Medicare Part B covers the following types of wellness exams:
- Initial Preventive Physical Exam (IPPE or Welcome to Medicare Visit)
- Personalized Prevention Plan Services (PPPS or Annual Wellness Visit)

Medicare beneficiaries are entitled to receive the Welcome to Medicare Visit (IPPE) within the first 12 months of Medicare Part B coverage for a $0 copayment. Medicare beneficiaries are also entitled to receive an Annual Wellness Visit (PPPS) every 12 months thereafter for a $0 copayment. See the Definitions section below for details on the specific components to be provided during each type of visit.

All Medicare Advantage plans insured by UnitedHealthcare (HMO, PPO, POS, PFFS and SNP) also cover these wellness exams for members for a $0 copayment.

**Submitting Codes for Wellness Exams**
Providers may submit the following code for the once in a lifetime **Welcome to Medicare (IPPE) Visit**:
- G0402

Providers may submit one of the following codes for the **Annual Wellness Visit (PPPS)**:
- G0438 (first visit)
- G0439 (subsequent visit)

In 2012, our plans also cover an **Annual Routine Physical Examination** performed by the member’s primary care physician (PCP), in addition to the Medicare-covered services, billed using*:
- 99385-99387
- 99395-99397

*In 2011 our plans did not offer an additional Annual Routine Physical benefit; however, codes 99385-99387 and 99395-99397 were accepted in lieu of the IPPE/PPPS codes (only one code paid per year).

Please note: If you bill this 99XXX code, you must provide a head-to-toe exam and you cannot bill for a separate breast and pelvic exam, a digital rectal exam (DRE), or counseling to promote healthy behaviors. See the Definitions section below for details on the specific components included in the visit.

Additionally, all plans offer a **Pap/Pelvic Exam** (including pelvic exam and the Pap collection each year, regardless of risk) for a $0 copay. A separate evaluation and management (E/M) code may be billed only if a separately identifiable E/M service was provided. The following code is accepted:
- Exam: G0101

Please note: When members present to an OB/GYN who is not their assigned PCP for a routine Pap/pelvic exam, **only** the Medicare-covered annual Pap/pelvic service should be performed and billed. Members should be referred to their assigned PCP if a more comprehensive preventive service is warranted.

**Note:** All codes subject to change; please review cms.gov prior to claims submission.
Other services provided with the wellness exam

Only the codes listed on the first page are included in the $0 copayment for wellness exams. If you also bill other services with the visit, and those services are normally subject to a copayment or coinsurance, that copayment or coinsurance will still apply even if the primary reason for the visit was a wellness exam.

Medicare covers an Abdominal Aortic Aneurysm (AAA) Screening for at-risk beneficiaries when a referral for the screening is received as a result of the wellness exam. In 2012, this service is subject to member cost sharing in most plans. This is a once-per-lifetime benefit.

Medicare covers an Electrocardiogram (EKG) Screening for Medicare beneficiaries once per lifetime. In 2012, this service is subject to member cost sharing in most plans.

Any clinical laboratory tests or other diagnostic services performed at the time of the wellness visit may be subject to a copayment or coinsurance as applicable.

Other preventive services (screenings)

Physicians and other health care professionals may also provide, and bill separately for, screenings and other preventive services. All Medicare Advantage plans insured by UnitedHealthcare cover the following Medicare-covered preventive services at the same frequency as covered by Original Medicare (except where otherwise noted) for a $0 copayment:

- Alcohol misuse screening and counseling
- Bone mass measurement
- Breast cancer screening (mammograms)
- Cardiovascular screening
- Cervical and vaginal cancer screening (Pap test and pelvic exam)
- Colorectal cancer screening
- Depression screening
- Diabetes screening
- Flu shots
- Glaucoma tests (for those at high risk)
- Hepatitis B immunization
- HIV screening
- Intensive behavioral therapy to reduce cardiovascular disease risk
- Medical nutrition therapy services
- Obesity screening and counseling
- Pneumococcal shot
- Prostate-specific antigen (PSA) test
- Smoking cessation (counseling to stop smoking)
- STD screening and counseling

1 New services for 2012. In accordance with Medicare guidelines, covered only in the primary care setting.
2 Covered annually for all members, regardless of risk.
3 Beginning in 2012, a DRE is subject to cost sharing. In 2011, the DRE was a $0 copayment.

Please follow Original Medicare-covered indications and coding rules when billing Medicare-covered preventive services

Coding Tip

When a provider performs a separately identifiable medically necessary E/M service in addition to the Welcome to Medicare Visit, CPT codes 99201-99215 reported with modifier -25 may also be billed. When medically indicated, this additional evaluation and management service would be subject to the applicable copayment for office visits.
Definitions

The “Welcome to Medicare Visit” (IPPE) is a preventive evaluation and management service that includes the following components:

1. Review the individual’s medical and social history.
2. Review the individual’s potential risk factors for depression.
3. Review the individual’s functional ability and level of safety, including hearing impairment, daily living activities, fall risk and home safety.
4. Perform an exam to include height, weight, body mass index, blood pressure, visual acuity, and other measurements.
5. Assist with end-of-life planning (i.e., advance directive) upon the individual’s consent.
6. Provide education, counseling, and referral based on the results of No. 1 through No. 5 above.
7. Provide education, counseling, and referral, including a brief written plan for obtaining a screening EKG, as appropriate, and other appropriate screenings and/or Medicare Part B preventive services.

The Annual Wellness Visit (PPPS) allows the physician and beneficiary to develop a personalized prevention plan that considers age-appropriate preventive services plus additional services based on the patient’s health status. The visit may include at least the following elements:

1. Establish or update the individual’s medical and family history.
2. Review the individual’s potential risk factors for depression.
3. Review the individual’s functional ability and level of safety, including hearing impairment, daily living activities, fall risk and home safety.
4. Perform an exam to include height, weight, body mass index, blood pressure and other routine measurements.
5. List or update the list of the individual’s current medical providers and suppliers.
6. Detect any cognitive impairment the individual may have.
7. Establish or update a screening schedule for the next five to 10 years, as appropriate.
8. Establish or update the individual’s list of risk factors.
9. Furnish personalized health advice and appropriate referrals to health education or preventive services.

The Pap/Pelvic Exam (also known as the Well Woman Exam) should include at least seven of the following elements:

1. Inspection and palpation of breasts for masses or lumps, tenderness, symmetry, or nipple discharge.
2. Digital rectal examination including sphincter tone, presence of hemorrhoids, and rectal masses.
3. External genitalia (for example, general appearance, hair distribution, or lesions).
4. Urethral meatus (for example, size, location, lesions, or prolapse).
5. Urethra (for example, masses, tenderness, or scarring).
6. Bladder (for example, fullness, masses, or tenderness).
7. Vagina (for example, general appearance, estrogen effect, discharge, lesions, pelvic support, cystocele, or rectocele).
8. Cervix (for example, general appearance, lesions, or discharge).
9. Specimen collection for Pap smears and cultures.
The purpose of the **Annual Routine Physical** is to provide a comprehensive physical examination in order to screen for disease, promote a healthy lifestyle, and assess an individual’s potential risk factors for future medical problems. Any clinical laboratory tests or other diagnostic services performed at the time of the wellness visit may be subject to a copayment or coinsurance as applicable.

This exam includes all or some of the following components as applicable:

1. History
2. Vital Signs
3. General Appearance
4. Heart Exam
5. Lung Exam
6. Head and Neck Exam
7. Abdominal Exam
8. Neurological Exam
9. Dermatological Exam
10. Extremities Exam
11. Male Physical Exam
   - Testicular, Hernia, Penis, and Prostate Exams
12. Female Physical Exam
   - Breast and Pelvic Exams
13. Counseling to include healthy behaviors and screening services

Note: Separate codes for these components may not be billed in conjunction with 99385-99387 or 99395-99399. Payment for these codes includes reimbursement for all services listed above.