



Provider Reference

2017 Medicare Advantage Preventive Screening Guidelines

January 2017

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

Please refer to the following coding procedures to help 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, click the appropriate link in the following list.

- Medicare Physician Fee Schedule
- CMS Internet Only Manuals
- CMS National Correct Coding Initiative
- 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 • Vibra Health Plan 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 if applicable 	Within first 12 months of Medicare Part B coverage	<ul style="list-style-type: none"> • G0402
Annual Wellness Visit (AWV) Personalized Prevention Plan Services (PPPS)	<ul style="list-style-type: none"> • Original Medicare • Vibra Health Plan 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 if applicable 	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"> • Vibra Health Plan when performed by the member's PCP <ul style="list-style-type: none"> • <i>Note: Not covered by Original Medicare</i> 	<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 if applicable 	Every calendar year (visits do not need to be 12 months apart)	<ul style="list-style-type: none"> • 99385-99387 • 99395-99397

Wellness Visits - continued

Additional Notes

- See the *Types of Office Visits* section for specific services to be provided during each type of 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
- 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
- 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)

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 •Vibra Health Plan 	<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 (if applicable) 	One time only for at-risk members when a referral for the screening is received as a result of the wellness visit
Electrocardiogram Screening	<ul style="list-style-type: none"> •Original Medicare •Vibra Health Plan 	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 •Vibra Health Plan 	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 • Vibra Health Plan 	<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 if applicable 	<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 You may bill a separate E/M code only if you provided a separately identifiable E/M service.

2017 MEDICARE ADVANTAGE PREVENTIVE SCREENING GUIDELINES

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.

Types of Office Visits

Welcome to Medicare Visit (IPPE)

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 (AWV)

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 the member's potential risk factors for depression.
3. Review 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.

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| 1. Health history | 9. Dermatological exam |
| 2. Vital signs | 10. Extremities exam |
| 3. General appearance | 11. Male physical exam |
| 4. Heart exam | —Testicular, hernia, penis, and prostate exams |
| 5. Lung exam | 12. Female physical exam |
| 6. Head and neck exam | —Breast and pelvic exams |
| 7. Abdominal exam | 13. Counseling to include healthy behaviors and screening services |
| 8. Neurological exam | |

You may not bill separate codes for these components with 99385-99387 or 99395-99399. Payment for these codes includes reimbursement for all services listed.

Common Preventive Services and Screenings

You may also provide and bill separately for screenings and other preventive services. Please follow original Medicare-covered indications and coding rules when billing Medicare-covered preventive services. Refer to CMS policies under Resources for guidance (National Correct Coding Initiative (NCCI) Policy, IOM Claims Processing Manual, etc.). Vibra Health Plan covers the following Medicare-covered preventive services at the same frequency as covered by Original Medicare. In general, screening lab work is not covered by Medicare and therefore not covered by Vibra Health Plan. The exceptions are listed in the following list of common covered preventive services and screenings.

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| • Alcohol misuse screening and counseling | • Glaucoma tests for those at high risk |
| • Behavioral therapy to reduce cardiovascular disease risk | • Hepatitis B immunization |
| • Bone mass measurement for those at high risk | • Hepatitis C screening |
| • Breast cancer screening | • HIV screening |
| • Cardiovascular screening | • Lung cancer screening with Low Dose Computed Tomography |
| • Cervical and vaginal cancer screening (Pap test and pelvic exam) | • Medical nutrition therapy services |
| • Colorectal cancer screening ² | • Behavioral therapy for Obesity |
| • Depression screening | • Pneumococcal immunization |
| • Diabetes screening | • Prostate Cancer Screening |
| • Diabetes Self-Management Training | • Sexually transmitted infections screening and counseling |
| • Influenza immunization | • Tobacco use cessation counseling |
| | • Ultrasound screening Abdominal Aortic Aneurysm |

2017 MEDICARE ADVANTAGE PREVENTIVE SCREENING GUIDELINES

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 Vibra Health 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><i>Note: 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.</i></p>

Resources

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, click the appropriate link in the following list.

- Medicare Physician Fee Schedule
- CMS Internet Only Manuals
- CMS National Correct Coding Initiative
- CMS Medicare Coverage Database

Please also refer to the following CMS resources for current codes.

- Medicare Physician Fee Schedule
- CMS Internet Only Manuals
- CMS National Correct Coding Initiative
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- CMS Preventive Services Guide

If you have questions, please call the Customer Service number listed on the back of the member's ID card.