

**ACO REACH (Formerly DCE)**

Service	Covered	Frequency	Copayment	Submission Codes	Combine with Annual Routine Physical Exam	Combine with other medically necessary services
<b>Welcome to Medicare visit</b>  <b>Initial Preventive Physical Exam (IPPE)</b>	Yes, when performed by a physician, qualified non-physician practitioner (PA, NP, certified clinical nurse specialist)	Within first 12 months of Medicare Part B coverage	\$0 if no additional tests or services are done during the same visit \$0 for G0402 (IPPE) and G0468 (FQHC) Copayment/Coinsurance/Deductible applies for G0403, G0404, and G0405	G0468 G0402-05	No	Medicare may pay. Yes, report the additional Current Procedural Terminology (CPT) code (99201–99215) with modifier -25.
<b>Annual Wellness Visit (AWV)</b>	Yes, when performed by a physician, qualified non-physician practitioner (PA, NP, certified clinical nurse specialist), or medical professional (health educator, registered dietitian, nutrition professional or other licensed practitioner) or team of medical professionals directly supervised by a physician	Once every 12 months (366 days)	\$0 if no additional tests or services are done during the same visit	G0438 (Initial visit) G0439 (Subsequent)  99497 and 99498: Copayment/coinsurance/deductible waived for Advanced Care Planning when provided as an optional AWV element and completed on same day by same AWV provider. Bill using -33 modifier	No	Medicare may pay for additional services. Report the additional CPT code with modifier -25. That portion of the visit <b>must be</b> medically necessary and reasonable to treat the patient’s illness or injury, or to improve the functioning of a malformed body part.
<b>Annual Routine Physical</b>	Not covered	N/A	Patient pays 100% out-of-pocket	99385-99397	N/A	N/A

**\*DISCLAIMER: THIS DOCUMENT IS NOT A GUARANTEE OF PAYMENT. TO ENSURE COVERAGE, VERIFY PATIENTS’ ELIGIBILITY PRIOR TO RENDERING AND BILLING FOR SERVICES\***

**\*\*WILL UPDATE WITH ANY CHANGES\*\***

© Triad HealthCare Network (THN). All rights reserved. Any reproduction, distribution, display, or modification requires express written approval of THN.

## Aetna MA

Service	Covered	Frequency	Copayment	Submission Codes	Combine with Annual Routine Physical Exam	Combine with other medically necessary services
<b>Welcome to Medicare visit</b>  <b>Initial Preventive Physical Exam (IPPE)</b>	Yes	Within first 12 months of Medicare Part B Coverage	\$0 in network; \$0 out of network	G0402	Yes, if patients plan covers routine physical	Yes, copay or coinsurance may apply
<b>Annual Wellness Visit (AWV)</b>	Yes  **Note: Can't take place within 12 months of either Medicare Part B enrollment or IPPE	Once every calendar year	\$0 in network; \$0 out of network	G0438 (Initial) G0439 (Subsequent)	Yes, if patients plan covers routine physical	Yes, copay or coinsurance may apply
<b>Annual Routine Physical</b>	Yes  *Confirm eligibility prior to providing service	Once every calendar year	\$0 in network; \$0 out of network	99385 – 87 (New Patient) 99395 – 97 (Est patient)	N/A	Yes, copay may apply

**\*DISCLAIMER:** THIS DOCUMENT IS NOT A GUARANTEE OF PAYMENT. TO ENSURE COVERAGE, VERIFY PATIENTS' ELIGIBILITY PRIOR TO RENDERING AND BILLING FOR SERVICES\*

\*\*WILL UPDATE WITH ANY CHANGES\*\*

© Triad HealthCare Network (THN). All rights reserved. Any reproduction, distribution, display, or modification requires express written approval of THN.

**BCBS MA**

Service	Covered	Frequency	Copayment	Submission Codes	Combine with Annual Routine Physical Exam	Combine with other medically necessary services
<b>Welcome to Medicare visit</b>  <b>Initial Preventive Physical Exam (IPPE)</b>	<b>PPO &amp; HMO:</b> Yes, when provided by member's PCP on record	Within first 12 months of Medicare Part B coverage	<b>PPO:</b> \$0 in network; \$0 out of network  <b>HMO:</b> \$0 in network; \$0 out of network if authorized	G0402	Yes, when rendered on same day by same provider and supported by the clinical documentation	Yes, copay or coinsurance may apply
<b>Annual Wellness Visit (AWV)</b>	<b>PPO &amp; HMO:</b> Yes, when provided by member's PCP on record	Once every calendar year  (can't take place within 12 months of IPPE)	\$0 coinsurance, copayment or deductible	G0438 (Initial) G0439 (Subsequent)	Yes, when rendered on same day by same provider and supported by the clinical documentation	Yes, copay or coinsurance may apply
<b>Annual Routine Physical</b>	Yes, when provided by any participating PCP	Once per calendar year	\$0 coinsurance, copayment or deductible	99385 – 87 (New Patient) 99395 – 97 (Established Patient)	N/A	Yes, copay and coinsurance may apply

**\*DISCLAIMER:** THIS DOCUMENT IS NOT A GUARANTEE OF PAYMENT. TO ENSURE COVERAGE, VERIFY PATIENTS' ELIGIBILITY PRIOR TO RENDERING AND BILLING FOR SERVICES\*

\*\*WILL UPDATE WITH ANY CHANGES\*\*

© Triad HealthCare Network (THN). All rights reserved. Any reproduction, distribution, display, or modification requires express written approval of THN.

## HealthTeam Advantage

Service	Covered	Frequency	Copayment	Submission Codes	Combine with Annual Routine Physical Exam	Combine with other medically necessary services
<b>Welcome to Medicare visit</b>  <b>Initial Preventive Physical Exam (IPPE)</b>	<b>PPO:</b> Yes  <b>HMO:</b> Only covered if PCP is in-network	Within first 12 months of Medicare Part B coverage	<b>PPO:</b> \$0 in-network; \$30 out-of-network  <b>HMO:</b> \$0 in-network	G0402	Yes	Yes, copay or coinsurance may apply
<b>Annual Wellness Visit (AWV)</b>	<b>PPO:</b> Yes  <b>HMO:</b> Only covered if PCP is in-network	Once every calendar year (can't take place within 12 months of IPPE)	<b>PPO:</b> \$0 in-network; \$30 out-of-network  <b>HMO:</b> \$0 in-network	G0438 (Initial) G0439 (Subsequent)	Yes	Yes, copay or coinsurance may apply
<b>Annual Routine Physical</b>	<b>PPO:</b> Yes  <b>HMO:</b> Only covered if PCP is in-network	Once every calendar year	<b>PPO:</b> \$0 in-network; \$30 out-of-network  <b>HMO:</b> \$0 in-network	99385 – 87 (New Patient) 99395 – 97 (Established Patient)	N/A	Yes, copay or coinsurance may apply

**\*DISCLAIMER:** THIS DOCUMENT IS NOT A GUARANTEE OF PAYMENT. TO ENSURE COVERAGE, VERIFY PATIENTS' ELIGIBILITY PRIOR TO RENDERING AND BILLING FOR SERVICES\*

\*\*WILL UPDATE WITH ANY CHANGES\*\*

© Triad HealthCare Network (THN). All rights reserved. Any reproduction, distribution, display, or modification requires express written approval of THN.

## Humana

Service	Covered	Frequency	Copayment	Submission Codes	Combine with Annual Routine Physical Exam	Combine with other medically necessary services
<b>Welcome to Medicare visit</b>  <b>Initial Preventive Physical Exam (IPPE)</b>	PPO & HMO: Yes	Within first 12 months of Medicare Part B coverage	<b>PPO:</b> \$0 in-network; \$0 out of network  <b>HMO:</b> \$0 in-network	G0402 (IPPE) G0403-05 (ECG)	Yes	Yes, Medical documentation must show E/M service is significant and separately identifiable. Use -25 modifier
<b>Annual Wellness Visit (AWV)</b>	PPO & HMO: Yes	Once every calendar year after first 12 months of Medicare Part B enrollment (can't be in the same calendar year as IPPE)	<b>PPO:</b> \$0 in-network; \$0 out of network  <b>HMO:</b> \$0 in-network	G0438 (Initial) G0439 (Subsequent)	Yes	Yes, information on claim must support E/M service is significant and separately identifiable. Modifier 25 should be appended to E/M code
<b>Annual Routine Physical</b>	PPO & HMO: Yes	Once per calendar year	<b>PPO:</b> \$0 in-network; \$0 out of network  <b>HMO:</b> \$0 in-network	99385 – 87 (New Patient) 99395 – 87 (Established Patient)	N/A	Yes, Medical documentation must show E/M service is significant and separately identifiable. Use -25 modifier

**\*DISCLAIMER:** THIS DOCUMENT IS NOT A GUARANTEE OF PAYMENT. TO ENSURE COVERAGE, VERIFY PATIENTS' ELIGIBILITY PRIOR TO RENDERING AND BILLING FOR SERVICES\*

\*\*WILL UPDATE WITH ANY CHANGES\*\*

© Triad HealthCare Network (THN). All rights reserved. Any reproduction, distribution, display, or modification requires express written approval of THN.

## United HealthCare

Service	Covered	Frequency	Copayment	Submission Codes	Combine with Annual Routine Physical Exam	Combine with other medically necessary services
<b>Welcome to Medicare visit</b>  <b>Initial Preventive Physical Exam (IPPE)</b>	Yes, when performed by member's PCP	Within first 12 months of Medicare Part B coverage (once per lifetime benefit)	\$0 in-network A copay may apply if the members uses an out-of-network provider.	G0402	Yes, if both are from the same PCP and all components of both services are provided and fully documented in the medical record. <b>Do not</b> submit either visit with a 25-modifier	Yes, copay or coinsurance may apply
<b>Annual Wellness Visit (AWV)</b>	Yes, when performed by member's PCP	Once every calendar year	\$0 in-network A copay may apply if the members uses an out-of-network provider, if available	G0438 (Initial) G0439 (Subsequent)	Yes, if both are from the same PCP and all components of both services are provided and fully documented in the medical record. <b>Do not</b> submit either visit with a 25-modifier.	Yes, copay or coinsurance may apply

**\*DISCLAIMER:** THIS DOCUMENT IS NOT A GUARANTEE OF PAYMENT. TO ENSURE COVERAGE, VERIFY PATIENTS' ELIGIBILITY PRIOR TO RENDERING AND BILLING FOR SERVICES\*

\*\*WILL UPDATE WITH ANY CHANGES\*\*

© Triad HealthCare Network (THN). All rights reserved. Any reproduction, distribution, display, or modification requires express written approval of THN.

## 2023 Annual Wellness Visit Fact Sheet

<b>Annual Routine Physical</b>	Yes, when performed by member's PCP	Once every calendar year	\$0 in-network A copay may apply if the members uses an out-of-network provider, if available	99385 – 87 (New Patient) 99395 – 87 (Established Patient)	N/A	Yes, copay or coinsurance may apply
--------------------------------	-------------------------------------	--------------------------	--	--	-----	-------------------------------------

\*\*\* Members may be responsible for applicable copayment if combined with separately identifiable medically necessary E/M service. Bill CPT codes 99201-15 with modifier -25

## Cigna MA

Service	Covered	Frequency	Copayment	Submission Codes	Combine with Annual Routine Physical Exam	Combine with other medically necessary services
<b>Welcome to Medicare visit</b>  <b>Initial Preventive Physical Exam (IPPE)</b>	<b>PPO &amp; HMO:</b> Yes, when performed by a physician, qualified non-physician practitioner (PA, NP, Certified Clinical Nurse Specialist)	Within the first 12 months of Part B Coverage	<b>PPO:</b> \$0 copay, coinsurance, and deductible for both in and out of network  <b>HMO:</b> \$0 copay, coinsurance, and deductible for in-network	G0402	Yes	Yes, separate copay may apply for non-preventive screening test or services are provided at the time of the IPPE. Report current CPT Codes 99201-99215 with modifier -25
<b>Annual Wellness Visit (AWV)</b>	<b>PPO &amp; HMO:</b> Yes, when performed by a physician, qualified non-physician practitioner (PA, NP, Certified Clinical Nurse Specialist)	Annually  (Initial AWV can't take place within 12 months of IPPE)	<b>PPO:</b> \$0 for in-network; \$0 for out-of-network  <b>HMO:</b> \$0 copay for in-network	G0438 (Initial) G0439 (Subsequent)	Yes	Yes, separate copay may apply for non-preventive screening test or services are provided at the time of the AWV. Report current CPT Codes 99201-99215 with modifier -25

**\*DISCLAIMER: THIS DOCUMENT IS NOT A GUARANTEE OF PAYMENT. TO ENSURE COVERAGE, VERIFY PATIENTS' ELIGIBILITY PRIOR TO RENDERING AND BILLING FOR SERVICES\***

**\*\*WILL UPDATE WITH ANY CHANGES\*\***

© Triad HealthCare Network (THN). All rights reserved. Any reproduction, distribution, display, or modification requires express written approval of THN.

## 2023 Annual Wellness Visit Fact Sheet

<b>Annual Routine Physical</b>	<b>PPO &amp; HMO:</b> Yes, when performed by a physician, qualified non-physician practitioner (PA, NP, Certified Clinical Nurse Specialist) <b>PPO &amp; HMO:</b> Yes	Annually	<b>PPO:</b> \$0 Copay for in-network; \$30 for out-of-network  <b>HMO:</b> \$0 copay for in-network	99385 – 87 (New Patient) 99395 – 87 (Established Patient)	N/A	Yes, separate cost sharing amounts may apply to additional lab/diagnostic procedures that are ordered during the annual physical exam
--------------------------------	---	----------	---	--	-----	---

### *Devoted MA*

Service	Covered	Frequency	Copayment	Submission Codes	Combine with Annual Routine Physical Exam	Combine with other medically necessary services
<b>Welcome to Medicare visit</b>	Yes	Within the first 12 months of Part B Coverage	There is no coinsurance, copayment, or deductible for the “Welcome to Medicare” preventive visit	G0402	Yes	Yes, separate copay may apply for non-preventive screening test or services are provided at the time of the IPPE.
<b>Initial Preventive Physical Exam (IPPE)</b>						
<b>Annual Wellness Visit (AWV)</b>	Yes, every 12 months	Annually  (Initial AWV can’t take place within 12 months of IPPE)	There is no coinsurance, copayment, or deductible for the annual wellness visit	G0438 (Initial) G0439 (Subsequent)	Yes	Yes, separate copay may apply for non-preventive screening test or services are provided at the time of the AWV.

**\*DISCLAIMER:** THIS DOCUMENT IS NOT A GUARANTEE OF PAYMENT. TO ENSURE COVERAGE, VERIFY PATIENTS’ ELIGIBILITY PRIOR TO RENDERING AND BILLING FOR SERVICES\*

\*\*WILL UPDATE WITH ANY CHANGES\*\*

© Triad HealthCare Network (THN). All rights reserved. Any reproduction, distribution, display, or modification requires express written approval of THN.



## 2023 Annual Wellness Visit Fact Sheet

<b>Annual Routine Physical</b>	Yes, once per calendar year	Annually	\$0 Copay	99385 – 87 (New Patient) 99395 – 87 (Established Patient)	N/A	Yes, separate cost sharing amounts may apply to additional lab/diagnostic procedures that are ordered during the annual physical exam
--------------------------------	-----------------------------	----------	-----------	--	-----	---

### *Wellness Visit (Annual PE/AWV) Code Set*

CPT Code	Description	Estimated Reimbursement*
<b>G0402</b>	Initial Preventative Physical Exam (IPPE)	\$169.57
<b>G0403</b>	EKG for Initial Prevent Exam with interpretation and report	\$14.54
<b>G0404</b>	EKG tracing for IPPE	\$6.23
<b>G0405</b>	EKG interpret & report only with IPPE	\$8.72
<b>G0438**</b>	Annual Wellness Visit, initial visit	\$169.57
<b>G0439**</b>	Annual Wellness Visit, subsequent visit	\$132.54
<b>99385</b>	New Patient Annual Physical Exam	Depends on payor coverage
<b>99386</b>	New Patient Annual Physical Exam	Depends on payor coverage
<b>99387</b>	New Patient Annual Physical Exam	Depends on payor coverage

**\*DISCLAIMER:** THIS DOCUMENT IS NOT A GUARANTEE OF PAYMENT. TO ENSURE COVERAGE, VERIFY PATIENTS' ELIGIBILITY PRIOR TO RENDERING AND BILLING FOR SERVICES\*

\*\*WILL UPDATE WITH ANY CHANGES\*\*

© Triad HealthCare Network (THN). All rights reserved. Any reproduction, distribution, display, or modification requires express written approval of THN.

## 2023 Annual Wellness Visit Fact Sheet

<b>99395</b>	Established Patient Annual Physical Exam	Depends on payor coverage
<b>99396</b>	Established Patient Annual Physical Exam	Depends on payor coverage
<b>99397</b>	Established Patient Annual Physical Exam	Depends on payor coverage

\*Estimated Reimbursement Rates are from 2022 CMS National Payment Amount. The total unadjusted RVU's for facility or non-facility multiplied by the national conversion factor.

\*\* Services that allow audio only interaction to meet Telehealth Requirements. List of services payable under the Medicare Physician Fee Schedule when furnished via telehealth in 2023 can be retrieved from: <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

**Please Note:** Patients may be responsible for a copayment or coinsurance for additional services billed

**\*DISCLAIMER:** THIS DOCUMENT IS NOT A GUARANTEE OF PAYMENT. TO ENSURE COVERAGE, VERIFY PATIENTS' ELIGIBILITY PRIOR TO RENDERING AND BILLING FOR SERVICES\*

\*\*WILL UPDATE WITH ANY CHANGES\*\*

© Triad HealthCare Network (THN). All rights reserved. Any reproduction, distribution, display, or modification requires express written approval of THN.