

2016 Medicare Advantage Preventive Screening Guidelines



Coding Procedures for Welcome to Medicare Visit, Annual Wellness Visit and Other Preventive Screenings

Please refer to the following coding procedures for UnitedHealthcare Medicare Advantage plans for 2016 to help you determine the appropriate submission codes for covered preventive services. For more information on the Centers for Medicare & Medicaid Services (CMS) policies that define the procedures, and to determine if a service is covered by Medicare, please click the appropriate link in the following list.

- [Medicare Physician Fee Schedule](#)
- [CMS Internet Only Manuals \(IOM\)](#)
- [CMS National Correct Coding Initiative \(NCCI\)](#)
- [CMS Medicare Coverage Database \(NCD/LCD lookup\)](#)
- [CMS Preventive Services Guide](#)

Wellness Visits

Service	Covered By	Co-payment	Visit Frequency	Submission Codes
Welcome to Medicare Visit Initial Preventive Physical Exam (IPPE)	<ul style="list-style-type: none"> • Original Medicare • UnitedHealthcare Medicare Advantage plans when performed by the member's primary care physician (PCP) 	<ul style="list-style-type: none"> • \$0 in-network • A co-pay or co-insurance may apply if the member sees an out-of-network doctor 	Within first 12 months of Medicare Part B coverage	<ul style="list-style-type: none"> • G0402
Annual Wellness Visit Personalized Prevention Plan Services (PPPS)	<ul style="list-style-type: none"> • Original Medicare • UnitedHealthcare Medicare Advantage plans when performed by the member's PCP 	<ul style="list-style-type: none"> • \$0 in-network • A co-pay or co-insurance may apply if the member sees an out-of-network doctor 	Every calendar year (visits do not need to be 12 months apart)	<ul style="list-style-type: none"> • G0438 (first visit) • G0439 (subsequent visit)
Annual Routine Physical Exam	<ul style="list-style-type: none"> • UnitedHealthcare Medicare Advantage plans when performed by the member's PCP <p>Not covered by Original Medicare</p>	<ul style="list-style-type: none"> • \$0 in-network • A co-pay or co-insurance may apply if the member sees an out-of-network doctor 	Every calendar year (visits do not need to be 12 months apart)	<ul style="list-style-type: none"> • 99385-99387 • 99395-99397



All codes are subject to change. Please follow original Medicare-covered indications and coding rules when billing Medicare-covered preventive services using the CMS policies listed in the Resources section (NCCI Policy, IOM Claims Processing Manual, etc.). Please review codes at cms.gov before submitting claims.

Wellness Visits – continued

Notes:

- See the Types of Office Visits section for specific services to be provided during each type of visit.
- Annual Routine Physical Exam coverage: If you bill the 99XXX codes for these services, you must provide a head-to-toe exam and cannot bill for a separate breast and pelvic exam, digital rectal exam or counseling to promote healthy behavior. See the Types of Office Visits section for a list of the specific components included in the visit.
- Members may receive either the Welcome to Medicare Visit or the Annual Wellness Visit along with the Annual Routine Physical Exam on the same day from the same PCP as long as all components of both services are provided and fully documented in the medical record. Please do not submit either of these two visits with a -25 modifier.
- When you perform a separately identifiable medically necessary Evaluation and Management (E/M) service in addition to the IPPE, you may also bill Current Procedural Terminology (CPT) codes 99201-99215 reported with modifier -25. When medically indicated, this additional E/M service is subject to the applicable co-payment for an office visit. Any additional services provided are subject to applicable cost sharing. See CMS National Correct Coding Initiative (NCCI).
- Coverage for Annual Routine Physical Exam under Medicare Advantage employer group plans may vary.

Additional Services Provided in Conjunction With the Wellness Visit

Only the codes listed on the Wellness Visit Chart are included in the \$0 co-payment for wellness visits. If you also bill other services with the visit, and those services are normally subject to a co-payment or co-insurance, that co-payment or co-insurance applies even if the primary reason for the visit was for a wellness exam.

Service	Covered By	Co-payment	Visit Frequency
Abdominal Aortic Aneurysm Screening	<ul style="list-style-type: none"> • Original Medicare • UnitedHealthcare Medicare Advantage plans 	<ul style="list-style-type: none"> • \$0 in-network • A co-pay or co-insurance may apply if the member sees an out-of-network doctor 	One time only for at-risk members when a referral for the screening is received as a result of the wellness visit
Advanced Care Planning	<ul style="list-style-type: none"> • Original Medicare • UnitedHealthcare Medicare Advantage plans 	\$0 in-network when billed with the wellness visit and a -33 modifier; otherwise, cost sharing may apply	<p>Performed at the time of the wellness visit</p> <p>Can be performed outside of the wellness visit, but cost-sharing will not be waived</p>
Electrocardiogram Screening	<ul style="list-style-type: none"> • Original Medicare • UnitedHealthcare Medicare Advantage plans 	Subject to member cost-sharing in most plans	One time only
Any clinical laboratory tests or other diagnostic services that CMS recognizes and defines as medically necessary rather than preventive	<ul style="list-style-type: none"> • Original Medicare • UnitedHealthcare Medicare Advantage plans 	Subject to member cost-sharing in most plans	Performed at the time of the wellness visit

Pap/Pelvic Exam

Service	Covered By	Co-payment	Visit Frequency	Submission Codes
Pap/Pelvic Exam including pelvic exam and Pap collection	<ul style="list-style-type: none"> • Original Medicare • UnitedHealthcare Medicare Advantage plans 	<ul style="list-style-type: none"> • \$0 in-network • A co-pay or co-insurance may apply if the member sees an out-of-network doctor 	<ul style="list-style-type: none"> • Every calendar year for those at high risk (visits do not need to be 12 months apart) • Every two calendar years for women not considered high risk (visits do not need to be 24 months apart) 	<ul style="list-style-type: none"> • Exam: G0101 <p>You may bill a separate E/M code only if you provided a separately identifiable E/M service.</p>

When a member sees an obstetrician or gynecologist who is not their assigned PCP for a routine Pap/pelvic exam, only the Medicare-covered annual Pap/pelvic service may be performed and billed. Please refer members to their assigned PCP if a more comprehensive preventive service is warranted.

All codes are subject to change. Please follow original Medicare-covered indications and coding rules when billing Medicare-covered preventive services using the CMS policies listed in the Resources section (NCCI Policy, IOM Claims Processing Manual, etc.). Please review codes at cms.gov before submitting claims.

Types of Office Visits

Welcome to Medicare Visit

A one-time preventive E/M service that includes the following:

1. Review of the member's medical and social history
2. Review of the member's potential risk factors for depression
3. Review of the member's functional ability and level of safety, including hearing impairment, daily living activities, fall risk and home safety
4. An exam to include height, weight, body mass index, blood pressure, visual acuity and other measurements
5. End-of-life planning assistance such as an advance directive or health care proxy, with the member's consent
6. Education, counseling and referral based on the results of numbers 1-5 in this list
7. 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

Annual Wellness Visit

Allows the physician and member to develop a personalized prevention plan and may include the following:

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

Pap/Pelvic Exam

(Well Woman Exam) should include at least seven of the following:

1. Inspection and palpation of breasts for masses or lumps, tenderness, symmetry or nipple discharge
2. Digital rectal examination including sphincter tone and presence of hemorrhoids or rectal masses
3. Examination of external genitalia (for example, general appearance, hair distribution or lesions)
4. Examination of urethral meatus (for example, size, location, lesions or prolapse)
5. Examination of urethra (for example, masses, tenderness or scarring)
6. Examination of bladder (for example, fullness, masses or tenderness)
7. Examination of vagina (for example, general appearance, estrogen effect, discharge, lesions, pelvic support, cystocele or rectocele)
8. Examination of cervix (for example, general appearance, lesions or discharge)
9. Specimen collection for Pap smears and cultures

Types of Office Visits — continued

Annual Routine Physical Exam

Provides a comprehensive physical examination to screen for disease, promotes a healthy lifestyle and assesses a member's potential risk factors for future medical problems. It includes the following components. Any clinical laboratory tests or other diagnostic services performed at the time of the wellness visit may be subject to a co-pay or co-insurance.

1. Health 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

You may not bill separate codes for these components with 99385-99387 or 99395-99397. Payment for these codes includes reimbursement for all services listed.

Common Preventive Services and Screenings

All UnitedHealthcare Medicare Advantage plans cover the following Medicare-covered preventive services at the same frequency as covered by Original Medicare, except where otherwise noted, for a \$0 co-pay. In general, screening lab work is not covered by Medicare and therefore not covered by UnitedHealthcare Medicare Advantage plans. The exceptions are listed in the following list of common covered preventive services and screenings.

- Alcohol misuse screening and counseling
- Behavioral therapy to reduce cardiovascular disease risk
- Bone mass measurement for those at high risk
- Breast cancer screening (2D and 3D mammograms)¹
- Cardiovascular screening
- Cervical and vaginal cancer screening (Pap test and pelvic exam)
- Colorectal cancer screening²
- Depression screening
- Diabetes screening
- Flu shot
- Glaucoma tests for those at high risk³
- Hepatitis B immunization
- Hepatitis C screening
- HIV screening
- Lung cancer screening with Low Dose Computed Tomography
- Medical nutrition therapy services
- Obesity screening and counseling⁴
- Pneumococcal shot
- Prostate-specific antigen test⁵
- Sexually transmitted infections screening and counseling
- Tobacco use cessation counseling

These additional preventive services and screenings can be provided and billed separately in addition to the **subsequent Annual Wellness Visit (G0439)** as long as Medicare guidelines are met. This does not apply to the Welcome to Medicare Visit (G0402) or the first Annual Wellness Visit (G0438).

¹A screening mammography that turns into a diagnostic procedure is subject to the \$0 screening cost-share.

²A colonoscopy that begins as a Medicare-covered screening service is subject to the \$0 screening cost-share regardless of whether a polyp is found and/or removed during the procedure.

³\$0 for non-Special Needs Plans; Special Needs Plans may apply the same cost-sharing as original Medicare.

⁴According to Medicare guidelines, this is covered only in the primary care setting.

⁵A digital rectal exam is subject to cost-sharing.

Colonoscopies and Related Subsequent Diagnostic Procedures

A colonoscopy that begins as an in-network screening service is subject to the \$0 screening cost-share regardless of whether a polyp is found and/or removed during the procedure under all UnitedHealthcare Medicare Advantage plans.

Colonoscopy Coding

Code(s)	Type of Colonoscopy	Cost-Sharing
Endoscopy codes G0104 , G0121 or G0105	Screening colonoscopy	<ul style="list-style-type: none"> In-network: \$0 cost-share per the Medicare preventive services coverage guidelines Out-of-network: Applicable cost-share
CPT Code 45330 (and family codes), and CPT Code 45378 (and family codes) billed with modifier PT	Screening colonoscopy that turns into a diagnostic procedure	<ul style="list-style-type: none"> In-network: \$0 cost-share when billed with the PT modifier Out-of-network: Applicable cost-share when billed with the PT modifier <p>You may not bill both the screening and the diagnostic services when a screening colonoscopy turns into a diagnostic procedure. You may only bill the diagnostic code with the PT modifier in these circumstances.</p>

Resources

To stay up to date on current CMS program information and changes, subscribe to [Medicare Learning Network® MLN Matters®](#). Please refer to the following resources at cms.gov for current codes.

- [Medicare Physician Fee Schedule](#)
- [CMS Internet Only Manuals \(IOM\)](#)
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- [CMS Medicare Coverage Database \(NCD/LCD lookup\)](#)
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If you have questions, please call the Customer Service number listed on the back of the member's ID card.