

2018 Annual Visit Guidelines

Amerigroup* Community Care Medicare Advantage plans will continue to offer coverage for routine physicals in 2018 for individual and group-sponsored Medicare Advantage members. A routine physical exam will help aid in appropriately diagnosing, monitoring, assessing, evaluating, and/or treating conditions that may not otherwise be captured, closing gaps in care, and creating a comprehensive care plan to manage possible chronic conditions.

When the routine physical is completed by **an in-network provider** in an HMO and/or PPO plan, there are no out-of-pocket costs for the member. Physicals completed by out-of-network providers for members in PPO plans will be subject to member co-pay as applicable by the member's plan. For the HMO plans, there will be no out-of-network coverage for routine physicals as they must be rendered by an in-network provider.

Visit Types

Initial Preventative Physical Exam (IPPE)	Annual Wellness Visit (AWV)	Annual Routine Physical
G0402	G0438 & G0439	99381-99397
Must be completed by a CMS-approved provider	Must be completed by a CMS-approved provider	Must be completed by a CMS-approved provider
\$0 in-network copayment	\$0 in-network copayment	\$0 in-network copayment

<p>Face-to-face visit; includes a preventive evaluation and management service.</p> <p>This exam is a preventive physical exam and not a comprehensive physical checkup.</p> <p>This service is limited to new <i>beneficiaries</i> during the first 12 months of Medicare enrollment.</p>	<p>G0438 Initial AWW: Face-to-face visit; includes a personalized prevention plan of services. Services limited to beneficiary during the second year the patient is eligible for Medicare Part B.</p> <p>Only one first AWW per beneficiary per lifetime.</p> <p>G0439 – Subsequent AWW: Face-to-face visit; includes a personalized prevention plan of services. Coded the year following the initial AWW. This benefit is once per calendar year. This exam is a preventive physical exam and not a comprehensive physical checkup.</p> <p>Note: The AWW is intended to build upon the previously</p>	<p>Face-to-face comprehensive, multi-system exam based on the patient’s age, gender, and identified risk factors. The comprehensive history obtained as part of the preventive medicine E/M service is not problem-oriented and does not involve a chief complaint or present illness. It does include a <i>comprehensive system review</i> and comprehensive or interval past, family and social history, as well as a comprehensive assessment/history of pertinent risk factors.</p> <p>Note: Additional cost share may apply for additional services or testing performed during the visit. Contact the member’s health plan to verify eligibility and benefits.</p> <p>This benefit is once per calendar year.</p>
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The IPPE and AWW are not a routine physical exam.

Modifier 25 may be used when there is an equivalent service being provided that is different from the first service. For example:



Note: If treatment for an existing medical condition occurs during the preventive service, or other services are billed in addition to the preventive service, cost sharing for the care received may also apply.

Additional Screenings

Other screenings can be done once per year. Check benefits to identify frequency and specific types of screenings.

- Depression Screening (G0444)
- Alcohol Screening (G0442)
- Colorectal cancer screening
- Breast cancer screening
- Cardiovascular screening
- Flu shot
- HbA1c and Diabetic Retinal Exams for patients with diabetes
- HIV screening
- Sexually transmitted infections screening and counseling
- Obesity screening and counseling (G0447)

Please note

For OB/GYN providers, a Pap test and pelvic exam for our Medicare Advantage members are covered annually only if at high risk for developing cervical or vaginal cancer, or childbearing age with abnormal Pap test within past three years. Otherwise, a Pap test and pelvic exam are covered every two years for women at normal risk. **These services should be filed as separate codes from the routine physical if they are rendered.**

For further information or to verify member eligibility, benefits, or account information, please call the telephone number listed on the back of the member's identification card.

Resources

<https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html>

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*In New Mexico, Amerigroup Community Care of New Mexico, Inc. In Texas, Amerigroup members in the Medicaid Rural Service Area are served by Amerigroup Insurance Company; all other Amerigroup members are served by Amerigroup Texas, Inc. In Washington, Amerigroup Washington, Inc.

Amerivantage is a DSNP plan with a Medicare contract and a contract with the State Medicaid program. In New Mexico: Amerivantage is an HMO with a Medicare contract. Enrollment in Amerivantage depends on contract renewal.