV is a once-in-a-lifetime benefit and, as such, is covered **only once**, if providers bill for the initial AWV using billing code G0438 for a member more than once, the claim may reject because we paid the maximum number of services available under the patient's coverage. It's likely that the member has already had an initial AWV. Members are not liable in these cases.

Keep in mind that Medicare Advantage members are eligible for one subsequent AWV each calendar year after their initial annual wellness visit. Please follow CMS guidelines on how to submit claims for subsequent AWVs.

### **Q: Where can providers get more information?**

A: More detailed information on CMS guidance around IPPEs and AWVs is available at the following online resources:

- IPPEs: [https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MPS\\_QRI\\_IPPE001a.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MPS_QRI_IPPE001a.pdf)
- AWVs: [https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AWV\\_Chart\\_ICN905706.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AWV_Chart_ICN905706.pdf)