



New Medicare Preventive Services

For dates of service on and after Jan. 1, 2011, the Affordable Care Act made important changes to Medicare-covered preventive services, including the removal of deductibles and co-pays for many services, as well as the addition of the new Annual Wellness Visit (AWV) benefit. [Transmittal 739*](#) includes a listing of the services Medicare considers preventive, as well as a table of these services by procedure code indicating whether or not the deductible and coinsurance is waived.

* <http://www.cms.gov/Transmittals/downloads/R739OTN.pdf>

New for 2011, Medicare will reimburse physicians for either an initial or subsequent annual wellness visit (AWV) and personalized prevention plan services (PPPS) for beneficiaries who are no longer within the first twelve months of their Medicare Part B coverage.

HCPCS codes for preventive visits:

G0402 Initial Preventive Physical Examination (IPPE) – or Welcome to Medicare Visit

This code can only be billed when the services are provided during the first twelve months the patient is enrolled in Medicare Part B. The deductible and coinsurance are waived. (See [MLM Matters number MM6223](#) for specific billing requirements of the IPPE.)***

***<http://www.cms.gov/MLNMattersArticles/downloads/MM6223.pdf>

G0438 Annual Wellness Visit (AWV); includes a personalized prevention plan (PPPS)

This code can only be used for a beneficiary who is no longer within the first twelve months after the effective date of Part B coverage; *and* if he/she has not already received either an IPPE or an AWV within the past twelve months. Medicare pays for only one **Initial** Annual Wellness Visit per beneficiary per lifetime; all subsequent wellness visits must be billed as a **Subsequent** Annual Wellness Visit (G0439). (There are very specific elements that must be included as part of this visit, see [MLN Matters bulletin number MM7079](#) for details.)**

** <http://www.cms.gov/MLNMattersArticles/downloads/MM7079.pdf>

G0439 Subsequent Annual Wellness Visit (AWV); includes a personalized prevention plan (PPPS)

This code is to be used in the years subsequent to the submission of G0438 for the initial annual wellness visit, even if the patient switches to a new doctor. (See [MLM Matters number MM7079](#) for details.)**

E&M service during the same encounter as an IPPE or AWV:

When the physician provides a *significant, separately identifiable* medically necessary E&M service in addition to the IPPE or AWV, CPT codes 99201-99215 may be reported depending on the clinical appropriateness of the circumstances. CPT modifier -25 must be appended to the medically necessary E&M service identifying this service as a significant, separately identifiable service from the IPPE or AWV code reported (G0402, G0438 or G0439 whichever applies).

NOTE: Some of the components of a medically necessary E&M service (e.g., a portion of the history or physical exam) may have been part of the IPPE or AWV and should not be included when determining the most appropriate level of E&M service to be billed for the medically necessary, separately identifiable E&M service.

Medicare has a web page dedicated to preventive services; please visit http://www.cms.gov/MLNProducts/35_PreventiveServices.asp if you want additional information.